



## ADMISSIONS DATES AND INFORMATION

Early decision due date for Catholic families, February 16, 2024  
Electronic Applications and supporting documentation due by March 3, 2024  
for the first round.

Thank you for your interest in St. Thomas Aquinas Regional School and for your desire to provide a Catholic education for your children. Following the example of St. Thomas Aquinas, patron Saint of Catholic Schools, our mission is to teach Faith and Reason: that all truth comes from God and academic excellence finds its purpose in Him. Aquinas welcomes qualified students of all religions, races, creeds, and national and ethnic origins, who have a variety of God-given talents and interests.

### Admission Dates

- November 16, 2023, at 6:00 p.m., Open House (RSVP on the Website)
- November 17, 2023, Early acceptance decisions for Parishioner and Catholic families begins.
- January 19, 2023, Diocesan Tuition Assistance applications and all supporting documentation due for parents with both a student in Catholic high school and elementary school
- January 25, 2024, at 6:00 p.m., Open House (RSVP on the Website)
- February 16, 2024, End of Early acceptance decisions for Parishioner and Catholic Families
- March 3, 2024, Electronic applications and supporting documentation due for consideration in first round of acceptances.
- March 15, 2024, Diocesan Tuition Assistance applications and all supporting documentation due for parents with only a student in elementary (K-8) school.
- March 2024, Pre-K/Kindergarten Screenings/Middle School interviews by appointment
- Mid April - Acceptance notifications sent out via email
- May 5, 2024, Applications for STEM, Advanced Language Arts, or Heritage Spanish due (Grades 5-8)

### Application Process

**Step 1. Online application.** Complete the online electronic application which can be found on the school's website ([aquinastars.org](http://aquinastars.org)) under the admissions tab > how to apply. You will need the following documents electronically so you can upload them as part of the online application:

- Birth certificate
- Baptismal Certificate (required for Catholic students)
- School Entrance Health Form (physical form with immunizations)
- Individualized Education Plan, 504 Plan, Special Education Child Study minutes, or Student Assistance Plan

For PK, students need to be four by September 30. For Kindergarten, students must be five by September 30

**Step 2. Download from the admissions page > How to Apply > supplemental forms.** The supplemental forms are required before we can begin processing your application. The supplemental

forms can be emailed to the admissions office at [admissions@aquinastars.org](mailto:admissions@aquinastars.org) or dropped off at the school office. Office hours are Monday-Friday, 8:00-2:30 p.m.

**Step 3. Pay the application fee.** Payment is made via the link found on the website under admissions > How to Apply

**Step 4. Tuition Assistance/Scholarships.** If you need financial assistance, please complete the application at FACTS Grant and Aid (<https://online.factsmtg.com/signin.aspx>). You must have submitted an admissions application to the school, before your tuition assistance application will be considered. The deadline for families with **both a high school and elementary/middle school student is January 5, 2024. For families with just an elementary/middle school student the deadline is March 13, 2024.** Go to the Aquinas website > Tuition/Apply for Assistance for additional information on the process. All supporting documentation must be uploaded by the deadline for your tuition assistance application to be considered.

## Aquinas Application Process and Document Checklist

Application (completed in three steps)	<p><b>Step 1</b> – Complete the online application. The link is on the admissions page &gt; how to apply</p> <p><b>Step 2</b> – Download and complete the Family Faith Form, Request for Records, Parent Questionnaire, and Student Questionnaire(s).</p> <p><b>Step 3</b>– Pay the application fee. Payment can be submitted by check to the school office or paid via the link on the admissions &gt;how to apply page</p> <p><b>Step 4</b> – Complete application for Tuition Assistance, if needed</p>
Application Fee	Link on admissions >How to Apply page. Non-refundable application fee of \$75.00 for sibling of a current family or \$150 for a new family
Copy of Birth Certificate	Uploaded, emailed, or mailed. A copy is required with your application and may be uploaded directly into the online application
Copy of Sacramental Records (Baptismal certificate required for Catholic families)	Uploaded, emailed, or mailed: Catholic applicants only. Includes Baptismal, Reconciliation, and First Eucharist (if they have been received). In order for you to receive the Parishioner or Catholic rate a baptismal certificate must be submitted with your application
Student Recommendation Form	The student recommendation form will be emailed by the school to your child's current academic teacher. The teacher will email it directly back to the school office. We use the information you provide on the Parent Questionnaire.
Family Faith Form (old Parish Confirmation Form)	<p>Found in the supplemental forms link on the admissions page. Mailed or emailed. This <b>form is required for all applicants</b> whether they are Catholic or not. For non-Catholic families, the form should be completed and submitted with the other documentation/forms. For Catholic families, the form should be submitted to your parish at the following email addresses:</p> <p>Sacred Heart –<a href="mailto:office@shcva.org">office@shcva.org</a></p> <p>St. Elizabeth Ann Seton - <a href="mailto:receptionist@setonlakeridge.org">receptionist@setonlakeridge.org</a></p> <p>Our Lady of Angels –<a href="mailto:general@olacc.org">general@olacc.org</a></p> <p>Catholic families out of the area should also complete and submit the form to their current parish so they can receive the Catholic rate for the first year.</p>
Parent Questionnaire	Download from the website or copies can be picked up in the school office. One per student. Can be emailed or dropped off at school office.
Health Forms- Immunizations and School Entrance Health Form	Found in the supplemental forms on the admissions page. Mailed, emailed, or dropped off at the school office. At a minimum, a list of immunizations for your student has to be submitted. The completed School Entrance Health Form is required before a student will be allowed to start in August. Physical dates on the School Entrance Health Form (pg. 4) must be within one year of the first day of school (8/21/2024). Please do not wait until the last minute to schedule your physicals.
Student Questionnaire	Required for students applying for grades 1-3 and 4-8.

	Custody Decree	Mailed, emailed, or dropped off at school office. A copy of the custody decree should be provided with the other documentation.
	IEP/504/ELL or other information	If you child has an IEP or 504 plan please contact the admissions office <b>before</b> completing the application documentation so we can determine if we can accommodate the student
	Discipline	If your child has ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school we will require those records to review prior to submitting your application
	Request for Records/Student Records	Found in supplemental forms on the admissions page >how to apply. Required for students applying for grades 1-8. Form can be mailed, emailed, or dropped, at school office. Aquinas will request records for students who attend public/private school. Homeschooled students should submit report cards and testing with their other documentation.



## 2023-2024 TUITION AND FEES

**\*24-25 tuition rates will be announced in December**

Number of PK-8 students	<b>Parishioner</b> Parish pays subsidy per student  <i>Our Lady of Angels, St Elizabeth Ann Seton, Sacred Heart</i>	<b>Catholic</b>  <i>Other Catholic parishes. Student must have a baptismal certificate on file</i>	<b>Non-Catholic / Non-active</b>
One	\$7,651	\$8,781	\$9,410
Two	\$14,536	\$16,684	\$17,878
Three	\$19,509	\$22,391	\$23,995
Four	\$22,952	\$26,343	\$28,229

### FAMILY SERVICE HOURS

**10 hours per family per school year** (5 required each semester) A cash fee of \$20 may be substituted for each service hour. Unfulfilled service hours will be charged at the end of each semester.

### FAMILY APPLICATION FEE

**\$150 per new family. \$75 for current family Sibling application** Paid when the application is submitted. (non-refundable)

### FAMILY REGISTRATION FEE

**\$100 per family.** Paid after acceptance. Due with registration paperwork. (non-refundable). Current families - registration fee will be processed through FACTS agreement February 19, 2023.

### LATE FAMILY REGISTRATION FEE

**\$250 per family.** *Current* families who register after **February 19, 2023** will be charged the Late Registration Fee (non-refundable)

### STUDENT FEE

**\$160 per student (non-refundable).** The Student Fee is assessed **per student** for PTO dues, field trips, classroom events, Youth Rally, testing materials, and initial school supplies including composition books, pencils, crayons, scissors and other necessary items.

### 8<sup>th</sup> GRADE FEE

**\$75 per 8<sup>th</sup> grade student (non-refundable).** This fee covers the cost of the cap and gown, a yearbook for each student and money towards graduation events.

The default tuition rate is the Non-Catholic/Non-Active Catholic rate. The Parishioner tuition rate is reserved for families who have a 2023-2024 Parish Confirmation Form signed by the pastor from one of our three supporting parishes: Our Lady of Angels, St Elizabeth Ann Seton or Sacred Heart parishes. The Non-Parishioner rate applies to families who have a 2023-2024 Parish Confirmation Form signed by the pastor from another Catholic parish. The family will be invoiced based on the completed registration paperwork and Parish Confirmation form.

When registering, parents must sign the St. Thomas Aquinas Regional School Continuous Enrollment Contract. Tuition may be paid in full by June 1, 2023 or in monthly payments through enrollment in the *FACTS Tuition Management Company*. The first FACTS payment, or equivalent, for the upcoming school year is nonrefundable. **Registration is not complete until the non-refundable Family registration fee of \$100 is paid on your active FACTS agreement, unless paying in full.** Registration may be voided if an active FACTS agreement or payment of full tuition is not complete by June 1, 2023. Families with pending applicants and newly accepted students, please refer to your admission paperwork for specific deadlines.

To live our motto of Faith and Reason, St Thomas Aquinas Regional School strives to assist all families who wish to provide a Catholic education for their children. Tuition assistance is available to qualifying families and we invite families with a need to submit an application through FACTS Grant & Aid at <https://online.factsmtg.com/signin/3CXHB>.

If you have any questions regarding payments, please contact Mrs. Adrea Fitzgerald in the Business Office at [afitzgerald@aquinastars.org](mailto:afitzgerald@aquinastars.org) or 703-491-4447, ext 215.



# DIOCESAN TUITION ASSISTANCE PROGRAM

Office of Catholic Schools  
excellence by design



Academic Year 2024-2025

## What is the program?

The Diocesan Tuition Assistance Program provides financial assistance to families in Catholic schools in the Diocese of Arlington through funding from diocesan parishes as well as the *Rooted in Faith~Forward in Hope* Capital Campaign Endowment. It is open to all qualified students whose parents might not otherwise be able to pay the full cost of tuition.

## Who is eligible?

- Students attending or accepted by a Diocese of Arlington Catholic school (K-12). Preschool/Pre-K students are not eligible. Not applicable to students of private independent Catholic schools associated with the Diocese and/or international students.
- Students who are Catholic and members of a parish in the Diocese of Arlington or military base parish.
- Families who reside within the boundaries of the Diocese of Arlington and are registered and active members of a diocesan parish or a military base parish.

## How do I apply?

- Submit financial aid assessment application and all supporting tax documentation by due date. Applications will be completed electronically online at <https://online.factsmgt.com/signin.aspx>  
**Only one application and processing fee is required per family.**
- Families with students in **ELEMENTARY AND HIGH SCHOOL** should follow the high school due date.

## Due Dates

Elementary/Middle School students      March 13, 2024  
Year of Tax Forms Required:      2023

High School Students      January 5, 2024  
Year of Tax Forms Required if submitted by due date:      2022  
Year of Tax Forms Required if submitted AFTER due date:      2023

\*Families applying for financial aid for both high school **AND** elementary/middle school students will need to submit BOTH 2022 **AND** 2023 tax forms.

## Awards

Awards are made for **ONE ACADEMIC YEAR** and are based on each family's demonstrated financial need. Individual schools determine the amount and the distribution of all awards for each academic year. The schools will contact families when award decisions have been made and will credit the tuition accounts of approved families.

**\$3,809,000 awarded in 2023**

## ● For more information ●

### Questions regarding financial aid process

Adrea Fitzgerald - 703-491-4447 x215  
[afitzgerald@aquinastars.org](mailto:afitzgerald@aquinastars.org)

### Questions regarding application

FACTS Management 1.866.441.4637  
<https://online.factsmgt.com/platform/customer-service>

## Diocesan Tuition Assistance

<https://www.arlingtondiocese.org/Catholic-Schools/Tuition-Assistance/>



# \$3,809,000 ASIGNADOS EN 2023

*Año académico 2024-2025*

## *¿En qué consiste el programa?*

El Programa Diocesano de Ayuda Económica para Estudios ofrece ayuda financiera a las familias de escuelas Católicas de la Diócesis de Arlington. El programa está abierto a todos los alumnos que califiquen cuyos padres no puedan pagar el costo total de la matrícula escolar.

## *¿Quién puede acceder?*

- Alumnos que concurren o son aceptados para ingresar a una escuela Católica de la Diócesis de Arlington (K-12). *Los alumnos preescolares o pre-K no son elegibles.*
- Alumnos que sean Católicos y miembros de una parroquia de la Diócesis de Arlington o parroquia en base militar.
- Familias que residan dentro de los límites de la Diócesis de Arlington y estén registradas y sean miembros activos de una parroquia diocesana o una parroquia en base militar.

## *¿Cómo solicito la ayuda?*

Presentar una solicitud, junto con toda la documentación fiscal correspondiente antes de la fecha límite. Se pueden obtener solicitudes impresas en cada una de las escuelas.

También se pueden completar las solicitudes en forma electrónica en el sitio web <https://online.factsmgt.com/signin.aspx>. Se requiere solo una solicitud por familia.

- Remitir el cargo por procesamiento.
- Las familias que solicitan ayuda para alumnos *TANTO DE NIVEL PRIMARIO COMO SECUNDARIO* deben acatar la fecha de presentación de la escuela secundaria.

## **Fechas de presentación**

ESCUELA PRIMARIA

El 13 de Marzo de 2024

Se requieren formularios de impuestos de 2023

ESCUELA SECUNDARIA

El 5 de Enero de 2024

Se requieren formularios de impuestos de 2022 si se envían antes de la fecha de vencimiento.

Se requieren formularios de impuestos de 2023 si se envían **después** de la fecha de vencimiento.

\*Las solicitudes con estudiantes de secundaria y primaria deben presentar los formularios de impuestos de 2022 y 2023.

## *Asignaciones*

Las asignaciones se otorgan por UN AÑO ACADÉMICO y se basan en las necesidades financieras comprobadas de cada familia. Cada escuela determina el monto y la distribución de las asignaciones para cada año académico. Las escuelas se contactarán con las familias después de tomar la decisión con respecto a la asignación. Una vez tomada esta decisión final, las escuelas acreditarán las cuentas de las matrículas de las familias aprobadas.

*~Para más información~*

### *Otras consultas*

FACTS Management  
1-866-441-4637

[Helen Schultz](mailto:hschultz@aquinastars.org)  
[hschultz@aquinastars.org](mailto:hschultz@aquinastars.org)

[Adrea Fitzgerald](mailto:Adrea.Fitzgerald@aquinastars.org)  
[Adrea.Fitzgerald@aquinastars.org](mailto:Adrea.Fitzgerald@aquinastars.org)

*Decisiones sobre las asignaciones*

Por favor, contáctese con [su escuela](#).

Diócesis *de* Arlington  
Escuelas Católicas







## NEW STUDENT REFERRAL PROGRAM

Many of our new families initially hear about St. Thomas Aquinas Regional School through a personal referral from an existing school family. Now we want to reward them for promoting our school to their family and friends! Through our **New Student Referral Program**, a current family can receive a **\$200 tuition credit** for referring one new family or a **\$400 tuition credit** for referring two new families.

### Here's how it works:

- The New Student Referral Program is open to all parents or legal guardians with Pre-K through 8<sup>th</sup> grade students enrolled at St. Thomas Aquinas Regional School, and all teachers and staff from St. Thomas Aquinas Regional School.
- Tuition credit awards will be given for referring **new families** to the school. To qualify for the incentive, referred students cannot be a sibling of a student currently or previously enrolled in St. Thomas Aquinas Regional School, and the family cannot already be included in the St. Thomas Aquinas Regional School Family Database.
- To qualify, referrals must be acknowledged during the initial contact with the school. **To receive tuition credit, the Referring Family must ensure that the Prospective Family submits the Referral Form included in the New Student Application Packet.**
- All new students must meet standard enrollment criteria, be admitted, and be enrolled in the school for at least 30 days.
- Tuition credits will be applied to the referring family in October for students starting at the beginning of the school year. Credits for students starting through the end of December will be applied one month following the start date of the referred family. Tuition credit for students starting from January – May will be applied in October if the student remains enrolled at St. Thomas Aquinas Regional School the following year.
- Families who paid their tuition in full, and teachers and staff making referrals, will receive an incentive check equal to the amount of the tuition credit.

**\*Each St. Thomas Aquinas Regional School family can be awarded up to two referrals per school year for a maximum of \$400 in tuition credit.** The Student Referral Incentive Program is subject to review and modification. Interpretation of program parameters will be at the discretion of the Principal.

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## St. Thomas Aquinas Regional School ~ New Student Referral Form

This form is to be completed by the prospective family and submitted with their application.

I/We \_\_\_\_\_ have been referred by  
New family name

\_\_\_\_\_ to St. Thomas Aquinas Regional School.  
Name of referring family

New Parent Name(s): \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

New Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

New Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

New Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

New Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please return to the admissions office with your application.**





## EXTENDED DAY PROGRAM 2024-2025

1. Extended Day is available for students in PK-8, Monday-Friday, from 6:00-8:00 a.m. and from 3:00-6:00 p.m. on days when school is in session. Extended Day Fees are not included in the price of tuition.
2. Early release days are billed in addition to the regular afternoon sessions or exclusively for those who only register for early release days. Early release is when school dismisses at 12:00 p.m. or 2:00 p.m. on specific days. If you do not register for early release days, you must pick up your child at the time the school dismisses.
3. A study hall period is offered Monday through Thursday to allow students to work on their homework. The program also provides a snack every day.
4. Credit is not given for unused days due to illness, family vacation, participation in sports, girl/boy scouts, leadership, clubs, choir, or other school activities.
5. There is a \$20 registration fee that will be charged via FACTS. The fee is non-refundable. Registration for Extended Day begins in June. Priority registration is given to full-time users (Monday through Friday-5 days per week). Drop-in use is unavailable. Registration for early release days is not mandatory to be considered a full-time user.

### FEES AND SESSION TIMES

#### Morning Sessions

Session A1 – 6:00-7:30 a.m., \$9.00 per day per child

Session A2 - 6:30-7:30 a.m., \$6.00 per day per child

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**Early Release Sessions\* Extended Day remains open until 6:00 p.m. This fee covers the additional time between the early release and regular Extended Day start time of 3:00 p.m.**

Session ER1 – 12:00-3:00 p.m., \$18.00 per day per child

Session ER2 – 2:00-3:00 p.m., \$9.00 per day per child

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#### Afternoon Sessions

Session B1 – 3:00-4:00 p.m., \$6.00 per day per child

Session B2 – 3:00-5:00 p.m., \$12.00 per day per child

Session B3 – 3:00-6:00 p.m., \$18.00 per day per child



# Supplemental Forms

(With the exception of the Confirmation of Parish Registration, all forms should be completed and submitted to the office. Forms can be dropped off at the front desk or emailed to [admissions@aquinastars.org](mailto:admissions@aquinastars.org))





## 2024-2025 Family Faith Form (one per family/not per student) (Previously Parish Confirmation Form)

All families need to complete the top portion of this form and check **the appropriate boxes**. If you are a Catholic family at one of our three parishes you can email your form to (Our Lady of Angels: [general@olacc.org](mailto:general@olacc.org); St. Elizabeth Ann Seton: [receptionist@setonlakeridge.org](mailto:receptionist@setonlakeridge.org); Sacred Heart: [office@shva.org](mailto:office@shva.org)) or drop it off at the Parish Office. If you are a non-Catholic family, please return your form directly to the school office. **Returning families must have their form submitted to their Parish by March 1 or incur a late fee.** Please print all the information.

Date: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

List all student(s) names/grades: \_\_\_\_\_  
\_\_\_\_\_

### ARE YOU ...

#### Catholic

\_\_\_\_\_ Yes, we are Catholic

New applicants: I've provided a copy of my child(ren)'s baptismal certificate as part of my application.

☐

**Non Catholic.** We want to be sensitive to families of other faiths. Please share with us your faith background or religion. Our family is:

\_\_\_\_\_  
\_\_\_\_\_

**Submit this form to the school office**

**Are you a parishioner of \_\_Our Lady of Angels, \_\_Saint Elizabeth Ann Seton, or \_\_Sacred Heart?**

**Yes. Submit this form to your parish.**

**No. Please list your Catholic parish**

\_\_\_\_\_  
Submit this form to your parish or if no parish return this completed form to the school office

#### To be completed by the Parish Office

\_\_\_\_\_ Parishioner      \_\_\_\_\_ Subsidized      or      \_\_\_\_\_ not Subsidized

\_\_\_\_\_ Non-Parishioner

\_\_\_\_\_  
**Pastor Signature**

\_\_\_\_\_  
**Date**







## Parent Questionnaire for Grades PK-8

<b>Student Last Name:</b>	<b>Student First Name:</b>	<b>Current Grade Level:</b>

**Aquinas requires a Student Recommendation Form to be completed by your student's current teacher for students in grades 1-8. The recommendation form will be sent from Aquinas to the teacher's email account. Please provide the following information:**

Name of academic/homeroom teacher	Subject(s) taught
Email address of teacher (please print)	Name of school your child is currently attending:

Are there any custody arrangements of which we should be aware?

Who does your child live with?

☐ Both parents full time   ☐ Both parents part time   ☐ Mother   ☐ Father   ☐ Grandparent  
☐ Guardian   ☐ Other, please specify \_\_\_\_\_

How did you hear about Aquinas (postcard, friend recommended, bulletin ad, announcement at Mass)? Why are you interested in having your child attend Aquinas? Please explain.

Are you Catholic? What Catholic parish are you registered at? If not, what religion is your family? Does your family attend Mass/religious services? List some examples of how your family lives your faith?

Student Name:
Describe and explain any disciplinary problems that your child has experienced at any previous school? Have they ever been suspended or received a detention? Has your child been withdrawn, dismissed or been asked to leave any school for any reason? If yes to any of the above, please explain.
Has your child participated in a gifted or talented program? If yes, please include years attended.
Has your child ever been administered a psycho-educational test or battery? Does your child have a learning disability or an IEP/504 Plan? Has your child ever been diagnosed as ADD or ADD/ADHD? Is your child on medication?
What are your child's feelings about school? Does he/she have any fears or worries?
Who disciplines your child? What method is used? How does your child respond?
How do siblings and other children interact socially with your child?
Has your child received treatment in the last three years for any serious medical condition? If so, describe the condition for which treatment was received and the nature of the treatment provided. Have you been out of the country? If so, when? How long?
Is there anything you would like us to know about your child as we consider your application?

## Student Questionnaire for Grades 1-3

## Student Questionnaire for Grades 1-3

**2. Do you know how to pray? Do you have a favorite prayer? If you can, please answer in complete sentences.**

A sheet of handwriting practice paper featuring four identical sets of horizontal lines. Each set consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement.

**3. What is one way students should be kind to their friends? What is your favorite game to play with your friends? If you can, please answer in complete sentences.**

The image shows a full page of handwriting practice paper. It contains four identical sets of horizontal lines, each set consisting of a solid top line, a dashed midline, and a solid bottom line, providing a guide for letter height and placement.



# Student Questionnaire

(For Grades 4-8 only)

**Please print in your own handwriting, completing the front and back. Attach a separate sheet if needed. Return completed form to Admissions office via email at [admissions@aquinastars.org](mailto:admissions@aquinastars.org) or drop off at school office.**

Student Name: \_\_\_\_\_ (please print)

What School are you currently attending? \_\_\_\_\_

## Please answer in complete sentences.

What do you think about homework? How much do you usually have? Have you ever worked with tutor?

Have you ever been tested or participated in any special academic programs (honors, gifted, extended, or accelerated courses)?

What academic subjects do you enjoy the most? The least?

How do you define “academic success”? How can you achieve it?

Tell us about your current school. What do you like/dislike? What is your classroom like? What would you change and why?

## Student Questionnaire, Pg. 2

Student Name: \_\_\_\_\_

What Math Class are you in? (Math, Pre-Algebra, Algebra). What Math text book do you use? Do you write often? Have you studied a foreign language? If so, which one?

What are your primary interests outside of school? (hobbies, special interests, musical instruments, talents, sports)

Have you even gotten into trouble at school? Received a detention or suspension?

Are you Catholic? If so, where do you attend Mass? If not, what religion are you and where do you attend church services? Do you like going to church? How do you practice your faith?

Tell us about a book you have read recently and liked. What did you like about it?

Scenario: In your class there is a student who is considered a “nerd” and some of your classmates call him names. The problem is getting worse. The student is very hurt over it. How would you handle it if you were the student? A classmate? Why do you think these things happen?





## Release of Student Records

Date: \_\_\_\_\_

Name and Address of School currently attending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Fax# \_\_\_\_\_

The following student(s) have applied for admission to St. Thomas Aquinas Regional School for the 2024-2025 school year:

\_\_\_\_\_  
Childs name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Childs name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

Please forward the following information to my attention at the above address or by email as soon as possible so that their application and educational placement may be considered. Final records will be requested when/if the student is accepted.

Academic Transcripts  
Standardized Test Scores  
Current Year Grades to Date  
Attendance Information  
Discipline Record  
Psychological/Educational Evaluations  
School Entrance Health Form/Immunizations

Sociological Information  
IEP/504 Plan  
Child Study Referrals  
Speech and Language Evaluations  
Custody Information  
Screening and Eligibility Minutes

**Note: In accordance with FERPA (Family Educational Rights and Privacy Act), records transferred between schools do not require parent signature for release.**

Thank you in advance for your assistance.

Sincerely,  
Ms. Karen Cardinale  
Admissions/Registrar  
[kcardinale@aquinastars.org](mailto:kcardinale@aquinastars.org)

I give my consent for my child's records to be released to St. Thomas Aquinas Regional School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**COMMONWEALTH OF VIRGINIA**  
**SCHOOL ENTRANCE HEALTH FORM**  
**Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

**Part I – HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no earlier than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
 Last First Middle

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent or Legal Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Child's Health Insurance: None ☐ FAMIS Plus (Medicaid) ☐ FAMIS ☐ Private/Commercial/ Employer Sponsored ☐ \_\_\_\_\_

Box 1. Pre-Existing Conditions					
Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes: Type 1		
Please list <b>Life Threatening Allergies:</b>			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		
Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		
Describe any other important health-related information about your child ( <input type="checkbox"/> Feeding tube , <input type="checkbox"/> Trach , <input type="checkbox"/> Oxygen support, <input type="checkbox"/> Hearing aids, <input type="checkbox"/> Dental appliance, <input type="checkbox"/> Wheelchair, Hospitalizations, etc.):					

Box 2. Medications			
List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):			
Medication Name	Dosage	Time Administered ( Home/School)	Notes
1.			
2.			
3.			
4.			
Additional Medications (Name, Dose, Time Administered, Notes)			

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

*I \_\_\_\_\_ (do) (do not ) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Interpreter:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM  
Part II - Certification of Immunization**

Check if the student's  
Immunization  
Records are attached  
using a separate form  
signed by HCP

☐

***Section I***

**See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. Please contact your local health department for assistance with foreign vaccine records.

<b>Student Name:</b>		<b>Date of Birth :</b> /      /		<b>Sex:</b>	
<b>Race (Optional):</b>		<b>Ethnicity:</b> <b>Hispanic</b> <b>Non-Hispanic</b>			
<b>IMMUNIZATION</b>	<b>RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN</b>				
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)	1	2	3	4	5
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)	1	2	3	4	5
Tdap Vaccine booster	1				
Poliomyelitis Vaccine (IPV, OPV)	1	2	3	4	5
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age	1	2	3	4	
Rotavirus Vaccine (RV) only for children < 8 months of age	1	2	3		
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age	1	2	3	4	
Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)	1	2			
Measles Vaccine (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
Rubella Vaccine	1	2	Serological Confirmation of Rubella Immunity:		
Mumps Vaccine	1	2	Serological Confirmation of Mumps Immunity:		
Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3	4	
Hepatitis A Vaccine	1	2			
Meningococcal ACWY Vaccine	1	2			
Meningococcal B Vaccine	1	2	3		
Human Papillomavirus Vaccine (HPV)	1	2	3		
Influenza (Yearly)	1	2	3	4	5
Other	1	2	3	4	5
Other	1	2	3	4	5
<b>Certification of Immunization</b>					
I certify that this child is <b>ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED</b> in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's <i>Regulations for the Immunization of School Children</i> (Reference Section III).					
Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____					

**Section II**  
**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.  
This section must be attached to Part I Health Information (to be filled out and signed by parent).

Student's Name: \_\_\_\_\_ Date of Birth: |\_\_\_\_|\_\_\_\_|\_\_\_\_|  
Parent or Legal Guardian Name: \_\_\_\_\_  
Parent or Legal Guardian Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
DTP/DTaP/Tdap : [\_\_\_\_]; DT/Td: [\_\_\_\_]; OPV/IPV: [\_\_\_\_]; Hib: [\_\_\_\_]; PCV: [\_\_\_\_]; RV: [\_\_\_\_]; Measles : [\_\_\_\_];

Mumps: [\_\_\_\_]; Rubella : [\_\_\_\_]; VAR: [\_\_\_\_]; Men ACWY: [\_\_\_\_]; Men B: [\_\_\_\_]; Hep A: [\_\_\_\_]; HBV: [\_\_\_\_]

This contraindication is permanent: [ ], or temporary [ ] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |\_\_\_\_|\_\_\_\_|\_\_\_\_|.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on \_\_\_\_\_.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): |\_\_\_\_|\_\_\_\_|\_\_\_\_|

**Section III Requirements**

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at  
<http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).  
(Requirements are subject to change.)

### Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at [www.vahealth.org/schoolhealth](http://www.vahealth.org/schoolhealth).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F

<b>Health Assessment</b>	<b>Date of Assessment:</b> ____/____/____ Weight: _____ lbs. Height: _____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	<b>Physical Examination</b> 1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment													
		1	2	3		1	2	3		1	2	3			
	HEENT				Neurological				Skin						
	Lungs				Abdomen				Genital						
	Heart				Extremities				Urinary						
<b>Tuberculosis Screening</b> Check the box that applies: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> No risk for TB infection identified</td> <td style="width: 33%;"><input type="checkbox"/> No symptoms compatible with active TB disease</td> <td style="width: 33%;"><input type="checkbox"/> Risk for TB infection or symptoms identified</td> </tr> </table> Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal													<input type="checkbox"/> No risk for TB infection identified	<input type="checkbox"/> No symptoms compatible with active TB disease	<input type="checkbox"/> Risk for TB infection or symptoms identified
<input type="checkbox"/> No risk for TB infection identified	<input type="checkbox"/> No symptoms compatible with active TB disease	<input type="checkbox"/> Risk for TB infection or symptoms identified													
<b>EPSDT Screens <u>Required</u> for Head Start – include specific results and date:</b> Blood Lead: _____ Hct/Hgb _____															

<b>Developmental Screen</b>	<b>Assessed for:</b>	<b>Assessment Method:</b>	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				
<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Referred		<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen  <input type="checkbox"/> Permanent Hearing Loss Previously identified: <input type="checkbox"/> Left <input type="checkbox"/> Right  <input type="checkbox"/> Hearing aid or another assistive device		
		1000	2000	4000	
	R				
L					

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (Check if yes) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td style="text-align: center;"><input type="checkbox"/> Not tested</td> </tr> <tr> <td style="text-align: center;">Distance</td> <td style="text-align: center;">Both</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td rowspan="3" style="text-align: center;">Test used:</td> </tr> <tr> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test-needs rescreen	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/> Not tested	Distance	Both	R	L	Test used:	20/	20/	20/	20/					<b>Dental Screen</b>	<input type="checkbox"/> Problems Identified: Referred for Treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care <input type="checkbox"/> Unable to perform
	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/> Not tested																
	Distance	Both	R	L	Test used:																
	20/	20/	20/	20/																	

<b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b>	<b>Summary of Findings (check one):</b> <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):	
	<b>Allergy:</b> <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction    Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	<b>Individualized Health Care Plan needed</b> (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	<b>Restricted Activity Specify:</b> _____	
	<b>Developmental Evaluation</b> <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	<b>Medication.</b> Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	<b>Special Diet Specify:</b> _____	
	<b>Special Needs Specify:</b> _____	
	<b>Other Comments:</b> _____	
	<b>Other Comments:</b> _____	

**Health Care Professional's Certification (Write legibly or stamp)** ☐ By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Practice/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_