ADMISSIONS DATES AND INFORMATION

Electronic Applications and documents due by March 5, 2022.

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

- November 18, 2021 at 6:00 p.m., Open House (RSVP on the Website)
- November 22, 2021, Online application for 2022-2023 opens

January

- January 19, 2022, Diocesan Tuition Assistance applications due for parents with both a student in Catholic high school and elementary school

February

- February 3, 2022, at 6:00 p.m., Open House (RSVP on the Website)

March

- March 5, 2022, Electronic applications and supporting documentation due for consideration in first round of acceptances.
- March 11, 2022, PK and Kindergarten Screenings, Middle School Interviews for new applicants
- March 16, 2022, Diocesan Tuition Assistance applications due for parents with only an elementary student

April

- Mid April - Acceptance notifications sent out via email

May

- May 7, 2022 Applications for STEM, Advanced Language Arts, or Heritage Spanish due (Grades 5-8)

Application Forms

The application is completed in two parts. Part 1 is the online electronic application which can be found on the school's website (aquinastars.org) under the admissions tab. You will need the following documents electronically so you can upload them as part of the online application:

- Birth certificate
- Baptismal Certificate (if Catholic)
- Individualized Education Plan, 504 Plan, Special Education Child Study minutes, or Student Assistance Plan
- Custody documents

Part 2 requires you to download and print the supplemental forms and submit them via email or drop them off at the school office. See the checklist on the back for required documents.

Aquinas Application Process and Document Checklist

	Application (completed in three steps)	**Part 1** – complete the online application using the link on the on admissions page of website. **Part 2** – Download and complete the Parish Confirmation Form, Request for Records, Parent Questionnaire, and for students in grades 6-8, the Middle School Questionnaire. Submit documentation listed below as applicable **Part 3** – Pay the application fee. Payment can be submitted by check to the school office or paid via the link on the admissions page
	Application Fee	Link on admissions process 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	Uploaded, emailed, or mailed: Catholic applicants only. Includes Baptismal, Reconciliation, and First Eucharist (if they have been received).
	Student Recommendation Form	The student recommendation form will be emailed by the school to your child's current academic teacher. Teacher will email directly back to the school office.
	Parish Confirmation Form	Found in the document link on the admissions page. Mailed or emailed. This form is required for all applicants 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: Sacred Heart – office@shcva.org St. Elizabeth Ann Seton - receptionist@setonlakeridge.org Our Lady of Angels - general@olacc.org Catholic Families that are out of the area should also complete and submit the form so they can receive the Non-Parishioner for the first year.
	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 document link on the admissions page. Mailed, emailed, or dropped off at school office. At a minimum, a list of immunizations for your student should be submitted. The completed School Entrance Health Form is required before a student will be allowed to start in August. Physicals on the School Entrance Health Form (pg. 4) must be within one year of the first day of school (8/23/2021). Please do not wait until the last minute to schedule your physicals.
	Middle School Questionnaire	Required for students applying for grades 6-8. Form can be found on the document link on the admissions page or a copy can be picked up at the school office.
	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 **before** 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.
	Request for Records/Student Records	Found in document link on the admissions page. 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 other documentation.

Parent Questionnaire for Grades PK-8

Student Last Name:	**Student First Name:**	**Current Grade Level:**

Is your student applying for PK? Which session are you applying for:

☐ Morning (8:00-11:00) ☐ All Day (8:00-2:50)

Aquinas requires a Student Recommendation Form be completed by your student's current teacher for students in grades PK-8 (for PK/K only if they have been in school or daycare). 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	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? If not, what religion is your family? Are you registered in a Catholic parish? If yes, which one? Does your family attend Mass? 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 every been suspended or received a detention? Has your child been withdrawn, dismissed or been asked to leavy any school for any reason? If yes to any of the above, please explain.
Has your child participated in a gifted or talented program?
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?

Middle School Questionnaire

(For Grades 6-8 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 or drop off at school office.

Student Name:_____(please print)

What School are you currently attending? _____

What do you think about homework? How much do you usually have? Have you ever worked with tutor ?
Have you ever been tested for any special academic programs (honors, gifted, 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?

Middle School Questionnaire, Pg. 2

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? Describe the situation.
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?

St. Thomas Aquinas Regional School
AQUINAS

13750 Mary's Way
Woodbridge, VA 22191
Phone: 703.491.4447
Fax: 703.492.8828

2022-2023 CONFIRMATION OF PARISH REGISTRATION

(One per family/not per student)

_____ **I am a registered Parishioner at ___ Our Lady of Angels, ___ St. Elizabeth Ann Seton, or ___ Sacred Heart.** Please submit this for directly to your parish office. By completing and submitting this form to your Parish, you are acknowledging that you are an active member and supporting the Parish and its programs. If your family has not been actively participating or you have not been financially supporting your Parish over the past year, it is assumed that you are not participating and you will be charged the non-Catholic rate.

_____ **I am a non-parishioner but registered at _____ Parish. Please forward this form to your parish office**. The parish office will then complete the form and return it directly back to Aquinas. Only families with a signed form from your parish will receive the non-parishioner rate.

____ **I am a ___ Non-Catholic or _____ Non-Active Catholic.** Non-Catholics or Non-Active Catholics should mark this line and return it with your application/registration forms to the school office.

Print Parent(s) First and Last Name: _____

Print Student(s) Full Name and grade: _____

_____

Address_____

City: _____ State: _____ Zip: _____ Phone: _____ cell or home

Email address: _____

Please check any parish activities in which you currently participate:

_____Choir	_____Extraordinary Minister of Holy Communion	_____Hospitality
_____Knights of Columbus	_____Ladies Guild/Catholic Women's Council	_____Lector
_____Legion of Mary	_____Parish Council	_____Altar Server
_____Rel. Ed./CYM/RCIA	_____St. Vincent de Paul Society/Family Concerns	_____Usher

- Briefly comment on your parish involvement: _____

_____

To be completed by a parish representative and returned to the school office.

☐ **The above listed family is a registered and active member in (please check the appropriate parish)**

☐ Our Lady of Angels ☐ Sacred Heart ☐ St. Elizabeth Ann Seton

☐_____Parish

Pastor Signature _____ Date_____

☐ **Non-active. We are unable to confirm this family's participation in our parish.**

☐ Our Lady of Angels ☐ Sacred Heart ☐ St. Elizabeth Ann Seton

☐_____Parish

Parish Representative: _____ Date_____

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www.aquinastars.org

PARENTS: PLEASE COMPLETE AND FORWARD THIS FORM TO YOUR STUDENT'S CURRENT SCHOOL. DO NOT RETURN IT WITH THE APPLICATION PACKAGE.

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 2022-2023 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 for you cooperation.

Sincerely,
Ms. Karen Cardinale
Admissions/Registrar
kcardinale@aquinastars.org

I give permission to release the above records for my student to St. Thomas Aquinas Regional School.

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 **Life Threatening Allergies**:			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 (☐ Feeding tube , ☐ Trach , ☐Oxygen support, ☐ Hearing aids, ☐ Dental appliance, ☐ 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.

Student Name: **Date of Birth :** / / **Sex:**

Race (Optional): **Ethnicity:** ☐ **Hispanic** ☐ **Non-Hispanic**

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
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) ☐ 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

Certification of Immunization

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official:_____ **Date (*Mo., Day, Yr.*):** 12 /___/____

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.

Student's Name: _____ Date of Birth:_____/_____/_____Sex: M F

Health Assessment

Date of Assessment: ____/____/_____

Weight:_____lbs. Height:_____ft._____in.

Body Mass Index (BMI):_____BP_____

❑ Age / gender appropriate history completed

❑ Anticipatory guidance provided

Physical Examination

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				

Tuberculosis Screening

Check the box that applies:

☐ No risk for TB infection identified	☐ No symptoms compatible with active TB disease	☐ Risk for TB infection or symptoms identified

Test for TB Infection: TST IGRA Date: TST Reading mm TST/IGRA Result: ☐ Negative ☐ Positive

CXR required if positive test for TB infection or TB symptoms. CXR Date:_____ ☐ Normal ☐ Abnormal

EPSDT Screens Required for Head Start – include specific results and date:

Blood Lead:_____ Hct/Hgb _____

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

❑ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

❑ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Referred

	1000	2000	4000
R			
L			

☐ Referred to Audiologist/ENT ☐ **Unable to test – needs rescreen**

☐ Permanent Hearing Loss Previously identified: ☐ Left ☐ Right

☐ Hearing aid or another assistive device

Vision Screen

☐ With Corrective Lenses (Check if yes)

Stereopsis ☐ Pass ☐ Fail				☐ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

☐ Pass ☐ Referred to eye doctor ☐ **Unable to test-needs rescreen**

Dental Screen

☐ Problems Identified: Referred for Treatment

☐ No Problem: Referred for prevention

☐ No Referral: Already receiving dental care

☐ **Unable to perform**

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

Summary of Findings (check one):

☐ Well child; no conditions identified of concern to school program activities

Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):

_____

____**Allergy:** ☐ food:_____ ☐ insect:_____ ☐ medicine:_____ ☐ other:_____

Type of allergic reaction: ☐ *anaphylaxis* ☐ *local reaction* *Response required:* ☐ *none* ☐ *epinephrine auto-injector* ☐ other::_____

____I**ndividualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

____**Restricted Activity Specify:** :_____

____**Developmental Evaluation** ☐ Has IEP ☐ Further evaluation needed for: _____

____**Medication.** Child takes medicine for specific health condition(s). ☐ Medication must be given and/or available at school.

____**Special Diet Specify:** _____

____**Special Needs Specify:**_____

Other Comments:_____

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:**_____