

ADMISSIONS APPLICATION

(Online application available at www.sacredheartreading.com)

PLEASE PRINT ALL INFORMATION

Catholic _____ Non-Catholic/Religion _____

PARISH IN WHICH YOU ARE REGISTERED _____

Date of Application _____ Entering Grade: _____

Student's Name _____

(Last) (First) (Middle)

Address _____
Street and/or P.O. Box _____

City State Zip Code

Area Code/Home Phone Number _____

Date of Birth _____ Male: _____ Female: _____ Place of Birth _____

Country City State

Ethnic Background: ☐Caucasian ☐African American ☐Hispanic ☐Asian ☐Bi-racial ☐Other ☐Latino ☐Non-Latino

Race: ☐Amer.Indian/Native American ☐Asian ☐Black ☐Native HI Pacific Isl ☐White ☐Bi-Racial ☐Unknown

Public School District of Residence: _____

Will your child be a: Bus Rider: _____ Car Rider: _____ Walker: _____

PARENT'S INFORMATION:

FATHER

Name (first/last) _____

Address _____

City, State, Zip _____

Religion _____

Occupation _____

Employer _____

Work Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Country of Birth _____

MOTHER

Name (first/last) _____

Address _____

City, State, Zip _____

Religion _____

Occupation _____

Employer _____

Work Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Country of Birth _____

Mother's Maiden Name _____

Parent's Marital Status: _____ Married _____ Divorced _____ Separated _____ Widow _____ Widower _____ Single
Custody _____

Full Name of Stepparent/Guardian _____

(See Addendum #1) (Last) (First) (Middle)

Student Resides With: _____ Parents _____ Mother _____ Father _____ Other

(If other, explain completely giving names and relationships.)

Baptism: Date _____ Church _____
City/State _____

Reconciliation: Date_____Church_____
City/State_____

First Communion: Date _____ Church _____
City/State _____

Confirmation: Date _____ Church _____
City/State _____

School Previously Attended _____
Address _____

Special Medical Information _____
Family Doctor _____ Phone Number _____

Name (First/Last)	Age	School

Is another language spoken at home? Yes/No
If yes, what language_____

Print Name _____

Signature of Parent or Guardian _____

Student's Name

Last

First

Middle

ADDENDUM # 1

In an effort to acknowledge the rights of parents regarding access of information, we ask that you submit any court documentation that substantiates your legal status as it relates to the child being enrolled in Sacred Heart School.

Applicable_____

Not Applicable_____

Signature

Date

Please note: The above documents must be submitted to the school as soon as possible, so your application may be processed. If this addendum does not apply, check "Not Applicable" date and sign.

**Diocese of Allentown
HOME LANGUAGE SURVEY***

ENGLISH

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

School District: _____
Name of Child: _____ **Date:** _____
Address: _____ **Grade:** _____
School: _____ **Birthplace:** _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? Yes No
If yes, specify the language(s): _____
3. What language(s) are spoken in your home? _____
4. Has the student attended any United States school in any 3 years during his/her lifetime?
Yes No

If yes, complete the following:

Name of School	State	Dates Attended
----------------	-------	----------------

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

For Office Use Only

Exemption from English Language Proficiency Testing (attach required documentation)

(Must meet two out of the three criteria – please indicate with a check the two appropriate criteria met)

_____ Final grades of B or better in core subject areas (Mathematics, Language Arts, Science, Social Studies)

_____ Scores equivalent to Basic performance on district wide assessment (e.g. 4 Sight)

_____ Scores of Basic in Reading, Writing, and Math on the PSSA

Transportation Options

Dear Parents,

Please indicate how your children will be arriving and departing school for the **2018-2019** school year:

My child(ren) will be:

Car rider(s) ☐

Walker(s) ☐

Bus rider(s) ☐

District: _____

Attached is the Act 372 Request for Transportation Form for the upcoming school year. Please fill one out for EACH CHILD that will be riding the bus.

FAMILY NAME: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____



**Pennsylvania Law
Act 372**

Dear Parent,

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students according to the nonpublic school calendar.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note this distance may be in excess of 10 miles from student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for next term, please complete the Request form below and return it to school immediately.

Signed Kathy Napolitano
Principal

Request for Transportation under Act 372

(Complete a separate form for each child
needing bus transportation next school
year and return it to school.)

1. Name of Child _____ Grade (August 2018) _____
Birth Date: _____
2. Address _____
(If rural address, indicate specific location)

3. Name of Catholic school to be attended in August 2017 _____
4. Name of Public School District in which child resides _____
5. The above named child lives approximately _____ miles from the Catholic school to be attended next August.
6. If the child received public school district transportation last year, please indicate bus number _____ and District _____.

Date _____ Parent Signature _____ Phone Number _____

TUITION PAYMENT PREFERENCE FORM 2018-2019

Parent/Guardian Name: _____

<u>Student Name</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

Tuition for the 2018-2019 school year will be paid by:

KINDERGARTEN – GRADE 8

- ☐ OPTION 1 Single payment due July 5th or 20th 2018
- ☐ OPTION 2 Two Payment Plan due July 5th or 20th 2018 and January 5th or 20th 2019
- ☐ OPTION 3 FACTS monthly payment plan, 12 monthly payments starting in July. Payments will be automatically withdrawn from your account on the 5th or 20th of the month.

I agree to make tuition payments for 2018-2019 school year according to one of the options above. I understand that if I become 60 days behind in tuition my child may be disenrolled from Sacred Heart.

Responsible Party's Signature

Date

ALL ABOVE TUITION PAYMENT PLANS MUST ENROLL IN **FACTS TUITION MANAGEMENT PROGRAM** - ONLINE ENROLLMENT for FACTS is available on www.sacredheartreading.com – admissions tab - CLICK Facts Tuition Management

- Option 1 and 2 have no enrollment fee and may be paid at the school by check, cash or money order.
- Option 3 - \$35.00 annual enrollment fee.

ENROLLMENT IN FACTS MANAGEMENT PROGRAM IS REQUIRED FOR YOUR CHILD'S ADMISSION TO BE COMPLETE

Sacred Heart School

2018 – 2019

Tuition

PARISHIONER TUITION RATES:

(monthly rates are for 12 months)

- **Kindergarten**
\$3,331/year or \$277.58/mo
- **Grades 1-8**
 - 1 Child - \$3,532/year or \$294.33/mo
 - 2 Children - \$6,376/year or \$531.33/mo
 - 3 Children - \$8,844/year or \$737.00/mo
 - 4 Children - \$10,509/year or \$875.75/mo

NON-PARISHIONER TUITION RATES:

(monthly rates are for 12 months)

- **Kindergarten**
\$3,873/year or \$322.75/mo
- **Grades 1-8**
 - 1 Child - \$4,132/year or \$344.33/mo
 - 2 Children - \$7,766/year or \$647.17/mo
 - 3 Children - \$11,106/year or \$925.50/mo
 - 4 Children - \$13,960/year or \$1163.33/mo

ADDITIONAL FEES:

(non-refundable)

- Book Fee - \$100/year per child
- Technology Fee - \$50/year per child

ADMISSION REQUIREMENTS

- **Birth Certificate**
- **Baptismal Certificate (if applicable)**
If baptized at SH Church, the office will obtain a copy for you
- **Immunization Records**
- **Completed Registration Form**
- **Registration Fee**
 - \$50 – 1 Child
 - \$75 – Family

Please Note: Admission to Sacred Heart School will not be finalized until:

- Entrance Testing is completed.
- All fees are paid.
- You have enrolled in FACTS Tuition Management Program.



Financial Aid for Families with Children Attending Sacred Heart School

Financial aid is awarded each year to families with children in our school in grades K-8. Awards are made based on financial need.

To set up a FACTS account to apply for aid at Sacred Heart School:

- Go to <https://online.factsmgt.com/signin/3D9RB>
- Click "create user name & password"
- Follow the online instructions to set up your account.

How to apply for aid at Sacred Heart School: (one application per family)

- Log into your FACTS account at <https://online.factsmgt.com/signin/3D9RB>
- Click "Start Application" and follow the online instructions. The online application is very user friendly.
- The application fee is due at the time the application is submitted. Forms of payment include debit cards, credit cards or an electronic check.
- Online applications are available in English and Spanish. To select Spanish, simply click on the link in the upper right-hand corner of the screen before you log in.
- Submit the necessary supporting documentation. (check list on back of this form)
- Paper applications are no longer available. If you need to arrange assistance in completing the online application contact Mrs. Focht at 610-373-3316 or gfocht@sacredheartreading.org

Pasos sencillos para inscribirse en un plan de pago o solicitar ayuda financiera:

- Si ya tiene una cuenta de FACTS, elija "Ingresar" y use su usuario y contraseña existentes. Si es un usuario nuevo de FACTS, elija la opción "Crear usuario y contraseña".
- Luego, haga clic en Configurar plan de pago o Comenzar solicitud.
- Elija el año escolar adecuado.
- Complete los pasos a medida que se le solicite.

***Para poder recibir ayuda financiera, debe completar una solicitud de ayuda financiera de FACTS además de configurar un plan de pago.

FACTS Grant & Aid Checklist

- Copy of either of the last 2 year's IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return. If applicant and co-applicant file separately, we require both tax returns for the same tax year.
- Copies of all appropriate year W-2 Wage and Tax Statements for both the applicant and co-applicant Note: if you are applying before you have received the W-2 Wage and Tax Statements, please submit them as soon as they become available.
** IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your appropriate year Federal Form 1040 Tax Return.
- Copies of all supporting tax schedules if you have income from any of the following:

Business – (Form 1040 Line 12) Attach Schedule C or C-EZ and Form 4562 Depreciation and amortization.

Farm – (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization

Rental Property – (Form 1040 Line 17) Attach Schedule E (page 1)

S-Corporation – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (4 pages), Schedule K-1 and Form 8825

Partnership – (Form 1040 Line 17) attaché Schedule E (page 2), Form 1065 (5 pages), Schedule K-1 and Form 8825

Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (Page 2), Form 1041 and Schedule K-1

- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).

Please allow 2 to 4 weeks for your application and supporting tax documents to be processed.

We are unable to verify receipt of documents until they are scanned into our system, which takes approximately 2 weeks. Faxed applications will not be accepted. Application deadlines are set by the school or institution awarding the scholarships. If you are applying after a given deadline date, please contact your school or institution to ensure that your application will be accepted. It is recommended that you keep a copy of your application for your records.

NOTE: Award decisions are not made by FACTS, but by Sacred Heart School.

RELEASE OF RECORDS

Name of Releasing School

Address

Phone Number

Fax Number

Email

To Whom It May Concern:

The student named below has been enrolled in Sacred Heart School:

Student: _____ Grade: _____

Date of Birth: _____

Academic Records _____

Health/Medical Records _____

Other _____

Kindly forward the requested records to:

Sacred Heart School
701 Franklin Street
West Reading, PA 19611

I hereby grant permission for the Release of Records to Sacred Heart School, West Reading Pennsylvania.

Sign & Print

Signature of Parent/Guardian

Printed Name of Parent/Guardian

HEALTH HISTORY

Student Name: _____
Last First Middle

Mailing Address: _____

Father's Name: _____ Mother's Name: _____
Last First Last First

Student Resides With: _____ Telephone: _____
Name/Relationship to Student

Family Physician Name: _____ Telephone: _____

Is your child at present under Medical Treatment? YES NO

If yes, please explain:

List any additional illness you or your family physician feel should be known:

Special Comments:

Has your child had any childhood illness? Please list, giving dates and complications:

Does your child have, or has he/she had: (Check all that apply)

- ☐Vision Loss
- ☐Eye Disease
- ☐If yes, does your child wear glasses or contacts
- ☐Hearing Loss
- ☐If yes, does your child wear a hearing aid
- ☐Earaches
- ☐Convulsions

- ☐Epileptic Seizures
- ☐Asthma
- ☐Head Injury
- ☐Headaches
- ☐Diabetes
- ☐Is your child receiving dental care

Is your child currently taking any long term medication? YES NO

If yes, explain:

Has your child had any of the following: (give date and details)

Allergy: _____

Recurring Illness: _____

Serious accidents: _____

Emotional problems: _____

Recent loss of loved one or pet: _____

Parent Signature: _____ Date: _____

MEDICAL/DENTAL PERMISSION FORM

Child's name: _____ Entering Grade: _____

Dear Parent or Guardian:

The school Health Law requires medical examinations for children on original entry (Kindergarten or First Grade), Grades 6 & 11; dental examinations for children on original entry (Kindergarten or First Grade), Grades 3 & 7; scoliosis screening in grades 6 and 7.

We recommend that these examinations be performed by your family physician and dentist since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections.

If you desire to have the examinations done by your family physician and/or dentist at your own expense, please check the appropriate space below. These examinations must be completed after May 1st of the current school year.

I wish my child's physical examination be performed by:

_____ my own private physician

_____ the school district physician

I wish my child's dental examination be performed by:

_____ my own private dentist

_____ the school district dentist

If you request to have these examinations and screenings completed by the school personnel, at no financial obligation to you it will be necessary for you to provide transportation for your child to and from the exam site. The examinations are usually conducted in the spring of the school year and are held at either Wyomissing Hills Elementary School or West Reading Elementary School. You will be informed of the date, time and location well in advance so that you can make arrangements to accompany your child.

Sign and Print

Signature of Parent or Guardian

Printed name

Date



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ CRNP ☐

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

**Usually given as DTP or DTaP or if medically advisable, DT or Td*

*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*

****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH



INFORMACIÓN PARA PADRES SOBRE VACUNACIÓN ESCOLAR

El Departamento de Salud está cambiando las normas de vacunación escolar a partir de agosto de 2017. El objetivo de estas normas es garantizar que los niños que asisten a escuelas en el estado estén protegidos adecuadamente contra potenciales brotes de enfermedades prevenibles con vacunas.



LOS NIÑOS DEBEN TENER LAS VACUNAS OBLIGATORIAS O CORREN EL RIESGO DE SER EXCLUIDOS DE LA ESCUELA.

Los niños deben tener todas las vacunas obligatorias apropiadas desde el punto de vista médico o un plan para completar las vacunas faltantes, o corren el riesgo de ser excluidos de la escuela. Los niños pueden obtener exenciones médicas, religiosas o filosóficas de los requisitos de vacunación. Hable con el pediatra de su hijo sobre las vacunas que su hijo necesita para asistir a la escuela.



NUEVOS REQUISITOS DE VACUNACIÓN:

- combinación contra la difteria y el tétanos;
- vacunación contra la tos ferina;
- combinación contra sarampión, paperas y rubéola y
- vacuna antimeningocócica conjugada para el ingreso a 12° grado o, en escuelas sin grados, al año escolar en el que el niño cumple 18 años.

Para obtener más información acerca de las vacunas que su hijo necesita para asistir a la escuela, visite dontwaitvaccinate.pa.gov o hable con el pediatra de su hijo.

dontwaitvaccinate.pa.gov

Don't Wait. Vaccinate.



SCHOOL VACCINATION INFORMATION FOR PARENTS

The Department of Health is changing school immunization regulations beginning in August 2017. The regulations are intended to ensure that children attending school in the commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases.



A CHILD MUST HAVE REQUIRED VACCINES OR RISK EXCLUSION FROM SCHOOL.

A child must have the required medically-appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school.



NEW VACCINATION REQUIREMENTS:

- combination form for diphtheria and tetanus;
- pertussis vaccination;
- combination form for measles, mumps and rubella; and
- meningococcal conjugate vaccine for entry into 12th grade, or in an ungraded school, in the school year the child turns 18.

For more information on the vaccines your child needs to attend school, visit dontwaitvaccinate.pa.gov or talk to your child's pediatrician.

dontwaitvaccinate.pa.gov

Sacred Heart School Uniform Requirements

701 Franklin Street • West Reading, PA 19611 • 610-373-3316 • www.sacredheartreading.com

BOYS

Warm Weather Uniform – Gr. K-8

(August – Early Nov. & April – June)

Navy blue shorts, white polo shirt with Sacred Heart Insignia, white ankle socks (socks must be visible), low top non-marking sole sneakers. Sacred Heart polo may be worn with long pants. Plain black, navy or brown belt. Sneakers must be tied appropriately at all times ("bar-laced" sneakers must be tied at the top of the shoe).

GIRLS

Warm Weather Uniform – Gr. K-8

(August – Early Nov. & April – June)

Navy blue shorts, white polo shirt with Sacred Heart Insignia, white ankle socks (socks must be visible), low top non-marking sole sneakers. Sacred Heart polo may be worn with long pants. Plain black, navy or brown belt. Sneakers must be tied appropriately at all times ("bar-laced" sneakers must be tied at the top of the shoe).

BOYS

Regular Uniform – Gr. K-8

(Early Nov. – Early April)

Navy blue pants, blue button collar oxford shirt, plaid school tie, dark colored socks. Socks must be visible above shoe. Black or dark brown tie shoes or loafers with non-marking soles, no moccasins, slippers or work boots. Shoes must have a closed back (no clogs) and may not have a heel higher than one inch. Navy or hunter green sweater (vest, v-neck pullover). Sneakers are not to be worn with long pants. Plain black, navy blue or brown belt.

GIRLS

Regular Uniform – Gr. K-4th

(Early Nov. – Early April)

Plaid jumper of appropriate length or navy blue pants, light blue long or short sleeve blouse with peter pan collar, navy tights or knee high socks, black or brown tie, buckle or loafer type shoes with non marking sole. Shoes must have a closed back (no clogs) and may not have a heel higher than one inch. No moccasins. Navy or hunter green cardigan sweater.

Regular Uniform – Gr. 5-8

Plaid kilt or skirt of appropriate length or navy blue pants, dark plain belt with pants, blue long or short sleeve oxford cloth shirt with button down collar, navy tights or knee socks. Black, dark brown or navy shoes with non-marking soles, no moccasins, slippers or work boots. Optional navy or hunter green cardigan or v-neck pullover.

BOYS & GIRLS – Gym Uniform – Gr. K-8

Gym Uniforms are worn to school the day of gym class. Red shorts, Sacred Heart tee shirt or Walk a Thon tee shirt, white socks, sneakers, gray sweat suit (cold weather) with Sacred Heart logo. ***Certain items of "spirit wear" are acceptable on gym days.***

BERKS CATHOLIC UNIFORM OPTION – 7th & 8th GRADES

STUDENTS MAY WEAR EITHER THE SACRED HEART UNIFORM OR BERKS CATHOLIC HIGH SCHOOL UNIFORM

BOYS WARM WEATHER BCHS OPTION

Gray (McGinn) or Khaki Slacks, black or brown leather belt
BCHS black or white banded polo shirt
Black or brown leather shoe

BOYS "REGULAR" BCHS OPTION

Gray (McGinn) or Khaki Slacks, black or brown leather belt
White button down dress shirt long or short sleeved
BCHS approved tie (2 options)
BCHS approved sweater

GIRLS WARM WEATHER BCHS OPTION

BCHS kilt or skirt
BCHS banded black or white polo shirt
Opaque, pattern-less, black knee high socks or black opaque tights
Black or brown leather shoes

GIRLS "REGULAR" BCHS OPTION

BCHS kilt or skirt
White button down blouse, long or short sleeved
Black opaque tights
Black or brown leather shoes

UNIFORMS CAN BE PURCHASED AT:

McGinn School Apparel • 12 South 5th Ave • West Reading, PA 19611 • 610-939-1503
www.mcginnschoolapparel.com

****UNIFORM EXCHANGE IS AVAILABLE AT SCHOOL****



AFTER SCHOOL CARE REGISTRATION

1st Child's Name: _____ D.O.B. _____ Grade: _____
2nd Child's Name: _____ D.O.B. _____ Grade: _____
3rd Child's Name: _____ D.O.B. _____ Grade: _____
4th Child's Name: _____ D.O.B. _____ Grade: _____

Parent or Guardian's name, address and phone:

Name: _____

address: _____

Home phone: _____

Cell phone: _____

Please list all people authorized to pick up child from ASC and their relationship to child:

name _____	Phone#: _____	relationship to child: _____
name _____	Phone#: _____	relationship to child: _____
name _____	Phone#: _____	relationship to child: _____

Would you like your child to have "homework time"? ☐ yes ☐ no

May your child have snacks/treats? ☐ yes ☐ no

Does your child have any food allergies or medical conditions? ☐ yes ☐ no

if yes, please explain.

On what basis will your child be attending ASC?

Every day _____ Specific days _____ As needed _____

After School Care hours: 3:00 pm to 5:30 pm

[OVER]

After School Care Rules:

1. Children must behave respectfully towards one another and the ASC providers
2. Bullying, hitting, teasing, and unruliness are not permitted.
3. Children who do not follow the rules will be issued "pink slips" and their names will be forwarded to the principal.
4. All rules and directions must be followed. Refusal to follow rules or directions may result in suspension or termination of ASC priveleges.

Parent/Guardian Responsibilities:

1. You must inform ASC if someone other than those authorized on the registration form will be picking up your child.
2. If your child is absent from school, leaves school early or has no class he/she may not be brought back to school for ASC. It is your responsibility to find alternative care.
3. You are responsible for picking up your child on time. Late pick-ups of 10 minutes or more will have a \$10.00 late fee (for each day) added to the weekly bill. Please be courteous and call ASC if you will be late. Continuous late pick-ups will result in termination of ASC priveleges.
4. Please do not linger when picking up your child unless you need to speak with an ASC provider (especially if your child is last to be picked up).
5. ASC payments are to be made weekly - **no exceptions.** Overdue accounts will have a \$2.00 late fee added for every week the account is not paid. Billing is sent out every Wednesday. If weekly payments are not made by the end of the week or the following Monday, **ASC priveleges will be suspended or terminated until payment is made.**
6. All accounts must be paid (up to date) before EIP numbers or statement letter for income tax purposes can be given.
7. Payment must be made by check. ***No cash payments accepted.*** Checks returned for insufficient funds will result in a \$20.00 fee added to your ASC bill.
8. Payments may be brought to the office or returned in your child's "Wednesday Envelope". ASC providers will not accept payment. School office hours are 7:30am to 4:00 pm.
9. ASC is cancelled in the event of an early dismissal or closing due to inclement weather.
10. ASC will **not** be provided the first week or final week of school.

I have read and understood the After School Care rules, and by signing, I agree to abide by them.

Parent/Guardian signature: _____

Date: _____

return this document to school office



AFTER SCHOOL CARE FEE SCHEDULE

Sacred Heart School's extended program is an optional service available to parents. The purpose of this program is to aid parents who cannot pick up their children right after school. Children registered in After School Care have snack time, the opportunity to complete homework, relax and socialize with their peers.

After School Care bills are sent home weekly in the Wednesday communication envelope. Payment is expected weekly. There will be a rebilling fee of \$2.00 if you miss a payment.

PICK UP BEFORE 4PM

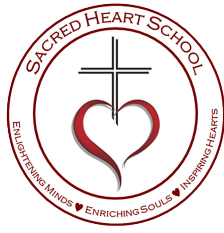
1 Child	\$10.00/day
2 Children	\$12.00/day
3 Children	\$15.00/day

PICK UP AFTER 4PM

1 Child	\$15.00/day
2 Children	\$17.00/day
3 Children	\$20.00/day

After School Care hours are from 2:45 pm to 5:30 pm. Parents picking up their children after 5:30 pm will be charged a late fee of \$1.00 per minute. Parents will be asked to sign their children out, noting the time of pickup.

The After School Care phone is 610-406-3780. Please call this number if you are going to be late picking up your child.



NON-DISCRIMINATION POLICY

Sacred Heart School does not discriminate on the basis of race, color, sex or national origin in its programs. The school does not discriminate against persons with disabilities if, with reasonable accommodations, the student can meet the program's requirements.

ADMISSION

- I. **Application and Registration**
 - a. All parents/legal guardians seeking to enroll their children in Sacred Heart School must complete and timely submit an Admission Application. You will receive a letter confirming your child's acceptance into Sacred Heart School. Should alternative placement be recommended, you will be notified in writing as well.
 - b. Because Sacred Heart School is a parish school, parishioners will be given preference to admission. If there are vacancies, Catholics from other parishes and non-Catholics may apply. However, no child will be "dropped" from the rolls simply to "make room" once officially accepted in Sacred Heart School.
- II. **Kindergarten and First Grade**
 - a. **Age and Health Requirements**
 - i. Children entering Kindergarten or First grade must be five or six respectively by October 15. The Principal shall ascertain that every student, prior to admission to the school for the first time, has been immunized against such diseases as the Pennsylvania Secretary of Health may direct.
 - ii. Children must be lavatory independent in order to attend Sacred Heart School.
 - b. **Academic and Conduct Requirements**
 - i. Any child seeking entry to Kindergarten or First grade shall complete the required testing before formal admission into the school.
 - ii. Should behavior problems surface and impeded the academic and/or social progress of the student or class, an alternative educational program may be suggested.
- III. **Second through Eighth Grades**
 - a. **Health Requirements**
 - i. The principal shall ascertain that every student prior to admission to Sacred Heart School has been immunized against such diseases as the Pennsylvania Secretary of Health may direct.
 - b. **Academic and Conduct Requirements**
 - i. The principal shall review the information provided by the Registration form and other information deemed appropriate to determine whether a student should be admitted to the school. Factors to be considered by the principal include, but are not limited to, the following: proof of promotion to the grade to which the student is seeking entry; results of mathematics and language arts testing; any prior academic or conduct records; the student's and parent's reasons for seeking admission to the school; and the prior identification of any behavior problem or learning disability. If the student is admitted to the school, the principal shall place the student at the grade level that is in keeping with the student's competence.
 - ii. At times the student is admitted on a probationary status. A contract between Sacred Heart School, the child and the child's parents will be delineate continued enrollment at Sacred Heart School.
 - iii. Should behavior problems surface and impeded the academic and/or social progress of the student or class, an alternative educational program may be suggested.

REGISTRATION

- I. A fee of \$50.00 per child and \$75.00 per family must accompany each registration. Tuition and fees from the current year are expected to be paid before registration for the next year becomes finalized. Failure to pay your account in full could result in disenrollment for the next year.

TRANSFERS

- I. When a student is about to transfer to another school, parents are to notify the office several days in advance with the following information:
 - a. Reason for the transfer
 - b. Name and address of the new school
 - i. **Records of students cannot be transferred until:**
 - 1. A request from the new school is received stating that the student has been enrolled
 - 2. All school owned textbooks and property have been returned
 - 3. All tuition, fees and accounts have been satisfactorily settled

The Catholic School Difference

For the thousands of nuns who have served as principals at Catholic schools, their emphasis on self-discipline must seem like common sense. But a new academic study confirms the sisters are on to something: You can instill self-discipline in students, a virtue that will help them in their studies and later in life.

The study was conducted for the Thomas B. Fordham Institute by University of California - Santa Barbara associate professor Michael Gottfried and doctoral student Jacob Kirksey. The authors analyzed two waves of national data on elementary school students collected under the Early Childhood Longitudinal Study for the National Center for Education Statistics. They compared children in Catholic schools with those in public schools and other private schools, religious and secular.

The authors found statistically meaningful evidence that students in Catholic schools exhibited less disruptive behavior than their counterparts in other schools. "According to their teachers, Catholic school children argued, fought, got angry, acted impulsively and disturbed ongoing activities less frequently," the authors write. Specifically, students in Catholic schools "were more likely to control their temper, respect others' property, accept their fellow students' ideas, and handle peer pressure." In other words, they exhibited more self-discipline.

The authors concede their findings aren't causal, meaning there might be unobservable differences between students in different schools that account for the striking differences they have found. But the correlation is strong between the focus that Catholic schools put on self-discipline and better student

A new study shows the benefit of demanding student self-discipline.

behavior. We also know that, especially in urban areas, black and Latino students who attend

Catholic schools show higher achievement, higher graduation rates and higher college enrollment than those at nearby public schools.

At a time when the different suspension rates between minority and non-minority students has become a toxic debate, the authors offer three key judgments:

First: "Schools that value and focus on self-discipline will likely do a better job of fostering it in children." If other schools "took self-discipline as seriously as Catholic schools do, they wouldn't have to spend as much time, energy, and political capital on penalizing students" for bad behavior.

Second: "Assuming that these results reflect a 'Catholic Schools Effect,' other schools might consider both explicit and implicit methods to replicate it." The report notes that some "no excuses" charter schools are already doing this, through the curriculum or the way students interact with adults and teachers who model self-discipline themselves.

Third: "Don't underestimate the power of religion to positively influence a child's behavior." Religion isn't the only way to foster self-discipline, the authors emphasize, but it's effective compared to most of the alternatives in channeling youthful energy into productive self-control.

Though the authors offer no easy prescriptions, they do say it is a "tragedy for the nation" that so many Catholic schools continue to close when they are most needed. Their lessons are worth preserving.

***The Wall Street Journal, June 1, 2018**