



August 25, 2018

Dear Parents:

The following forms are very important for the operation of our school and must be returned. I would like to ask you to please complete and return to your child's homeroom teacher by **September 14, 2018**. Thank you for your cooperation. If all the below forms are turned in by this date, your child will earn a NUT (No Uniform Today) card for Friday, September 21, 2018. Complete the following Check list by September 14.

- Federal Funds Family Survey
- Home Language Survey
- Field Trip Emergency Information Card
- Certificate of Individual Request for Loan of Textbooks and Instructional Materials
- Multimedia Usage form (this form is for your permission to photograph your child and put on social media or in print media)
- Emergency Card (most of the new families have completed this information for this year, everyone else, please complete and return)
- Immunizations – EVERYONE MUST HAVE TURNED IN THEIR IMMUNIZATIONS PRIOR TO STARTING SCHOOL. IF YOU HAVE NOT, PLEASE DO SO IMMEDIATELY OR YOUR CHILD WILL NOT BE ABLE TO ATTEND SCHOOL ON 8/27/18. THANK YOU!**



St. Jane Frances
de Chantal School

1900 Washington Blvd. • Easton, PA 18042
610-253-8442 • www.stjaneschool.com
principal@stjaneschool.com

A Catholic Tradition in Academic Excellence

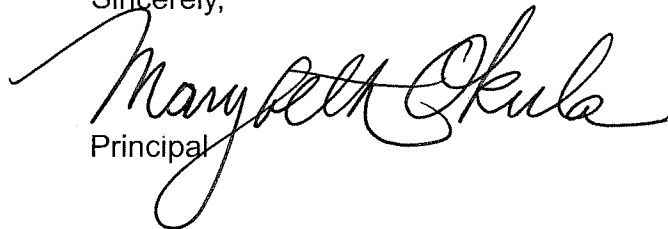
Dear Parents:

Our school participates in several Federal programs that provide your children with a variety of materials and services. It is one of the few ways in which they receive benefits from your tax dollars and we certainly don't want to lose this benefit. Please review the enclosed survey and simply answer Yes or No to the questions. This information is very important for us to continue receiving support from these programs. It is required before we can participate in Federal programs. All information will be kept in confidence.

Please return the form by September 14, 2018. Don't hesitate to call us if you have any questions about the survey.

Thank you for your assistance.

Sincerely,


Principal

FAMILY SURVEY

Persons in Family or Household Size	Annual Income
1	\$22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
For each Additional Family Member Add	\$ 7,992
This may be a foster child, an emancipated youth, or a special education child over age 18	

Find your family size and the annual gross income level (at or below) listed beside it on the chart printed above.

Note: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

- | | YES | NO |
|--|--------------------------|--------------------------|
| A) Is your annual income less than this amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Is your family eligible for SNAP
(Supplemental Nutrition Assistance Program,
formerly food stamps)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Are you receiving TANF Cash Assistance?
(Formerly AFDC or Public Assistance) | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Are any of your children eligible to receive
medical assistance under the Medicaid
program? | <input type="checkbox"/> | <input type="checkbox"/> |
| E) We have not checked any of the above boxes because
we do not wish to share this information in writing. | <input type="checkbox"/> | |

Family Name (print): _____

Address: _____

Public school district in which you reside: _____

List names and grade level of your children in our school:

**Diocese of Allentown
HOME LANGUAGE SURVEY***

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



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Dear Parent/Guardian:

State Law (Act 195) authorizes the loan of textbooks by the Secretary of Education to students enrolled in nonpublic schools. Act 90 authorizes the loan of instructional materials. Our school is now in the process of requesting the specific textbooks and materials to be loaned to your children. The law requires that a parent of each student attending the non-public school individually requests a loan of textbooks and instructional materials. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return it to school immediately. Thank you for your continued assistance and cooperation.

Sincerely,


Mrs. Marybeth Okula
Principal

**CERTIFICATE OF INDIVIDUAL REQUEST
FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS**

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my Child (ren) attending Name of School.

Child's Name (Grade): _____ Grade: _____

Date

Parent or Guardian Signature



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MULTIMEDIA USAGE

By signing this permission form I/we, hereby consent to the use of any video tapes, photographs, slides, audio tapes and any other audio or visual reproduction in which the below named individual(s) may appear by St. Jane Frances de Chantal School and the Diocese of Allentown. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions (including but not limited to: Facebook, Twitter and Instagram), electronic multimedia or billboard display.

I agree that the photograph/image shall be free for use and release St. Jane Frances de Chantal School and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the used of said photography or image.

Child(ren) Full Name	Grade

I agree to the above terms and conditions:

Signature

Date

I do **NOT** want my child (ren) photographed for marketing purposes: (please indicate their name above)

Signature

Date

(Note: Without your written consent, you child will be asked to remove themselves of any photos used for internet marketing purposes)

PLEASE RETURN NO LATER THAN SEPTEMBER 14, 2018. THANK YOU!

DIOCESE OF ALLENTOWN

Emergency Information 20__ - 20__

SCHOOL _____

1. FAMILY INFORMATION

Student Name _____ Grade _____
Address _____ City _____ State _____ Zip _____
Home Telephone #(____) _____ Home E-Mail Address _____
Date of Birth _____ Place of Birth _____
Public School District _____ Bus Rider Walker Car Rider

2. PARENT/GUARDIAN INFORMATION

Student lives with: Parents Mother Father Other _____
Father's/Guardian's Name _____ Home Tel. # (____) _____
Employer _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ Pager # _____ E-Mail _____
Mother's/Guardian's Name _____ Home Tel. # (____) _____
Employer _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ Pager # _____ E-Mail _____
Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

3. CHILD CARE PROVIDER INFORMATION

Those designated below are authorized to pick up my child from school in an emergency:

Child Care Provider's Name _____ Relationship to Child _____
Home Tel. # (____) _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ Pager # _____ E-Mail _____

4. LOCAL CONTACT INFORMATION

1. Local Contact's Name _____ Relationship to Child _____
Home Tel. # (____) _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ Pager # _____ E-Mail _____
2. Local Contact's Name _____ Relationship to Child _____
Home Tel. # (____) _____ Work Tel. # (____) _____ (ext.) _____
Cell Tel. # (____) _____ Pager # _____ E-Mail _____

5. MEDICAL/PHYSICAL INFORMATION

Doctor's Name _____ Tel. # (____) _____
Hospital Preference _____ Second Choice _____
Insurance Company _____ Policy No. _____ Group No. _____
Dentist's Name _____ Tel. # (____) _____
In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature Parent/Guardian Signature Date

Please keep a copy of this form for your records. **IMPORTANT:** Please update your school immediately if any information changes.



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Dear Parents/Guardians,

Throughout the school year, educational experiences may be provided which occur outside the school building. Students will be notified in advance of the time, date destination and purpose of each trip. I'm excited to tell you that we've been able to work successfully to change the procedure for field trip permission slips.

Starting now, each family is required to complete one Emergency Card per child which will be kept on file for the year. This form includes Emergency Contact Information, Health Care Information, and Specific Medical Information about each child. This information will only be requested once - on this form.

IF YOUR CHILD NEEDS TO HAVE PRESCRIBED MEDICATION WITH HIM/HER ON ANY FIELD TRIP, IT IS THE PARENT'S RESPONSIBILITY TO PERSONALLY NOTIFY THE SCHOOL NURSE (EXT. 121) BEFORE THE SCHEDULED TRIP SO THAT ARRANGEMENTS CAN BE MADE TO COMPLY WITH YOUR REQUEST.

When a field trip is scheduled, families will complete a specific field trip form which will require only signatures, a phone number, and any special or new health concerns.

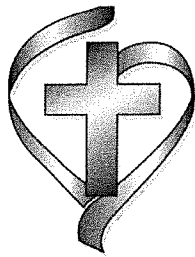
The purpose of this is to alleviate the need to provide Health Care provider details and etc. over and over again throughout the year. We hope this makes life easier. Please see the attached Emergency Card and SAMPLE Field Trip Permission Slip.

Please print & complete one Emergency Card per child and forward to each child's teacher by September 14, 2018.

Thank you.

Sincerely,

Marybeth Okula, Principal



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Emergency Information Card

Student Name: _____ Date of Birth: _____ Class: _____

Parent/Guardian: _____ Cell Number: _____

Parent/Guardian: _____ Cell Number: _____

Home phone: _____

Address: _____

Emergency Contact: (If parent is unable to be reached)

Name: _____ Phone: _____

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor.

Family doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____ Group# _____ I.D. _____

Subscriber's Name: _____

I (we) hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

Specific Medical Information: The parish/school should be aware of the following medical conditions and will take reasonable care to see that the following information will be held in confidence.

Allergic reactions: (medications, foods, plants, insects, etc.) _____

Immunizations: (Date of last tetanus/diphtheria immunization) _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

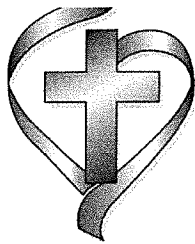
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

If so, date and disease or condition: _____

Other medical conditions of my (our) child: _____

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage, are as follows: _____

Parent Signature: _____ Date: _____



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Suppote

Field Trip Permission Slip

I (we) grant permission for my (our) child, _____ (Participant) to participate in this parish/school event that requires transportation to a location away from the parish/school site. This permission includes all related programs or events associated with the event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Jane School. My (our) child understands and agrees to abide by all rules and regulations established by the school/parish pertaining to such field trips. I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Description of Activity: _____
Date: _____
Destination of event: _____
Estimated time of departure: _____ Estimated time of return: _____
Travel information: _____

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions by the above named minor ("participant"). In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we and our heirs, successors and assigns, agree to release and to hold harmless and defend:

St. Jane Frances de Chantal School, and the Diocese of Allentown, Bishop Alfred A. Schlert, D.D., J.C.L., and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip (all of whom are collectively referred to as the Diocese) from claims or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

Please make the following changes to the Emergency Card on file: _____

No changes are needed to the Emergency Card on file.

* Participant's Signature: _____ Date: _____

* Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

Special health concerns listed on the back of this sheet.

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage, are as follows:

STUDENT HEALTH INFORMATION

Student's Name _____ Date of Birth _____

Grade/Teacher _____ / _____ Home Tel.#(____) _____

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES	NO	
_____	_____	ADD/ADHD _____
_____	_____	Asthma _____
_____	_____	Diabetes _____
_____	_____	Food or Drug Allergy _____
_____	_____	Bee Sting Allergy _____
_____	_____	Seizure Disorder _____
_____	_____	Condition Limiting Physical Education _____
_____	_____	Migraine Headaches _____
_____	_____	Other Chronic or Recurrent Conditions _____
_____	_____	Glasses/Contacts (Please Circle) (When to be Worn) _____
_____	_____	Presently Taking Medications

Names of Medication	Reasons for Taking Medication
_____	_____
_____	_____
_____	_____

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

Parent/Guardian Signature Parent/Guardian Signature Date

Please Print Name of Parent/Guardian Signature Please Print Name of Parent/Guardian Signature Date

Please List Siblings and Grades:

_____	_____
_____	_____
_____	_____

**WILSON AREA SCHOOL DISTRICT
HEALTH SERVICES**

St. Jane Frances de Chantal School

Dear Parents/Guardians,

In order to complete the school registration for your child, the enclosed forms must be completed:

Immunization records- Documentation must be signed or stamped by your physician or printed off their electronic system.

Diphtheria/Tetanus – 4 doses required (one dose must be after the 4th birthday)

Polio – 4 doses required (one dose must be after the 4th birthday and six months from the last dose)

Measles, Mumps, Rubella – 2 doses required (1st dose must be after the 1st birthday)

Hepatitis B – 3 doses required (3rd dose must be after 6 months old)

Chicken pox disease date or Varicella vaccine – 2 doses required (1st dose must be after 1st birthday) or documentation of disease

Tetanus, Diphtheria, Acellular Pertussis (Tdap) – 1 dose required for 7th grade entry and every grade after

Meningococcal Conjugate Vaccine (MCV) – 1 dose required for 7th grade entry and every grade after

A student is not considered registered for entry to school until an immunization status is on record in the school. A student will not be allowed to start school without the mandated immunizations on file.

Health Information Form – This is a checklist. Give dates if requested or known. Please turn the form over and sign it. This form does not require a doctor's signature.

Care Plan and/or Medication Forms- This may be applicable if your child has a chronic medical issue that requires medication orders and/or specific directions for the faculty and staff at school. Please have your doctor sign where indicated. Any medication must be brought to the school in its' original bottle by an adult.

Dental and/or Physical Forms – These are to be filled out by your child's dentist or doctor. Please return on the first day of school.

Thank you for your cooperation. Please feel free to contact me with any questions.

Sarah Kupchick, RN, BSN, M. Ed
Certified School Nurse
Phone: 610-253-8442
Fax: 610-253-2427