

# St. Ignatius Loyola Regional School

*Faith in Every Child*

2700 Saint Albans Drive, West Lawn, PA 19609

## Admission Policy

Due to the increased interest of parents in the religious and academic programs of St. Ignatius Loyola Regional School, the following admission guidelines have been adopted and are in effect. Enrollment status will only be valid upon receipt of registration forms and fees.

1. New students: Acceptance into the Kindergarten program will be based on the policy below:
  - A. Siblings of students who are presently enrolled in our school, grades kindergarten through eighth, and whose parents are active members and financially support St. Ignatius Loyola Parish or St. Francis de Sales Parish in Robesonia.
  - B. New kindergarten students, including those who attend our preschool, whose parents financial support the parish of St. Ignatius or St. Francis de Sales.
  - C. Siblings of students who are presently enrolled in our school who are non-parishioners of St. Ignatius Loyola or St. Francis de Sales or non-Catholic.
  - D. Children whose parents are non-parishioners of St. Ignatius Loyola or St. Francis de Sales Parish will be put on a waiting list.
  - E. Children whose parents are non-Catholic will be placed on a waiting list.
2. Transfer students: New students in grades one through eight will be accepted on space availability, satisfactory educational and health records, and receipt of all forms and fees.
3. Current students: Students in good standing who are presently enrolled in our school in grades Pre-K through Seventh; parishioners, non-parishioners, and non-Catholics, will be guaranteed re-enrollment status upon receipt of re-registration forms and fees by the due date. All tuition from the previous school year must be paid in full.

### Non-Catholic Students

In imitation of the Lord Jesus who welcomed the children, St. Ignatius Loyola Regional School welcomes all children, Catholic and non-Catholic. The Catholic school has much to offer academically, spiritually, and morally. We believe that non-Catholic children can, in turn, enrich the school by their presence, interest, participation, and by sharing with the school community their own religious traditions.

### Religion Classes and Liturgical Functions

It is necessary that parents realize and accept the school's policy that religion classes and liturgical functions are part of the school program and are an integral part of the school's curriculum.

### Responsibilities of the Non-Catholic Students

1. General Attitude – The child should understand, respect and be willing to actively support the philosophy and goals of the school, a community within the Catholic Church.
2. Attendance of Religion Classes – the child must be willing to attend religion classes since these classes are an essential part of the school's curriculum. Participation in these classes can be an ecumenical experience helping him/her to understand and respect the beliefs of others and to come to a better understanding and appreciation of his/her personal beliefs.

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## Uniform Requirements

### *Kindergarten Girls*

#### **Option #1**

- White school logo polo shirt
- Plaid or navy slacks, or Navy walking shorts (Aug-Oct and April 15 until the end of the year)
- White crew socks
- Black, brown or blue dress shoes

#### **Option #2**

- White or light blue round collar blouse (long or short sleeve)
- Plaid jumper
- Knee socks or tights, white or navy
- Black, brown or blue dress shoes

### *Kindergarten Boys*

#### **Option #1**

- White school logo polo shirt
- Navy pants or navy walking shorts (Aug-Oct and April 15 until the end of the year)
- Belt
- Socks
- Black or brown dress shoes

#### **Option #2**

- White or light blue oxford (long or short sleeve)
- Navy pants
- Belt
- Socks
- Black or brown dress shoes

### *Kindergarten Gym Uniform*

- Any Saint Ignatius Loyola School or Berks Catholic High School T-shirt or Sweatshirt.
- Dark shorts with St. Ignatius Loyola School or Berks Catholic High School logo.
- Dark sweatpants with St. Ignatius Loyola School or Berks Catholic High School logo.
- **Sweatpants MUST be worn during winter dress code.**
- Socks & Sneakers

## Uniform Requirements

### *For Girls Grades 1-4*

#### **Fall/Spring Uniform Requirements**

(August, September, October, April 15 to the end of the school year)

#### **Option #1**

- White school logo polo shirt
- Plaid or navy slacks, or Navy walking shorts
- White crew socks
- Dark dress shoes

#### **Option #2**

- White or light blue round collar blouse (long or short sleeve)
- Plaid jumper
- Knee socks or tights, white or navy
- Dark dress shoes

#### **Winter Uniform Requirements**

(November, December, January, February, March, Mid-April)

- Plaid jumper, or plaid or navy slacks
- White or light blue round collar blouse (long or short sleeve)
- Navy or Prescott red cardigan, V-neck sweater or vest with St. Ignatius Loyola logo
- Knee socks or tights, white or navy
- Dark dress shoes



# St. Ignatius Loyola Regional School

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## Uniform Requirements

*For Girls Grades 5-8*

### Fall/Spring Uniform Requirements

(August, September, October, April 15 to the end of the school year)

#### Option #1

- White school logo polo shirt
- Plaid or navy slacks, navy walking shorts, plaid skort or skirt
- White crew socks with shorts
- Knee socks with skirt or skort (navy or white)

#### Option #2

- White or light blue oxford blouse (long or short sleeve)
- Plaid skort or skirt, plaid or navy slacks
- Knee socks with skort or skirt, navy or white

### Winter Uniform Requirements

(November, December, January, February, March, Mid-April)

- Plaid skirt or skort; navy or plaid slacks
- White or light blue oxford blouse (long or short sleeve)
- Navy or Prescott red cardigan, V-neck sweater or vest with St. Ignatius Loyola logo
- Knee socks or tights, white or navy
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**\*Girls in grades 7 & 8 may choose to wear the Berks Catholic uniform. Please see [www.berkscatholic.org](http://www.berkscatholic.org) for uniform regulations.**

### Gym Uniform

- Any Saint Ignatius Loyola School or Berks Catholic High School T-shirt or Sweatshirt.
- Shorts with St. Ignatius Loyola School or Berks Catholic High School logo.
- Sweatpants with St. Ignatius Loyola School or Berks Catholic High School logo.
- **Sweatpants MUST be worn during winter dress code.**
- Socks & Sneakers

### Additional Dress Code Requirement

- Black, brown or navy dress shoes
- Shoe laces must be tied for safety reasons, and no heels larger than 1 ½ inches. No open toed or open heeled shoes.
- Jumpers, skirts and skorts may be no more than 2 inches above the knee.
- Slacks are to be straight leg, dress slacks, No fad slacks.
- Girls may wear hair ribbons, barrettes, etc., that are small and inconspicuous and complement the uniform.
- Only white t-shirts may be worn under the polo or oxford.

### Hair Styles

Girls: NO FAD hairstyles. Braids are allowed. No bandanas are allowed. All hair must be natural looking.

### Jewelry

With the uniform a watch, simple necklace, a chain with a medal is permitted. Bracelets may be worn but must be limited to one per wrist. Please keep to small post style earrings, since large hoop, etc. can present a safety hazard.

### Make-up

Make-up is not allowed to be worn by the students through fifth grade. In grades 6-8 make-up is allowed but it must be natural looking. If the make-up is noticeable, then it is too much. Colored nail polish is not permitted; fake nails and French manicures are also not permitted.

# St. Ignatius Loyola Regional School

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## Uniform Requirements

*For Boys Grades 1-8*

### Fall/Spring Uniform Requirements

(August, September, October, April 15 to the end of the school year)

#### **Option #1**

- White school logo polo shirt
- Navy pants or navy walking shorts
- Belt
- Socks
- Black or brown dress shoes (no sneakers or work boots)

#### **Option #2**

- White or light blue oxford (long or short sleeve)
- Navy tie
- Navy pants
- Belt
- Socks
- Black or brown dress shoes (no sneakers or work boots)

### Winter Uniform Requirements

(November, December, January, February, March, Mid-April)

- White or light blue oxford (long or short sleeve)
- Navy tie
- Navy pants
- Belt
- Navy or Prescott red cardigan, V-neck sweater or vest with St. Ignatius Loyola logo
- Socks
- Black or brown dress shoes (no sneakers or work boots)

**\*Boys in grades 7 & 8 may choose to wear the Berks Catholic uniform. Please see [www.berkscatholic.org](http://www.berkscatholic.org) for uniform regulations.**

### Gym Uniform

- Any Saint Ignatius Loyola School or Berks Catholic High School T-shirt or Sweatshirt.
- Dark shorts with St. Ignatius Loyola School or Berks Catholic High School logo.
- Dark sweatpants with St. Ignatius Loyola School or Berks Catholic High School logo.
- **Sweatpants MUST be worn during winter dress code.**
- Socks & Sneakers

### Additional Dress Code Requirements

- Shoe laces must be tied appropriately for safety purposes.
- Shirt tails must be tucked in at all times.
- Top button of oxford must be buttoned and tie should be appropriately worn.
- Only white t-shirts may be worn under polo and oxford.
- Pants must be worn at the waist and not at the hips.

### Hair Styles

Boys: NO FAD hairstyles. Haircuts are to be neat and trimmed properly. Hair is not to go beyond the collar, below the ear, or touch the eyebrows. At the junior high level, no facial hair is allowed.

### Jewelry

With the uniform a watch, simple necklace, a chain with a medal is permitted. Bracelets may be worn but must be limited to one per wrist. Earrings on boys are not permitted.

**When questions arise the administration will have final say.**



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTHPRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD			DATE OF BIRTH	SEX
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Last First Middle				

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, And Year Each Immunization Was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /	Varicella Disease or Lab Evidence Date: _____		
Other					

- ☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health
- ☐ RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

**If Applicable:**

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. \_\_\_\_\_

Date

Result of Diagnostic Studies: \_\_\_\_\_

Date

Preventive Anti-Tuberculosis - Chemotherapy ordered.

☐

No

☐

Yes

Date \_\_\_\_\_

(Continued on Back)

### Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac .....	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	
Neuromuscular Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition .....	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

### Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds)      BMI				
• Pulse (      )				
• Blood Pressure      /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
**Print** Name of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTHPRIVATE DENTIST REPORT OF  
DENTAL EXAMINATION OF A PUPIL OF  
SCHOOL AGE

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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## REPORT OF EXAMINATION

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
					A	B	C	D	E	F	G	H	I	J				
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
					T	S	R	Q	P	O	N	M	L	K				
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment Yes ☐ No ☐Treatment Completed Yes ☐ No ☐\_\_\_\_\_  
Date of Dental Examination\_\_\_\_\_  
Signature of Dental Examiner\_\_\_\_\_  
Print Name of Dental Examiner\_\_\_\_\_  
Address