



St. Ignatius Loyola Regional School

Faith in Every Child

2700 St. Albans Drive ♦ West Lawn, PA. 19609

- ◇ Birth Certificate
- ◇ Baptismal Certificate
- ◇ Immunizations
- ◇ FACTS Registration
- ◇ Medical Forms
- ◇ Dental Forms
- ◇ Parish Verified
- ◇ Rel. Ed Form

FOR OFFICE USE

FACTS Option _____
 Reg. Fee \$ _____
 Technology Fee \$ _____
 Book Fee \$ _____
 Check No. _____
 Date _____

Registration Form

Kindergarten to 8th Grade

Entering Grade _____

*If entering Kindergarten, please choose:

☐ ALL DAY ☐ Half-Day (AM)

Referred by _____

STUDENT INFORMATION

Student Name _____
 First Middle Last Name to be used in school

Home Address _____
 Street City State Zip Home Phone

Child's Age _____ Date of birth _____ Place of birth _____

Is your child adopted? ☐ Yes (please provide adoption certificate) ☐ No

Guardianship _____
 Name of parent Name of step parent (if applicable) Phone

Child's Gender ☐ Female ☐ Male ☐ Check one
 Number of Brothers _____ Number of Sisters _____

Student Ethnicity ☐ Hispanic ☐ Non-Hispanic

Student Race ☐ Caucasian ☐ African-American ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Multi-racial

Student Religion _____ Parish _____

What is the student's first language? _____

Public School District _____ *Busing needed AM ☐ Busing needed PM ☐

*Please check w/your school district to see if they provide AM busing

Person Financially responsible for tuition; _____ (Please note: Tuition rates are based on active membership of child and parent/guardian either at St. Ignatius Loyola or St. Francis de Sales Parish)

PARENT INFORMATION

Father's Name _____
Last First Address if different from student's Phone if different from student's

☐ Check if deceased Father's place of birth _____

Father's Daytime Phone _____ Employer _____
City State

Father's Occupation _____ Father's Education _____

Father's Cell Phone _____ Father's E-mail Address _____

Father's Race ☐Caucasian ☐African-American ☐Asian ☐American Indian ☐Pacific Islander ☐Multi-racial

Father's Ethnicity ☐ Hispanic ☐ Non-Hispanic

Marital Status _____ Religion _____ Parish _____

Mother's Name _____
Last First Address if different from student's Phone if different from student's

☐ Check if deceased Mother's place of birth _____

Mother's Daytime Phone _____ Employer _____
City State

Mother's Occupation _____ Mother's Education _____

Mother's Cell Phone _____ Mother's E-mail Address _____

Mother's Race ☐Caucasian ☐African-American ☐Asian ☐American Indian ☐Pacific Islander ☐Multi-racial

Mother's Ethnicity ☐ Hispanic ☐ Non-Hispanic

Marital Status _____ Religion _____ Parish _____

Emergency Contact (other than parents):

Name _____
Last First relationship Phone ☐cell ☐home ☐work

Name _____
Last First relationship Phone ☐cell ☐home ☐work

Name _____
Last First relationship Phone ☐cell ☐home ☐work

MEDICAL INFORMATION

Student Physician _____ Phone _____

Student Dentist _____ Phone _____

Allergies _____ Treatment _____
food, drug, bee sting, other

I, the parent/guardian of, the parent/guardian of _____ authorize *St. Ignatius Loyola Regional School*, in the Wilson School District, personnel to provide first aid services to my child as stated in the standing orders prescribed by the Wilson School District physician. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements appear necessary for the immediate care of my child.

Hospital preferred _____ (In an emergency requiring so, the nearest hospital will be used.)

I give my permission for the school nurse or her designee to administer the following medications to my child according to the school's standing medication orders:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen (fever, headache, pain) (Provided by Parent)
<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (allergic reactions) - Please note, the nurses avoid using Benadryl for mild seasonal allergies since it may make students sleepy, however it is possible it may be needed for more serious allergic reactions such as hives, insect sting and food reactions, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Mylanta or Maalox (upset stomach)
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (cramps, muscular/skeletal pain, severe headaches) (Provided by Parent) 7 th & 8 th Grades only

Parent or legal guardian signature

Date

Note: The following first aid supplies (or their generic substitutes) are also used to treat students in the health room: EpiPen Kit- for severe allergic reactions, Albuterol- for severe breathing difficulty (Parents should provide students' own EpiPen or asthma meds when known problem), Bacitracin ointment, sterile eyewash (eye irritation or foreign body in eye), PhisoDerm cleanser, alcohol, calamine lotion, sterile saline solution (contact lenses), vinyl and latex gloves. If your student has an allergy to any of these products, please list the allergy on the "Food and drug allergy" line below.

LIST ALL CURRENT MEDICATIONS:

Medication/Dosage/Time Given:	Taken For:

STUDENT'S MEDICAL HISTORY: Please check yes or no for each

	Yes	No	Explain further where needed
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	For distance, near, or constant wear:
Hearing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
History of major illnesses or surgeries	<input type="checkbox"/>	<input type="checkbox"/>	List:
Condition limiting physical education	<input type="checkbox"/>	<input type="checkbox"/>	Describe:
Other chronic or recurrent condition	<input type="checkbox"/>	<input type="checkbox"/>	List:

If you have answered **yes** to any of the above health conditions, please write the plan of action you want the school nurse to take when the health condition arises. The school nurse may need to contact you to have a medical plan of action completed by your child's physician.

SCHOOL INFORMATION

If attended another school previously, name/address of school

Name of Previous School Attended _____

Grade Level _____

Date last attended _____

Reason for transfer _____

Has child had previous experience, i.e. nursery school, day care, camp or other _____

Is another language spoken at home? ☐ Yes, _____ ☐ No

Does your child have speech difficulty? _____ Does your child have hearing difficulty? _____

Does your child have any particular fears that we should know about? _____

Does your child exhibit any particular habits (thumb sucking, nail biting, etc)? _____

Has your child received any special services (counseling, etc)? ☐ Yes, because _____ ☐ No

What are your child's strengths and interests? _____

Other comments

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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.