

**\*\*KINDERGARTEN & NEW REGISTRATIONS\*\***  
**REQUIRED DOCUMENTS**

When returning this application, please submit the following items.

1. Birth Certificate Photocopy
2. Immunizations - most current record from Doctor
3. Photocopy of Custody Papers (if applicable)
4. Baptismal Certificate if applicable) and other Sacrament Certificates (if applicable)
5. Physical Exam & Dental Exam Forms
6. Signed Release for academic records transfer (applicable only to Grades 1-8)
7. \$125.00 Non-Refundable Application Fee
8. Signed Tuition/Enrollment Contract
9. Enroll on STS (Tuition Management System) –  
<https://app.simpletuitionsolutions.org/register?sc=20394>  
Our school code is 20394

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**FOR OFFICE USE ONLY**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_

9. \_\_\_\_\_



## APPLICATION FOR ADMISSION OF STUDENT

**\*\*A NON-REFUNDABLE REGISTRATION FEE OF \$125.00 PER FAMILY IS REQUIRED AT REGISTRATION FOR ALL NEW FAMILIES, K - 8TH GRADES.**

*Office Use Only*

Reg. Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Check#: \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Grade Entering \_\_\_\_\_ K-All Day \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ School District \_\_\_\_\_

City & State of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT INFORMATION:** Married/Separated/Divorced (**Circle One**)

**Father's Name** \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**IF CHILD DOES NOT LIVE WITH FATHER OR MOTHER, GIVE NAME OF GUARDIAN:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Parish \_\_\_\_\_ Non-Parishioner \_\_\_\_\_

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**By registering my child/children, I agree to abide by all the rules & regulations contained in the Student Handbook.**

Parent(s) Signature: \_\_\_\_\_

Over →→



Palmerton Campus: 259 Lafayette Avenue, Palmerton, PA 18071  
Slatington Campus: 641 West Washington Street, Slatington, PA 18080

Tel: (610) 826-2354  
Tel: (610) 767-2935

Dear Parent,

According to Pennsylvania law, non-public school children are entitled to transportation to non-public schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident non-public school students.
2. Transportation for non-public school students must be provided to and from the non-public school in which the student is enrolled, even if the non-public 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: Dr. Christopher Heery, 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. Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in August 2024 \_\_\_\_\_

2. Address (if rural address, indicate specific location) \_\_\_\_\_  
\_\_\_\_\_

3. Name of Non-public School attending in August 2024 St. John Neuman Regional School

4. Name of Public School District (in which child resides) \_\_\_\_\_

5. The child lives approximately \_\_\_\_\_ miles from the non-public school to be attending August 2024.

6. If child received public school district transportation last year, please indicate:

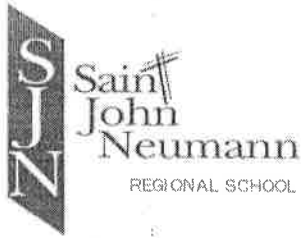
Bus number \_\_\_\_\_ District \_\_\_\_\_

Emergency Contact Info: Father's Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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Dear Parents/Guardians:

State Law (Act 195) authorizes the loan of textbooks by the Secretary of Education to students enrolled in non-public 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, however, that a parent of each student attending the non-public school individually request 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.

Very truly yours,

*Dr. Christopher Heery*

Principal

=====

**CERTIFICATE OF INDIVIDUAL REQUEST  
FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS  
2023-24**

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my student attending *St. John Neumann Regional School*.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

This law is applicable to Pennsylvania residents only.

**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

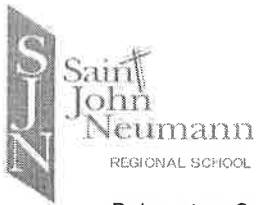
**Exemption from English Language Proficiency Testing (attach required documentation)**

(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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[www.sinrschool.org](http://www.sinrschool.org)

Tel: (610) 826-2354  
Tel: (610) 767-2935  
[altcsjn@ptd.net](mailto:altcsjn@ptd.net)

## CONSENT FOR RELEASE OF STUDENT RECORDS

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_  
State Zip Code

ST. JOHN NEUMANN REGIONAL SCHOOL MAY HAVE A COPY OF THE

FOLLOWING PART OF \_\_\_\_\_'S SCHOOL RECORD.

\_\_\_\_\_ Official Administrative Record (Name, Birthdate, Grade Level Completed, Grades, Class Standing, Attendance Record)

\_\_\_\_\_ Standard Achievement Test Scores

\_\_\_\_\_ Intelligence and Aptitude Test Scores

\_\_\_\_\_ Teacher and Counselor Observations and Ratings

\_\_\_\_\_ Special Education Records, if applicable

\_\_\_\_\_ Record of Extracurricular Activities

\_\_\_\_\_ Family Background Data

\_\_\_\_\_ Health Records

\_\_\_\_\_ Psychological Records

\_\_\_\_\_ Disciplinary File/Folder

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Position in School



## St. John Neumann Regional School

### Tuition Contract 2024-2025

Office Use Only

Reg. Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Check#: \_\_\_\_\_

Dear Parents/Guardians,

There are some changes to our tuition contract for next year. The computer, supply and fundraising and Scrip fees are all included in the tuition. **This change will provide our families with the availability of more financial assistance. All of our families are encouraged to apply for Financial Aid.** The instructions for Simple Tuition Systems (STS) are below. Contact the office if you any questions or concerns regarding your tuition.

Please circle the tuition and payment option below for your student(s), sign the contract and return to the office. **You may begin to apply for grant/aid monies for the 2024-2025 school year from May 1st to July 15, 2024.**

**\*\*Circle\*\*** Tuition Option and Payment Option below: ↓

<u>Circle Tuition Option:</u>		<u>Payment Option: #1 or #2</u>	<u>Payment Option: #3 or #4</u>
	TOTAL	<b>#1</b>	<b>#3</b>
1 child tuition	\$5,500	<b>10 Monthly Payments</b> via STS beginning <b>August 15<sup>th</sup></b> , \$40 fee applies.	<b>Semi-Annual Payments</b> via STS beginning <b>August 15<sup>th</sup></b> , \$10 fee applies.
2 children tuition (\$4,000)	\$9,500	<b>#2</b>	<b>#4</b>
3 children tuition (\$3,000)	\$12,500	<b>Quarterly Payments</b> via STS beginning <b>August 15<sup>th</sup></b> , \$25 fee applies.	<b>Payment in full</b> via STS by August 1, 2023. (Receive 1% discount)

#### EDUCATIONAL ENHANCEMENT FUND (Financial Aid):

- ❖ Eastern Pennsylvania Scholarship Fund (EITC funds)
  - Eligibility: Students in Grades K - 8<sup>th</sup>
  - Based on income and number of dependents ~ application online at STS (see below)
- ❖ Transfer Grants
  - Eligibility: Students entering Grades 1 through 7 who transfer from public to non-public school
- ❖ Private Funds/Donations/Memorial Scholarships Eligibility: Students in Grades K - 8<sup>th</sup>

**If you request financial aid, please sign up on STS.**  
**Visit <https://app.simpletuitionsolutions.org/register?sc=20394>.**  
**Apply after May 1, 2024 for upcoming school year.**  
**A \$25 application fee applies. Our school code is 20394**



### **TUITION POLICY:**

- ❖ Students may not begin a school year with delinquent financial liabilities. Families will be required to make arrangements for resolving any outstanding tuition/fundraiser/Scrip money PRIOR to the student being permitted to attend school in the following school year.
- ❖ Families will fulfill all financial obligations.
- ❖ A \$35.00 fee will be charged for each check returned due to insufficient funds.
- ❖ Families unable to meet the terms of this agreement and who have not exercised good faith to rectify the situation, one or more of the following actions will be enforced:
  1. Student's report card will be held, will not attend class trip(s), will be removed from school
  2. Any tuition, fees, or fundraising remaining unpaid after June 30, 2025, will cause us to forward your delinquent account to a legal collection firm and any cost incurred in the collection of your delinquent account or NSF check(s) will be your responsibility as the student's parent, guardian, guarantor, or signer of this form. Please make sure to satisfy all your financial obligations to the school before such drastic action becomes necessary. Individual cases requiring an extension of time should be brought directly to the attention of the Pastor and/or Principal.

### **FUNDRAISING:**

- ❖ If you participate in fundraising events, all fundraising dollars will be based on the profit margin of the fundraising activity. Your profit will be applied to your tuition account.
- ❖ The Scrip Tuition Assistance Program is an opportunity for families to earn credit toward tuition at SJNRS. **90% of Scrip percentages** will be applied to your tuition. Scrip percentages will be at the current rates for extended Scrip and grocery cards. The more Scrip you buy, the more tuition credit you will earn.

### **VOLUNTEER COMMITMENT HOURS:**

SJNRS is a community that strives to work together for the benefit of our children and for each family. **By our cooperation and involvement in fundraising events, we recognize the value of parental involvement in the school community, therefore, we agree to participate in at least two fundraising events.** Families will be given a list of events and dates at the beginning of the 2024-2025 school year. Families that do not participate in at least two events will not be eligible for any financial aid.

I/we, the undersigned, being the parents or guardians of:

\_\_\_\_\_, have enrolled my/our child/ren

in the \_\_\_\_\_ grade/s of St. John Neumann Regional School, Palmerton-Slatington, PA. We recognize that we have an obligation to pay tuition. Tuition payments will be paid according to my/our selected plan as set out by SJNRS authorities. We agree, if at any time, we are unable to meet the terms of this agreement and cannot remain current with our payments, we will immediately make an appointment with the Pastor and/or Principal to discuss our financial status and abide by their decision regarding our circumstances.

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
Signature Signature

Print Name(s): \_\_\_\_\_ Date: \_\_\_\_\_





Dear Parent or Guardian,

St. John Neumann Regional School has partnered with Simple Tuition Solutions (STS) to manage tuition and billing beginning the 2022-2023 school year.

To complete the setup of your STS tuition payment plan, please follow these 4 simple steps:

- 1.) Click on the unique link specific to St. John Neumann: <https://app.simpletuitionsolutions.org/register?sc=20394>
  - a. If you happen to land on a page that asks you to enter a School or Scholarship Organization Code, you want to enter code: **20394**
- 2.) If you do not already have an account with STS, you want to click "Create a new account".  
*\*\* If you already have an account with STS, click "Sign in", and enter your previously created login and password. \*\**
- 3.) Upon creation of your account, you will be sent to a page that will allow you to "Start a new Payment Plan". Be sure you're selecting the proper school year you are creating the payment plan for.
- 4.) The payment plan creation process is 5 easy steps counting the review/authorize page, each step will save as you advance to the next step. You are able to use the 5-step tool bar across the top of the page to toggle back to a previous step and make any necessary edits. However, please note, once you submit the payment plan and it enters "Pending" status any changes would need to be made by reaching out to your school's administrator.

To view your balance, update your information, or to make payments, you can access your STS account anytime at: <https://app.simpletuitionsolutions.org> and login using your previously created account information.

**\*STS simply manages tuition and billing payments for your school and follows policies established by your school. tuition amounts, financial aid amounts, scholarships and all other tuition and billing related decisions are made by your school.\***

If you have any questions regarding this setup process or software functionality, please contact STS support using the following contact information: (Please be sure to have your Payment Plan ID readily accessible)

**STS Customer Support**

**[support@simpletuitionsolutions.org](mailto:support@simpletuitionsolutions.org)**

**717-599-7611 Option 1**

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PLEASE DO NOT REPLY TO THIS MESSAGE.

Simple Tuition Solutions, LLC • 3909 Hartzdale Dr. Suite 907 • Camp Hill, PA 17011



Dear Parent or Guardian,

St John Neumann Regional School has partnered with Simple Tuition Solutions (STS) to Determine Eligibility for Tuition Assistance.

To complete the STS Financial Aid Application, please follow these 6 simple steps:

- 1.) Click on the unique link specific to St John Neumann: <https://app.simpletuitionsolutions.org/register?sc=20394>
  - a. If you happen to land on a page that asks you to enter a School or Scholarship Organization Code, you want to enter code: **20394**
- 2.) If you do not already have an account with STS, you want to click on the Orange Button "Create a new account".  
*\*\* If you already have an account with STS, click "Sign in", and enter your previously created login and password. \*\**
- 3.) Create your account
- 4.) Upon creation of your account you will be sent to a page that will allow you to "Start a new Application". Be sure you are selecting the proper School year you are seeking assistance for.  
*\*\* Note: You may include ALL of your students on one application, even if they attend other private schools \*\**
- 5.) The Application Process is 8 Steps counting the payment step, each step will save as you advance to the next step. You are able to use the 8-step tool bar across the top of the page to toggle back to a previous step and make any necessary edits. However, please note, once you complete the process of uploading your required financial documents it will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at [support@simpletuitionsolutions.org](mailto:support@simpletuitionsolutions.org) or call at 717.599.7611 option 1.
- 6.) After completion of the payment process you will be advised as to which financial documents you need to provide STS. You will also be sent an email that outlines what you need to provide as well as introduce you to the application processor that will be handling the review of your application. **Please Note:** You can simply scan or take a photo of your financial documents and upload them into STS's system using STS's convenient upload feature. This is the fastest way to provide STS with your required financial documentation. However, you can also mail the signed copies of your financial documents to STS to the following P.O. Box address: **Simple Tuition Solutions, LLC, P.O. Box 779 Camp Hill, PA 17001**. Once your financial documents are loaded the system will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at [support@simpletuitionsolutions.org](mailto:support@simpletuitionsolutions.org) or call at 717.599.7611 option 1.

Finally, once STS has received all of the required financial documentation from you, STS's application processors will verify the data and review your entire application per Pennsylvania State Law to determine your eligibility for any state programs. You will be notified directly via email upon the completion of this verification/review process. In addition, the results will also be available to your School or any Scholarship Organization associated with the scholarship. **It is important to note that STS is only contracted to handle the verification and eligibility determination, therefore, DOES NOT have any input, control, or insight into scholarship amounts or when they may be awarded.**



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**TO PARENTS/GUARDIANS:**

The school law requires medical examinations for children upon original entry into school and in grades 6 and 11 and also dental examinations for those in grades 1, 3, and 7.

This district also requires these examinations for children transferring from other schools if school records were not received from the previous school.

These examinations may be completed by your family physician and dentist at your expense or by the school physician and dentist without charge. We recommend that these examinations be done by your family physician and dentist since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections. School authorities will provide you with the proper form for completion by your family doctor/dentist.

Please indicate your choice below, sign and return this form to school immediately.

**TO THE SCHOOL NURSE:**

I prefer having my child examined by:

\*\* ☐ FAMILY PHYSICIAN

☐ SCHOOL PHYSICIAN

\*\* ☐ FAMILY DENTIST

☐ SCHOOL DENTIST

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

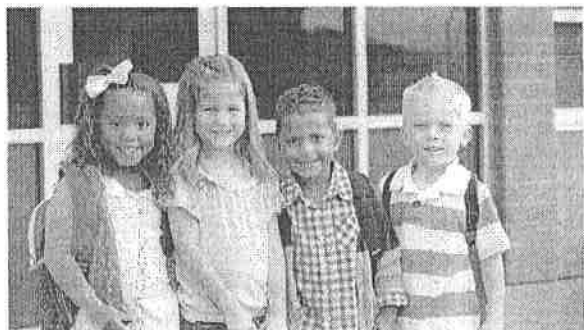
Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**\*\*PLEASE USE ATTACHED FORMS IF YOU HAVE CHOSEN FAMILY PHYSICIAN AND OR DENTIST.  
If not, please return entire package.**

# 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.

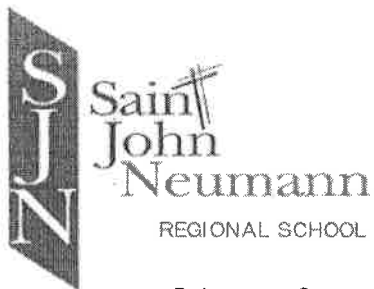
**The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.**

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



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**PRIVATE DENTIST'S REPORT OF DENTAL EXAMINATION  
OF A PUPIL OF SCHOOL AGE**

The teeth of \_\_\_\_\_ are cleaned and  
examined every six months in my office.

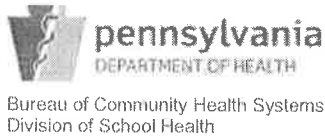
Date \_\_\_\_\_

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Print Dentist's Name

\_\_\_\_\_  
Dentist's Address

**\*\*ANY OTHER SIGNATURE IS NOT VALID AND IS SUBJECT TO PENALTY OF THE LAW.**



## 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 <input type="checkbox"/> No <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/>	
Physical exam performed at: Personal Health Care Provider's Office <input type="checkbox"/> School <input type="checkbox"/> Date of exam _____ 20____	Date of exam _____ 20____
Print name of examiner _____	
Print examiner's office address _____	Phone _____
Signature of examiner _____	MD <input type="checkbox"/> DO <input type="checkbox"/> PAC <input type="checkbox"/> CRNP <input type="checkbox"/>

**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
<b>Other Vaccines: (Type and Date)</b>					



