



Saint Ignatius Loyola Regional School is committed to providing a high quality education in the Catholic tradition. The faculty, staff and administration work each day to achieve this goal and to meet the needs of every student. Saint Ignatius provides children an opportunity to learn in a nurturing environment where they develop spiritually, academically and socially.

The school is very blessed to have highly qualified and dedicated teachers. These teachers make countless contributions to the school and parish community. They ensure the advancement of Catholic education at Saint Ignatius Loyola Regional School by preparing students academically so they develop into lifelong learners. The faculty strives to inspire our students to become faith-filled individuals and responsible citizens.

It is our philosophy to motivate and challenge students academically. Students are grouped by abilities in Mathematics and Reading. Flexible grouping allows each student to be placed where he or she will be challenged by the material and find the most success. Additionally, Saint Ignatius Loyola Regional School offers an array of extracurricular activities to enhance your child's educational experience.

We thank you for your interest in Saint Ignatius Loyola Regional School. Enclosed you will find application and registration materials. Please email form to Teresa Henshaw at THenshaw@stignatiusvikings.org.

Please make sure the following information is submitted:

- | | |
|--|---|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Dental Form |
| <input type="checkbox"/> Registration, Tech, & Book Fees | <input type="checkbox"/> Religious Education Form |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptismal Certificate |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Tuition Preference Form |
| <input type="checkbox"/> Medical Form | <input type="checkbox"/> Request for Transportation |

We look forward to having the opportunity to educate your child.

Carolyn Reed Wood
Principal

St. Ignatius Loyola Regional School

Faith in Every Child

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

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptismal Certificate |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> FACTS Registration |
| <input type="checkbox"/> Medical Forms | <input type="checkbox"/> Accept |
| <input type="checkbox"/> Dental Forms | <input type="checkbox"/> Option C |
| <input type="checkbox"/> Rel. Ed Form | <input type="checkbox"/> Parish Verified |

FOR OFFICE USE

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

Referred by _____

Registration Form

Kindergarten to 8th Grade

Student Name

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

Home Address

Street _____ City _____ State _____ Zip _____ Home Phone _____

Guardianship

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

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

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

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)

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/Pager _____

Father's E-mail Address _____

Father's Ethnicity ☐Caucasian ☐African-American ☐Asian/Pacific Islander ☐American Indian ☐Hispanic ☐Multi-racial

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/Pager _____

Mother's E-mail Address _____

Mother's Ethnicity ☐Caucasian ☐African-American ☐Asian/Pacific Islander ☐American Indian ☐Hispanic ☐Multi-racial

Marital Status _____ Religion _____ Parish _____

Emergency Contact (other than parents) and Medical Information

Name	_____	_____	_____	_____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
	Last	First	relationship	Phone	
Name	_____	_____	_____	_____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
	Last	First	relationship	Phone	
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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Acetaminophen (fever, headache, pain) (Provided by Parent)

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.

Mylanta or Maalox (upset stomach)

Ibuprofen (cramps, muscular/skeletal pain, severe headaches) (Provided by Parent) 7th & 8th 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.

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

*If entering Kindergarten, please choose ☐ ALL DAY ☐ Half-Day (AM)

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

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

After School Care needed (Hours 2:30 PM – 6:00 PM for grades K-8):

☐ Yes (please complete Extended Care registration packet) ☐ No

If attended another school previously, name/address of school

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.

Student Information:

Date Received: _____ Church: _____ City, State: _____

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Request for Transportation

Dear Parents:

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

1. A district that provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students.
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 the student's home.)
3. A district may transport students who live along hazardous routes even though the students live within walking distance of the school.

If you think you are eligible for transportation and desire it for the next term, we ask you to complete the Act 372 Form below and return it school immediately. This form needs to be completed each year.

Carolyn Reed Wood, Principal

ONE FORM PER STUDENT

REQUEST FOR TRANSPORTATION UNDER ACT 372

Student: _____ Gender _____ Grade _____

Address: _____
House No./ Street Name City State Zip

Father's name: _____ cell #: _____ work #: _____

Mother's name: _____ cell #: _____ work #: _____

Name of Catholic School: ST. IGNATIUS LOYOLA REGIONAL SCHOOL

Name of Public School District in which student resides: _____

The above named student lives approximately _____ miles from the Catholic School to be attended.

If student received public school district transportation last year, please indicate:

Bus Number: _____ School District: _____

Emergency Contact: _____
Name Number Relationship

Medical concerns the bus driver needs to be aware of: _____

Student's Birth Date: _____ Home Phone #: _____

Email Address: _____

Signature _____ Date: _____
(parent or guardian)