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 financially 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.
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
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 skirt or skort, 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

*Girls in grades 7 & 8 may choose to wear the Berks Catholic uniform. Please see 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 1/2 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.
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 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 HEALTH

PRIVATE 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 [ ] M [ ] F

Last ______ First ______ Middle ______

ADDRESS

No. and Street __________________ City or Post Office __________________ Borough or Township ______ County ______ State ______ Zip Code ______

MEDICAL HISTORY

IMMUNIZATIONS AND TESTS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Enter Month, Day, And Year Each Immunization Was Given</th>
<th>DOSES</th>
<th>BOOSTERS &amp; DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus (Circle: DTaP, DTP, DT, Td)</td>
<td>1 / /</td>
<td>2 / /</td>
<td>3 / /</td>
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<tr>
<td>Polio (Circle: OPV, IPV)</td>
<td>1 / /</td>
<td>2 / /</td>
<td>3 / /</td>
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<tr>
<td>Measles, Mumps, Rubella</td>
<td>1 / /</td>
<td>2 / /</td>
<td></td>
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<tr>
<td>Hepatitis B</td>
<td>1 / /</td>
<td>2 / /</td>
<td>3 / /</td>
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<tr>
<td>HIB</td>
<td>1 / /</td>
<td>2 / /</td>
<td>3 / /</td>
</tr>
<tr>
<td>Varicella</td>
<td>1 / /</td>
<td>2 / /</td>
<td>Varicella Disease or Lab Evidence Date: __________</td>
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<tr>
<td>Other</td>
<td>______</td>
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</table>

☐ 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:

<table>
<thead>
<tr>
<th>Tuberculin Tests Date Applied</th>
<th>Arm</th>
<th>Device</th>
<th>Antigen</th>
<th>Manufacturer</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Read</td>
<td>Results (mm)</td>
<td></td>
<td></td>
<td></td>
<td>Signature</td>
</tr>
</tbody>
</table>

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

- **Allergies**
- **Asthma**
- **Cardiac**
- **Chemical Dependency**
  - **Drugs**
  - **Alcohol**
- **Diabetes Mellitus**
- **Gastrointestinal Disorder**
- **Hearing Disorder**
- **Hypertension**
- **Neuromuscular Disorder**
- **Orthopedic Condition**
- **Respiratory Illness**
- **Seizure Disorder**
- **Skin Disorder**
- **Vision Disorder**
- **Other (Specify)**

If yes, explain:

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

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

Signature of Examiner

Print Name of Examiner

Address

Telephone Number
PRIVATE DENTIST REPORT OF
DENTAL EXAMINATION OF A PUPIL OF
SCHOOL AGE

NAME OF SCHOOL __________________________ DATE ____________

NAME OF CHILD __________________________ AGE ____________ SEX ________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Grade</th>
<th>Section/Room</th>
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ADDRESS

No. and Street __________ City or Post Office __________ Borough or Township __________ County __________ State __________ Zip __________

REPORT OF EXAMINATION

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<th>TOOTH CHART</th>
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<td>16</td>
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</table>

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 __________________________