



## HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

### Application for Admission 2025-2026 Kindergarten Checklist

*To complete the application process, please note the following:*

Content and check off list:

\* Instructions, p 2

- Holy Family School Application Form
- Tuition Payment Preference Worksheet
- Information Regarding Legal Custody Form
  - Custodial papers (if applicable)
- Parent Observation Form
- Akron Children's Hospital – School Health Record  
(Completed and signed by Parent)
- Akron Children's Hospital – Physician's Report (Signed by Physician)  
Due by August 11<sup>th</sup> – can be faxed to school at 330.688.3474

In addition to completed forms:

- Non-Refundable Application Fee (\$100) – check payable to Holy Family School
- Birth Certificate (copy only)
- Baptismal Certificate (copy only)
- Recent Photo
- Church envelope (or provide church membership id#)
- Copy of recent pre-school report card or evaluation (if applicable)



## HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

### Application for Admission 2025-2026 – Instructions

If you have any questions in the completion of the admissions application, you are welcome to call Katrine Franklin at 330.688.6412 or email [kfranklin@holyfamilyschoolstow.org](mailto:kfranklin@holyfamilyschoolstow.org)

*Please return the **COMPLETED APPLICATION** to Holy Family as soon as possible.*

**Holy Family School Application Form:** Please complete as thoroughly as possible.

**Tuition Payment Preference Worksheet:** Please complete.

**Information Regarding Legal Custody Form:** Please complete as thoroughly as possible. If applicable, please include current custodial papers.

**Parent Observation Form:** Please complete as thoroughly as possible.

**Akron Children's Hospital – School Health Record:** Please complete as thoroughly as possible. Must be signed by a parent.

**Akron Children's Hospital – Physician's Report:** This form must be completed and signed by your child's Physician and returned to Holy Family School as soon as possible. Can be faxed to school at 330.688.3474

***Application does not guarantee enrollment. We may not be able to accommodate all students who apply.***

Informational Pieces:

Tuition Policy  
School Health Services-Kindergarten Registration Letter  
Volunteer *Virtus* Guidelines  
Admissions Guidelines  
Early Prevention of School Failure Parent Information  
Faith Direct Enrollment Form



# HOLY FAMILY SCHOOL

## APPLICATION FORM

### STUDENT INFORMATION

Date of Application: \_\_\_\_\_ Entering PreK:  Prek3-2  Prek3-3  Prek4-4  PreK-Full Day  
Entering Grade:  K,  1,  2,  3,  4,  5,  6,  7,  8

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Sex: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Student Birthplace: \_\_\_\_\_  
(City, State, County)

Ethnicity:  White  Asian  Black/African American  Hispanic  Multiracial  
 Native Hawaiian/Pacific Islands  Native American  Unknown/Other  Do Not Wish to Disclose

Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Communion Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Previous School: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous School Address: \_\_\_\_\_  
(Street, City, State)

Public School District and name of public school student would attend: (ex: Stow-Munroe Falls, Fishcreek Elementary)

\_\_\_\_\_ District Name

\_\_\_\_\_ School Name

## PARENT/LEGAL GUARDIAN INFORMATION

Parents married; student resides with parents     Parents are divorced     Parents are separated  
**Student resides primarily with:**  Natural Mother     Natural Father     Custodial Mother     Custodial Father  
 Legal guardian/Other \_\_\_\_\_ (Name, relationship to student)

### FIRST PARENT OR GUARDIAN:

Father     Mother     Legal guardian

Full name: \_\_\_\_\_  
FIRST MIDDLE LAST

Maiden name: \_\_\_\_\_ Is parent a Holy Family School alumnus/a \_\_\_\_\_ If yes, class year \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from student's)

Home# ( \_\_\_\_\_ ) \_\_\_\_\_ Cell# ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Education:  High School Graduate     College Non-Graduate     College Graduate     Beyond College

Place of Work \_\_\_\_\_ Work# \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

### SECOND PARENT OR GUARDIAN:

Father     Mother     Legal guardian

Full name: \_\_\_\_\_  
FIRST MIDDLE LAST

Maiden name: \_\_\_\_\_ Is parent a Holy Family School alumnus/a \_\_\_\_\_ If yes, class year \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from student's)

Home# ( \_\_\_\_\_ ) \_\_\_\_\_ Cell# ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Education:  High School Graduate     College Non-Graduate     College Graduate     Beyond College

Place of Work \_\_\_\_\_ Work# \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Other children in the family/list name & birth dates:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birth date

Language Spoken at Home:  English  Other (list) \_\_\_\_\_

**RELATIVES (other than parents) WHO ARE HOLY FAMILY SCHOOL ALUMNI:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Class Year

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Class Year

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Class Year



# HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

## INFORMATION REGARDING LEGAL CUSTODY to be completed as part of the registration/re-registration agreement

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

Child's Name: \_\_\_\_\_ Grade in 2025-2026 \_\_\_\_\_

Address of child's residence: \_\_\_\_\_  
\_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents \_\_\_\_\_ mother as custodial parent  
\_\_\_\_\_ father as custodial parent  
\_\_\_\_\_ grandparent(s) (with legal custody)  
\_\_\_\_\_ other. Please explain: \_\_\_\_\_

Residential parent/guardian:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residency of the child?

Please attach a certified copy of the entire custodial agreement including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Does the non-residential parent have visitation rights?

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities?

Is the non-residential parent responsible for paying tuition?

(A complete copy of the school's procedures dealing with family custody situations is included in the school handbook.)



# HOLY FAMILY SCHOOL

FOUNDED 1949

## Kindergarten Screening 2025-2026 School Year

Applicants for kindergarten will be screened in small groups. Acceptance to the Holy Family School Kindergarten Program is subject to the results of kindergarten screening which will occur on Thursday & Friday, May 1<sup>st</sup> and 2<sup>nd</sup>. Families are asked to choose their top two choices of time slots. These will be assigned to families and on a first-come, first-served basis. Families will be contacted via email with their assigned time slot.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please rank order (1-2) your top TWO choices for time slots for kindergarten screening. This should take about one hour.

\_\_\_\_\_ May 1<sup>st</sup> in the morning (sometime between 9:00 and noon)

\_\_\_\_\_ May 1<sup>st</sup> in the afternoon (sometime between 1:00 and 3:00)

\_\_\_\_\_ May 2<sup>nd</sup> in the morning (sometime between 9:00 and noon)



## HOLY FAMILY SCHOOL

3163 Kent Road  
Stow, OH 44224-4498  
One Family  
United in Christ

### **Admission Guidelines and Priority**

Registration is conducted in January/February for the next school year only. Information concerning registration will be published in advance of the registration period in the Holy Family Parish Sunday Bulletin and in the school newsletter.

Holy Family School admits students of any race, color and national or ethnic origin to all rights, privileges, programs and activities. In all cases, admission of students will be made only in those cases in which Holy Family School can meet the child's needs, and if class size is not at capacity. Admission to Holy Family School is contingent upon the full cooperation and support of parents with all policies as stated in the Parent-Student Handbook. All newly admitted students are on a six-month probation period.

Students will be considered for admission to Holy Family School on a priority basis as follows:

1. Families who are members of Holy Family Parish (see notation below) who have registered when their children are ready to enter school and
  - have siblings in the school
  - do not have siblings in the school.

**\*Note: A family is considered to be a member of Holy Family Parish when the family is formally registered at Holy Family Parish and receives envelopes; the family regularly practices the Catholic faith with emphasis on attending Sunday Mass and reception of the Sacraments; and the family contributes to the support of the parish through the regular use of offertory envelopes or donates via Faith Direct.**

2. Families from neighboring parishes (see notation below) that do not have an elementary school who
  - have siblings in the school
  - do not have siblings in the school.
3. Catholics from neighboring parishes (see notation below) that do have an elementary school and have written permission from the pastor who
  - have siblings in the school
  - do not have siblings in the school.

**\*Note: Families from neighboring parishes are expected to meet the membership criteria for Holy Family Parish within their own parish community. Non-parishioners must consult with their pastor regarding attendance at Holy Family School and become familiar with their parish's tuition support policy. It is understood that the full per pupil cost must be covered for each student who is not a member of Holy Family Parish.**

4. Non-Catholic students will be considered for admission with the following provisions:
- Space is available at the grade level requested.
  - The parents understand the Catholic philosophy of education and are supportive of the policies of Holy Family School. Parents are willing to support their child's participation in the regular school program, including daily religion classes, liturgies, prayer services, etc.

#### **Admission of Transferring Students**

Transferring students will be accepted up to the maximum class size after a thorough review of their scholastic achievement program, conduct, attendance at PSR classes (if applicable) and reason for transfer. Students entering Grades 1 through 8 must submit an Admissions Teacher Recommendation Form before acceptance is considered. Under no circumstances will a student be admitted to avoid racial integration in another Catholic or public school.

#### **Waiting List**

Students' names will be placed on the waiting list for the current registration year when the grade to which they are seeking admission has enrollment at capacity. Students are considered for placement on a waiting list according to the following priorities:

- \* their family are members of Holy Family Parish and registered at the time they moved into the parish, but their children were unable to be admitted because of lack of classroom space.
- \* their family has moved into the parish and their children are coming from other Catholic schools and/or with their first child entering school.
- \* their family has been living in the area, but registered only at the time when their children were ready to enter school.

**Decisions regarding the admission of students to Holy Family School will be based upon these guidelines, interviews with parents, and consultation with previous school administrators and teachers. The Pastor/Administrator of Holy Family Parish and the school principal are responsible for the application of these guidelines and the final decision on the admission of any student.**



# Tuition Payment Preference Worksheet

Parent/Family Last Name \_\_\_\_\_

# of K-8 Students (Please circle one):            1            2            3            4            5

Payment Options (Please circle one):

1. **FACTS** monthly payment plan
2. Payment in full by August 1, 2025



## Returning FACTS families

Holy Family School will re-enroll families who are already enrolled in the FACTS system. **Please indicate below your selection for the Peace of Mind (POM) Benefit:** The POM Benefit will pay any eligible FACTS unpaid balance in the event of the death of the Responsible Party or his/her legal spouse. Coverage is only available to individuals under age 70.

\_\_\_ **Yes**, please re-enroll/enroll me in POM. I agree to pay the **\$22.50** non-refundable annual fee, per agreement.

\_\_\_ **No**, please do not enroll me in POM.

FACTS will communicate to you via email or postal mail (option you selected) within their system once re-enrollment is completed.



## Attention families NEW to the FACTS program

**Please enroll by clicking on the FACTS logo found on the Holy Family School website, [www.holyfamilyschoolstow.org](http://www.holyfamilyschoolstow.org) by March 1<sup>st</sup>.**

## Families with PRESCHOOL students

Families with preschool students enrolled in the Holy Family School Preschool program. If you would like to utilize the FACTS system to pay for preschool please complete the following:

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

Preschool Class:    \_\_\_ 2 Day ~ 3 year program            \_\_\_ 3 Day ~ 3 year program

                          \_\_\_ 4 Day ~ 4 year program            \_\_\_ 5 Day/All day ~ 4/5 program

## Tuition for the 2025-2026 school year is set at \$7,000

Please note that the amount of parent commitment each family pays will be reduced by the amount of awarded scholarships received by each student. We need you to apply for scholarships in order to receive them.

**Scholarship Options: Please initial next to the scholarships you intend to apply for.**

**EdChoice/EdChoice Expansion** – If you are currently on either of the EdChoice Scholarships, please complete the renewal process. If you are not currently receiving either of the scholarships, please review the eligibility requirements for EdChoice Expansion at <https://education.ohio.gov/Topics/Other-Resources/Scholarships/EdChoice-Expansion/How-to-Apply-for-EdChoice-Expansion>.

**Jon Peterson Special Needs Scholarship** – provides scholarships to students who are eligible to attend kindergarten through twelfth grade and have an Individualized Education Plan (IEP).

**Holy Family Angel Scholarship Fund** – Please complete the application using the QR code provided.

**DTA (Diocesan Tuition Assistance)** – Apply for DTA through FACTS Grant & Aid. There are also specialized scholarships available through the diocese.

**We have decided not to apply for any scholarship.**

The Fund A Dream (FAD) application process has changed for the 2025-2026 academic year. Holy Family is allowed to recommend twelve (12) students for this scholarship. If your child has been recommended for a FAD grant, you will receive a Parent Attestation form to complete and return to the school by **March 15, 2025**.

Scholarships will be applied, and your final parent commitment amount will be communicated to you in a drafted tuition agreement. We need you to submit your scholarship applications as soon as possible so your tuition agreement can be drafted.

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Parent/Guardian Printed Name

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Signature



# HOLY FAMILY SCHOOL

## Early Prevention of School Failure Parent Information

### **Receptive Language**

Words and their meanings are important to the learning process. Your child will benefit from learning the terms for objects in your home. Start with activities that name all the parts of clothing, such as, shirt, sleeves, collar, pockets, button, zipper, cuffs, laces, etc. Having a storehouse of vocabulary words and their meanings will enrich future learning.

### **Expressive Language**

Expressive language is the term used to describe the ability to express thoughts and ideas. Communication skills develop as we learn to speak in complete sentences. Encourage your child to speak in complete sentences. Use descriptive words in your speech and (s)he will model your language patterns. Read to your child. Books introduce many new words from outside your customary environment. Ask him/her for his/her point of view on a family issue. Being able to express one's self clearly can be one of life's greatest assets.

### **Auditory**

Auditory skills enable us to take in sounds and process those sounds to expand concepts and experiences. Children receive hundreds of auditory instructions every day at home and school. Games to help him/her learn to remember what (s)he has heard can be very helpful. Give one and two step instructions, then build up to three step instructions, such as, "stand up, count to five and turn around twice." Help your child to memorize phone numbers of family and friends. Remember to play games, like "Simon Says," which make learning fun.

### **Visual Memory**

Visual memory is the ability to see and remember the placement of an object or series of objects. Visual memory is critical to your child's ability to read words, such as "the" and "who." Any game that allows him/her to view, remove, and correctly place an object is good practice for learning to read. Start with real objects like tableware, pencils or small toys. Lay out a set of toys, then shield them from your child's view and mix up the order. Ask him/her to put them back in the correct order. After working with real objects switch to symbols, such as shapes, letters and numbers. Increase the difficulty moving from two or three items to five or six items.

## **Visual Discrimination**

Visual discrimination is the ability to recognize differences and similarities among the things we see. In reading, this skill helps us to identify quickly words we have already learned. Visual discrimination also keeps us from confusing words that have a similar appearance, such as "tan" and "ton." Children need experience sorting and grouping similar objects (bolts, screws, buttons, shells). Your child might also enjoy making a book by cutting out pictures from magazines. Farm or zoo animal books are favorites. (S)he might like to make a book of words that begin with the same letter as his/her first or last name.

## **Fine Motor**

Fine motor refers to the ability to plan and perform tasks with one's hands. Children need to develop and coordinate eye, hand and arm muscles to learn to write (a skill they will use throughout their lives). Working with real clay is a fine muscle builder. Measuring and pouring, using plastic containers, is a fun sink or bathtub activity. Valuable fine muscle training exercises include: tearing paper into strips or shapes, using blunt end scissors to cut newspapers or magazines, and helping Mom or Dad cut coupons.

## **Gross Motor**

Gross motor skills involve the development and coordination of the body's larger muscles (legs, arms and trunk) to produce effective and controlled movements. As your child progressed from infancy into childhood, you saw him/her sit, crawl, stand alone, walk and run. Now there are additional skills (s)he needs to develop (galloping, throwing, catching, skipping, hopping and balancing). Many of these activities need someone to join in the fun. Your child learns through interacting with you. Remember jump rope and other "old" games, like hopscotch, are still the most fun.

### **When working with your child, remember to:**

- work for short periods.
- make the experience fun.
- work on his/her level. If (s)he has difficulty with the activities suggested, simplify them. If they are too easy, make them more challenging.

### **Listed below are a few standard games, activities and materials that are excellent for your child's development:**

jump ropes, balls  
lacing cards  
dot-to-dot books  
tracing boards  
peg boards, bean bags  
stencils and templates  
puzzles, clay

Memory Games  
Perfection  
Candy Land  
Go Fish!  
Old Maid  
Lotto Games  
Hidden Pictures



# HOLY FAMILY SCHOOL

Please answer the questions on this form in the best way you can. You will be able to answer some quite easily, and you will have difficulty in making a decision on others. Your answers on this form will help the school staff, and will involve you in deciding with the teacher what kind of educational program is best suited for your child. This questionnaire is **confidential** and your responses will be shared only with professional personnel, and only if the information learned will help in planning an educational program for your child.

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_

Child's Family includes:

Brothers (names and ages)

Sisters (names and ages)

\_\_\_\_\_  
\_\_\_\_\_

Other Family Members Living in home:

\_\_\_\_\_

## I. General Health History:

Please check any health concern that you or your doctor have noticed.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bed wetting   | <input type="checkbox"/> Lack of consciousness                         |
| <input type="checkbox"/> Indigestion         | <input type="checkbox"/> Allergies     | <input type="checkbox"/> Chronic ear infections (more than 2 per year) |
| <input type="checkbox"/> Constipation        | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Serious blows to head                         |
| <input type="checkbox"/> Diarrhea            | <input type="checkbox"/> Headaches     | <input type="checkbox"/> Overtired or lacking pep                      |
| <input type="checkbox"/> Vomiting            | <input type="checkbox"/> Nightmares    | <input type="checkbox"/> Medical problems immediately after birth      |
| <input type="checkbox"/> Stomach aches       | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Hyperactivity                                 |
| <input type="checkbox"/> Frequent fevers     | <input type="checkbox"/> Nail biting   | <input type="checkbox"/> Sinus trouble                                 |
| <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Nose bleeding | <input type="checkbox"/> Diabetes                                      |

Other physical problems or limitations (explain): \_\_\_\_\_

Is your child presently on medication?  What? \_\_\_\_\_

Has your child had any significant injuries or hospitalizations? \_\_\_\_\_

## II. Hearing Assessment:

Has your child ever had an ear/hearing examination or treatment? \_\_\_\_\_

When? \_\_\_\_\_ By Whom? \_\_\_\_\_ Results? \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| A. Do you suspect any hearing problems?                                       | Yes | No |
| B. Does your child  |     |    |
| 1. seem to have difficulty hearing?   | Yes | No |
| 2. turn up the TV louder than family members?                                 | Yes | No |
| 3. seem to favor one ear over the other?                                      | Yes | No |
| 4. jump or appear to be more startled than others if there is a sudden noise? | Yes | No |
| 5. seem to hear you if you talk in a whisper?                                 | Yes | No |
| 6. make you talk loudly or repeat frequently?                                 | Yes | No |
| 7. become confused in following more than two verbal commands at a time?      | Yes | No |
| 8. have difficulty remembering things for a long time?                        | Yes | No |
| 9. have difficulty remembering things for a short time?                       | Yes | No |
| 10. speak loudly in normal conversation?                                      | Yes | No |

## III. Language Development:

At what age did your child first begin to speak? Give approximate age if you do not remember exact age.

First words \_\_\_\_\_ Two or three words together \_\_\_\_\_

Sentences \_\_\_\_\_

Does your child

- |   |     |    |
|---|-----|----|
| 1. stutter?                                       | Yes | No |
| 2. have difficulty expressing ideas and concepts? | Yes | No |

## IV. Visual Assessment:

Has your child ever had a vision examination or treatment? Yes No

When? \_\_\_\_\_ By Whom? \_\_\_\_\_ Results? \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| A. Do you suspect any vision problems?                     | Yes | No |
| B. Does your child   |     |    |
| 1. seem to have difficulty seeing small lines or pictures? | Yes | No |
| 2. seem to have a problem seeing things far away?          | Yes | No |
| 3. squint?   | Yes | No |
| 4. wear glasses?   | Yes | No |
| 5. have eyes that turn in?                                 | Yes | No |
| 6. have eyes that turn out?                                | Yes | No |
| 7. sit very close to the TV?                               | Yes | No |
| 8. rub eyes a lot?   | Yes | No |
| 9. turn head as to use primarily one eye?                  | Yes | No |
| 10. lower one side of the head when looking at others?     | Yes | No |

**V. Motor Development:**

Your child began walking at age (approximate if unsure) \_\_\_\_\_.

Do you feel your child has adequate large muscle coordination?	Yes	No
Does your child		
1. catch a ball thrown to him/her?	Yes	No
2. enjoy physical activities?	Yes	No
3. lose balance, trip and fall more often than normal?	Yes	No
4. have difficulty running?	Yes	No

**VI. Social Development:**

Does your child

1. have regular playmates the same age?	Yes	No
2. have difficulty getting along with other children?	Yes	No
3. prefer to play with other children instead of alone?	Yes	No
4. become easily frustrated?	Yes	No
5. cry often?	Yes	No
6. have a quick temper?	Yes	No
7. enjoy cooperating with others?	Yes	No
8. become frequently irritated or moody?	Yes	No
9. become upset by changes in routine?	Yes	No
10. have difficulty dealing with family stress, such as illness, death or separation?	Yes	No
11. demand much individual adult attention?	Yes	No
12. accept discipline and limits?	Yes	No

**VII. Other Pertinent Information:**

Is there any other information that will help us get to know your child? \_\_\_\_\_

Has your child attended preschool?    Yes                      No                      \_\_\_\_\_ # of years

Name of preschool \_\_\_\_\_

Does your child know how to read?    Yes                      No  
Does your child know how to write?    Yes                      No

Would you like an individual conference with staff psychologist and kindergarten teacher to relate any information you don't feel you can include on this form?                      Yes                      No

***Thank you for your patience in completing this form. Your insights will help us provide an appropriate educational program for your child.***



School Health Services

School Health History Record/Update

(Parent/Guardian to complete)

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

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

How does this child's development compare to other children, such as brothers/sisters or playmates?  
About the same \_\_\_\_\_ Delayed \_\_\_\_\_ Advanced \_\_\_\_\_

Health Conditions: Please check any that your child has or had

Current	Past		Current	Past		Current	Past	
_____	_____	Allergies	_____	_____	Cancer	_____	_____	Hepatitis
_____	_____	Anaphylactic reaction	_____	_____	Chickenpox	_____	_____	Juvenile Arthritis
_____	_____	Asthma or wheezing	_____	_____	Cystic Fibrosis	_____	_____	Meningitis/Encephalitis
_____	_____	Attention Deficit	_____	_____	Diabetes	_____	_____	Seizures/Epilepsy
_____	_____	Behavior/Emotional concerns	_____	_____	Ear problems/poor hearing	_____	_____	Sore throat (frequent)
_____	_____	Birth/Congenital malformations	_____	_____	Eczema/skin conditions	_____	_____	Speech difficulties
_____	_____	Blood problems	_____	_____	Eye problems/poor vision	_____	_____	Toothaches/dental problems
_____	_____	Bone/Joint problems	_____	_____	Headache (frequent)	_____	_____	Urinary tract infections
_____	_____	Bowel problems	_____	_____	Heart Disease	_____	_____	Wetting during day/night

Current Health: Tell us about any current health conditions or concerns.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illness, Injuries & Hospitalizations (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Home: Please provide us with your child's current health care provider's name and contact information.

Healthcare Provider/Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Allergies:** If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child's health record.

Allergy	Reaction	Treatment

**Medications:** Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child's healthcare provider.

Medication	Reason	How often?	What time?

Explain any special assistance your child may need during the school day:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any comments or concerns you have about your child's health, development, behavior, family or home life that you would like the school to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check with your health care provider to be sure your child's immunizations are all current and up to date. You will be requested to provide an updated copy of immunization records to the school if the records on file with the school are not current.

If you have questions or concerns about your child's health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Kindergarten Registration Letter

Dear Kindergarten Parents/Guardians:

It is with much anticipation that we await your child's entrance into Kindergarten! Nursing services in this school district are provided by Akron Children's Hospital School Health Services. Akron Children's Hospital School Health Services is dedicated to supporting the academic success of all children and youth through health promotion, education and child advocacy.

The following forms are needed for school entry:

- 1. **Emergency Medical Authorization**, REQUIRED AT REGISTRATION.
- 2. **School Health Record** provides a student health history, completed by parent, REQUIRED AT REGISTRATION.
- 3. Current **Immunization Record**, completed by a healthcare provider, REQUIRED AT REGISTRATION. Please bring the record even if your child has not had the final boosters yet. We can make a copy if you have the original.

State of Ohio health law requires the following immunizations for school entry:

DT/DTaP, Polio, MMR, Hepatitis B, Varicella

Please note: Immunizations must be completed within 15 days of starting school, or your child may be excluded from attendance by the principal. Immunizations can be obtained through your child's primary healthcare provider or through the:

• Mahoning County Health Department (330-270-2855 ext.125)	• Trumbull County Health Department (330-675-2480)
• Portage County Health Department (330-296-9919)	• Wayne County Health Department (330-264-9590)
• Stark County Health Department (330-493-9904)	• Richland County Health Department (419-774-4500)
• Summit County Health Department (330-375-2772)	• Medina County Health Department (330-661-0800)
• Columbiana County Health Department (330-420-0272)	• Cuyahoga County Health Department (216-210-2000)

- 4. **Healthcare Provider Report**, completed by the doctor. Can be mailed or faxed in to the school clinic.
- 5. **Dentist Report**, completed by a dentist. Can be mailed or faxed in to the school clinic.
- 6. **Other:** \_\_\_\_\_

In addition, if your child has a medical condition that may need intervention at school, for example asthma, food allergies, medications, etc., please call us so accommodations can be arranged.

We are looking forward to a healthy school year!

Sincerely,

Akron Children's Hospital School Health Staff

Phone/Fax



**School Health Services  
Physician/Healthcare Provider Report**

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ ( \_\_\_\_\_ %ile) Weight: \_\_\_\_\_ ( \_\_\_\_\_ %ile) B.P.: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision	Hearing
Distance Acuity Right _____ Left _____ Tested with glasses? _____ yes _____ no Farsightedness: _____ pass _____ fail _____ not done Color vision with pseudo Isochromic plates: _____ pass _____ fail _____ not done Child wears glasses? _____ yes _____ no Glasses for: _____ distance _____ reading _____ all times Referral made? _____ yes _____ no	Pure Tone testing (20 dB @ 1000, 2000, 4000 Hz)  Right Ear: _____ pass _____ fail Left Ear: _____ pass _____ fail Other tests (specify) _____  Child wears hearing aid? _____ yes _____ no Tested with Hearing aid? _____ yes _____ no Referral made? _____ yes _____ no

**Speech/Language**  
 Speech assessment: \_\_\_\_\_ done \_\_\_\_\_ not done \_\_\_\_\_ Child has no discernible speech problem  
 Child has possible problem with: \_\_\_\_\_ Articulation \_\_\_\_\_ Rhythm \_\_\_\_\_ Voice \_\_\_\_\_ Language  
 Speech Evaluation recommended: \_\_\_\_\_ yes \_\_\_\_\_ no

**Physical Examination**  
 Does this child require any special assistance during the school day? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, please explain:

Is child able to participate in the following?			
Classroom and academic activities: _____ yes _____ no	Competitive athletics: _____ yes _____ no		
Physical education classes: _____ yes _____ no	Contact sports: _____ yes _____ no		

If limitations are advised, please explain these limitations:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medications**  
 Current Medications/Reason for Taking:  
 \_\_\_\_\_  
 Will these medications need to be given at school? \_\_\_\_\_ yes \_\_\_\_\_ no

**Immunizations**  
 Please attach current immunization record. (Immunization schedule for school attendance on back)

\_\_\_\_\_  
 Physician/Healthcare Provider Signature                      Date                      Physician/Healthcare Provider Name (please print)  
 \_\_\_\_\_  
 Physician/Healthcare Provider address                      Physician/Healthcare Provider phone



Dentist Report

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The following services have been performed:

- Examination                      Date of Exam: \_\_\_\_\_
- Radiographs                       Prescription for fluoride supplements
- Diagnosis                       Oral prophylaxis                       Topical application of fluoride

The following oral hygiene instruction was provided:

- Toothbrushing                       Diet counseling
- Flossing                       Home/school use of fluoride mouth rinse

The following statements are applicable:

- All necessary services have been performed
- Further treatment is indicated
- No restorative services are required at this time
- Further appointments have been arranged

Comments:

Empty box for dentist comments.

Please Print or Stamp:

Dentist's Name:	Signature:
Address:	Date Signed:
Phone:	

Please return this completed and signed dentist form to your child's school clinic.