



HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

Application for Admission 2026-2027 Kindergarten Checklist

To complete the application process, please note the following:

Please return the following paperwork as soon as possible.

* Instructions, p. 2

- Holy Family School Application Form
- Tuition Payment Preference Worksheet
- Kindergarten Screening Form
- EdChoice Request Form
- Information Regarding Legal Custody Form
 - Custodial papers (if applicable)
- Parent Observation Form
- Dentist Report
- Akron Children's Hospital – School Health Record
(Completed and signed by Parent)
- Akron Children's Hospital – Physician's Report (Signed by Physician)
Due by the first day of school – 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 2026-2027 – 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

*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.

Kindergarten Screening Form: Please Complete

EdChoice Request: Please complete and return the request form. Proof of address will be required upon acceptance to Holy Family School.

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



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.





**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

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

Name

Name

Name

Name

Name

Birth date

Birth date

Birth date

Birth date

Birth date

Language Spoken at Home: English Other (list) _____

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

Name

Name

Name

_____	_____
Relationship	Class Year
_____	_____
Relationship	Class Year
_____	_____
Relationship	Class Year

Tuition for the 2026-2027 school year is set at \$7,250

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.

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.

Parent/Guardian Printed Name

Signature

Tuition Payment Preference Worksheet

Please return to school by February 20, 2026

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, 2026



Returning FACTS families

Holy Family School will re-enroll families who are already enrolled 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 reenroll/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 by March 1st.

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



HOLY FAMILY SCHOOL

FOUNDED 1949

Kindergarten Screening 2026-2027 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, April 23rd and 24th, 2026**. Families are asked to choose their **top two choices** of time slots. Someone will bring the child and will be asked to wait in the family waiting room while children are screened. Times will be assigned to families and will be emailed to families before Easter.

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.

_____ April 23rd in the morning (sometime between 9:00 and noon)

_____ April 23rd in the afternoon (sometime between 1:00 and 3:00)

_____ April 24th in the morning (sometime between 9:00 and noon)

EdChoice Request Form 2026-2027

STUDENT INFORMATION

This application is for (select one):

- Traditional EdChoice Scholarship EdChoice Expansion Scholarship (income based)

**Student data MUST match birth certificate.*

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ GENDER: FEMALE MALE

MOTHER'S MAIDEN NAME: _____ NATIVE LANGUAGE: _____

ETHNICITY: _____ CITY OF BIRTH: _____

GRADE LEVEL FOR 2025-2026: _____ GRADE LEVEL FOR 2026-2027: _____

IS THE STUDENT AN INCOMING KINDERGARTNER? YES NO

IS THE STUDENT AN INCOMING HIGH SCHOOLER? YES NO

HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? YES NO

IF YES, WHERE?

DISTRICT: _____ Building: _____ Year: _____

PARENT/GUARDIAN INFORMATION

FOR THE PARENT/GUARDIAN SIGNING CHECKS, I AM THE (CHECK ONE):

- Natural Parent Residential Parent Adoptive Parent Student who is at least 18 years old

- Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility are required)

PRIMARY PARENT/GUARDIAN

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____ COUNTY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SECONDARY PARENT/GUARDIAN

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____ COUNTY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SCHOOL INFORMATION

**Information must be completed to determine eligibility.*

My student is currently attending (check only one box):

- | | |
|---|---|
| <input type="checkbox"/> Attending a public school | <input type="checkbox"/> Attending a charter/community school |
| <input type="checkbox"/> Attending a private school | <input type="checkbox"/> Homeschooled (Never attended an Ohio School) |
| <input type="checkbox"/> New to Ohio | <input type="checkbox"/> Attending Pre-school |
| <input type="checkbox"/> Other: _____ | |

Name of school the student is currently attending: _____

Name of public school district you live in: _____

Name of public school the student would be assigned to for the 2026-27 school year: _____

INCOME VERIFICATION

In addition to applying with the school, new EdChoice Expansion applicants will need to complete the income verification process, unless the family has previous household income on file. Income verification is optional for renewal applications in the EdChoice Expansion Scholarship program. Renewing families do not need to complete a new income verification each year. If your annual household income or household size has changed, families may submit a new income verification application for the next school year. Families applying for low-income status in EdChoice and EdChoice Expansion must submit new household income annually. Household Income will not be recalculated after the review has been completed. To complete the Income Verification process, parents may submit online using the [secure Income Verification system](#) or complete and mail the paper form. Emailing documents is not permitted.

ADDRESS VERIFICATION

Proof of residency is required of all renewal applicants and must be submitted to the school with the application.

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) **or** lease/rental agreement (signed by lessee and lessor) **and** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address. Additional information can be found on the [scholarship webpage](#).

2026-2027 EDCHOICE PARENT AGREEMENT

I _____ AGREE TO THE FOLLOWING:
(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.

- I will abide by the Ohio Department of Education and Workforce (DEW) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform DEW and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate _____ (Private School Name) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education and Workforce's electronic application system. By signing below, I agree to the above statements.

SIGNATURE OF PARENT/GUARDIAN THAT WILL BE SIGNING CHECK

DATE

Return to the private school with a copy of current utility bill showing matching service and mailing addresses.

The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education and Workforce is an equal opportunity employer and provider of ADA services. The Department's Notice of Non-Discrimination applies to all programs and activities.

View the Department's Disability Discrimination Policy and Discrimination Policy Grievance Procedure. For further information on notice of non-discrimination, visit ocrcas.ed.gov/contact-ocr for the address and phone number of the office that serves your area, or call 1-800-421-3481.

Angel Scholarship Fund

26-27 Tuition Assistance Application

Apply today!

One application per student



ANGEL
SCHOLARSHIP FUND

Turning taxes into tuition



HOLY FAMILY SCHOOL

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

Date: _____

Child's Name: _____ Grade in 2026-2027 _____

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

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.



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:		

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.



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

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

 Physician/Healthcare Provider address Physician/Healthcare Provider phone



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



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



FOR THE PROTECTION OF CHILDREN

The Diocese of Cleveland's March 1, revised 2016 *Policy for the Safety of Children in Matters Regarding Sexual Abuse* requires that every Parish (Church or School) employee and every Parish volunteer 18 and older who has contact with or access to children is **required** to do the following. All of these documents and forms can be found on the Holy Family Parish website. Go to www.holyfamilystow.org, click on PARISH INFORMATION, click on **VIRTUS**.

- ◆ Complete an employment or volunteer application, provide references with addresses;
- ◆ Create an online *VIRTUS* account (see how to register below);
- ◆ Attend a 3-hour *VIRTUS* Training Session (see how to find a session below);
- ◆ Mandatory Reading:
 - ◇ Read the Diocese of Cleveland's *Policy for the Safety of Children in Matters of Sexual Abuse, Revised 2016*, and sign and submit the accompanying acknowledgement form;
 - ◇ Read the Standards of Conduct Policy and sign and submit to the Parish Office the Standards of Conduct Acknowledgement Form for Volunteers
- ◆ Join Selection.com
 - ◇ Log into your VIRTUS ACCOUNT AT VIRTUSONLINE.ORG
 - ◇ Click TOOLBOX on the top bar.
 - ◇ Choose the Selection.com background check on the sidebar
 - ◇ Continue the registration process.
 - ◇ There is a one-time fee of \$25. If finances are a concern, contact Mrs. Heather Hawk Frank (hhawkfrank@holyfamilyschoolstow.org) for school volunteers or Mrs. Jamie Heintl (heintl@holyfamilystow.org) for PSR, CYO and other volunteers.

How to CREATE AN ONLINE **VIRTUS** ACCOUNT

Go to www.virtus.org; Select "FIRST TIME REGISTRANT" ; Select "Begin the Registration Process"; Select "Cleveland, OH-Diocese"; **Or**, click on the link found under *VIRTUS* sessions on the church website.

How to FIND A *VIRTUS* TRAINING SESSION

Go to www.virtus.org; Select "FIRST TIME REGISTRANT" ; Select "View A List Of Sessions"; Select "Cleveland, OH-Diocese"; **Or**, click on the link found under *VIRTUS* sessions on the church website.