

# St. Dominic School

## Student Registration Form

<b>Student Name</b>	Last		Middle		First	
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Age		Date of Birth		<i>See age requirements for admission on back</i>
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Student to enroll in grade		Enrollment year (ex. 2021-22)	
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Last school attended	
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Are you a registered member of St. Dominic Parish?	
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<b>Parent/Guardian Name</b>		<b>Phone</b>	
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<b>Address</b>	
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<b>Email</b>	
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<b>Parent/Guardian Name</b>		<b>Phone</b>	
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*If different from address/email above:*

<b>Address</b>	
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<b>Email</b>	
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**Registration Checklist:**      *These items should be received before the first day of school*

	<b>Academic Records</b> <i>transferred with records from previous school</i>	Date received	
	<b>Copy of Birth Certificate</b> <i>state-issued document; transferred with records from previous school</i>	Date received	
	<b>Eye Exam</b> <i>required for all new students; form below</i>	Date received	
	<b>Immunization Record</b> <i>up-to-date; transferred with records from previous school</i>	Date received	
	<b>Physical Exam</b> <i>required for all new students; form below</i>	Date received	
	<b>Copies of Sacramental Records</b> <i>If Catholic, any sacrament certificates (Baptism, First Communion)</i>	Date received	
	<b>Copy of Social Security Card</b> <i>transferred with records from previous school</i>	Date received	

**Archdiocese of Louisville**  
**AGES of ADMISSION POLICY**

**KINDERGARTEN**

Children shall be five (5) years of age by August 1 of the current year to enter kindergarten.

**FIRST GRADE**

Children shall be six (6) years of age by August 1 of the current year to enter first grade.

**ASSESSMENT OPTION of KINDERGARTEN ADMISSION AGE**

Students who turn five (5) years old between August 2 and October 1 may be eligible to enroll in kindergarten provided that the student meets the criteria established by the Archdiocese of Louisville:

- Child must turn five (5) between August 2 and October 1 of the admission year; and
- Child must score at or above the 95th percentile on the Brigance Kindergarten Screen Three core assessments, self-help, and socio-emotional scales; and
- Child must meet admission criteria of the local Catholic school

Students born between August 2 and October 1 of the admission year who do not score at the 95% or above on the Brigance Kindergarten Screen Three may be considered for admission to junior kindergarten or preschool.

Students take the Brigance Kindergarten Screen Three at the local school level.

*Effective 2017-18 school year*

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: \_\_\_\_\_

Date of Vision Examination: \_\_\_\_\_

IDENTIFYING INFORMATION

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

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

Parent or Guardian Name: \_\_\_\_\_

CASE HISTORY

Date of Exam: \_\_\_\_\_

Ocular History: Normal or Positive for: \_\_\_\_\_

Medical History: Normal or Positive for: \_\_\_\_\_

Drug Allergies: NKDA or Allergic to: \_\_\_\_\_

Family Ocular and Medical History:  Amblyopia  Strabismus  Glaucoma  Diabetes

Other: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Refraction with cycloplegic? (Please indicate one.)  YES  NO

	OD	OS
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	
Internal Exam (media, lens, fundus, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	
Accommodation and convergence	<input type="checkbox"/>	<input type="checkbox"/>	
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	

Diagnosis:

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other: \_\_\_\_\_

Recommendations: \_\_\_\_\_

- 1 Glasses prescribed:  YES  NO
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: \_\_\_\_\_  
Optometrist/Ophthalmologist

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

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

Telephone: \_\_\_\_\_

**PREVENTATIVE HEALTH CARE EXAMINATION FORM**

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

**IDENTIFYING INFORMATION**

Student Name: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ months Preferred Language: \_\_\_\_\_  
 Parent or Guardian Name: \_\_\_\_\_

**RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.**

**MEDICAL HISTORY**

Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Prescribed Medications to be taken daily at school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Significant Historical Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCREENING RESULTS:**

Height: \_\_\_\_\_ ft \_\_\_\_\_ inches Weight \_\_\_\_\_ BMI: \_\_\_\_\_ BMI% \_\_\_\_\_ B/P: \_\_\_\_\_

Vision	Right 20/_____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/_____	Failed <input type="checkbox"/>		Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
		Referred <input type="checkbox"/>				

Optional: Hct/HGB: \_\_\_\_\_ Lead: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Gross dental (teeth and gums)  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Head/scalp/skin  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Eyes/Ears/Nose/Throat  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Chest/Lungs/Heart  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Abdomen  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Scoliosis assessment  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

This child has the following problems that may impact the educational experience:

- Vision
- Hearing
- Speech/Language
- Physical
- Social/Behavioral
- Cognitive

Specify: \_\_\_\_\_

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): \_\_\_\_\_

(Please Check One)

- This child may participate fully in school activities including physical education.
- This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) \_\_\_\_\_

**ANTICIPATORY GUIDELINES**

Discussed and/or handout given

**SCHOOL READINESS**

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

**MENTAL HEALTH**

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

**NUTRITION AND PHYSICAL ACTIVITY**

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

**ORAL HEALTH**

- Regular dentist visits
- Brushing/Flossing
- Fluoride

**SAFETY**

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: \_\_\_\_\_

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Signed: \_\_\_\_\_  
Physician/APRN/PA/EPSTDT Provider

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

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

Telephone: \_\_\_\_\_