



Immaculate Heart Central

1316 Ives Street, Watertown, New York
Phone: 315-788-4670 ~ Fax: 315-788-4672
www.ihcschool.org

IHC U.S. Student Soccer Academy Application 2020-2021

Welcome to Immaculate Heart Central!

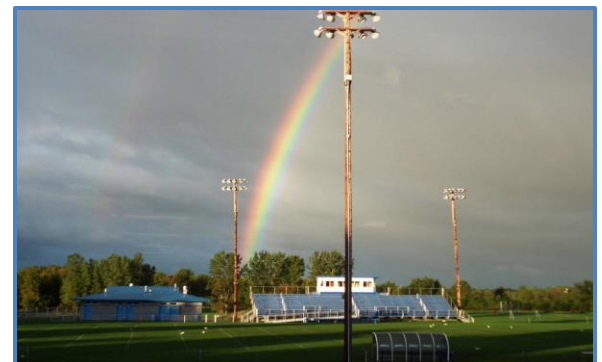
Since 1881, IHC has provided an exceptional, college-preparatory education. Your child will develop in mind, body, spirit and soul to achieve their highest potential. The IHC experience challenges every student to become the best version of themselves – in academics, athletics, the arts and service. We believe in the dignity, potential and individual gifts of every student.

“We promise to provide a safe, faith-based learning environment in which your child will build and deepen their relationship with Jesus Christ, and more fully experience the role of faith in their daily lives and the world.

IHC welcomes students of all faiths and backgrounds. We also offer aid and scholarships to families with demonstrated financial need.

We encourage you to be involved in your child’s education and in the life of our school. Our students, teachers, parents, grandparents and alumni truly form a special IHC “community.”

Again, welcome to the “IHC Family!”



Admission Procedures

The following application materials are required for admissions decision:

- Completed application.
- Tuition contract.
- Submit Military Verification to receive 5% discount (In-State Students Only)

If applying for financial aid or scholarship:

Complete the Bishop's Fund Tuition Assistance Program (TAP) Form.

- (must submit 1040 or other income verification documentation).
- Enroll in the FACTS Grant & Aid system: <https://online.factsmgt.com/signin/3FR34>.

You may submit completed application materials to the school. If you are applying from out of the area, please call the school when you submit your materials: or email Enrollment Director at amanda.friedline@ihcschool.org

- IHC Junior/Senior High Campus – (315) 788-4670
- Business Office – (315) 788-4670

Required before Student Begins School:

Once your application has been accepted, the following items are required before school begins:

- Records from previous school.
- Birth certificate.
- Medical history form.
- Immunization record (the current requirements for NY State are listed on the medical history form).
- Physical exam within the last year and signed by a licensed physician. Alternatively, the Junior/Senior High provides physicals at the start of the school year.

Student Information

(complete one sheet for each student)

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

| | | |
|--------------|--------------------------|----------------|
| Gender (M/F) | Date of Birth (MM/DD/YY) | Place of Birth |
|--------------|--------------------------|----------------|

| | | |
|----------------------|-----------------------------------|---------------------------------|
| Who child lives with | Street (if different from parent) | City (if different from parent) |
|----------------------|-----------------------------------|---------------------------------|

| | |
|-------------------|-------------------------------|
| Grade in Sep 2020 | Anticipated School Start Date |
|-------------------|-------------------------------|

| | |
|-----------------|--------------------------------------|
| Previous School | School District of Current Residence |
|-----------------|--------------------------------------|

| | |
|-----------------------|---|
| Religious Affiliation | Ethnic Group (list all that apply: Caucasian, African-American, Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander) |
|-----------------------|---|

| | |
|----------------|----------------------------------|
| Current Parish | Date, Parish and City of Baptism |
|----------------|----------------------------------|

| | |
|---------------------|---|
| Reconciliation Date | Date, Parish, and City of First Communion |
|---------------------|---|

| |
|--|
| Date, Parish, and City of Confirmation |
|--|

| | | |
|--------------------------------------|--------------------------|--------------|
| If not US citizen, country of origin | Primary Language at Home | Today's Date |
|--------------------------------------|--------------------------|--------------|

Media Release

IHC celebrates your child and their accomplishments. Photos, video, and artwork may be displayed in the school, online, or in print media. Please specify any restrictions:

Student Educational Services

Does your child currently have an Individualized Education Plan (IEP)? Y N
Does your child currently have a 504 Plan? Y N
Has your child ever repeated a grade in school? Y N Grade(s): _____

Check any services below that your child has received in the past school year:

- | | | |
|---|---|---|
| <input type="checkbox"/> Remedial math | <input type="checkbox"/> Speech | <input type="checkbox"/> School counseling |
| <input type="checkbox"/> Remedial reading | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Counseling from outside agency |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Counseling from Military Family Life Counselor |

Has your child been suspended or dismissed from his/her current/present school? Y N

Please attach all related documentation to any of the above questions.

Student Letter of Introduction (a separate document may be attached here)

In your own words write a letter that will tell us about you and your personal interest and future aspirations. Include comments about your hopes and expectations for your stay.

Parent & Student Questions (complete one sheet for each student)

Parent Name(s) _____

Student Name _____

Parent Question

Why do you seek an education for your child at IHC? _____

How did your family hear about IHC? _____
(TV, Online Ad, Radio Ad, Print Ad, Ft. Drum, Referral, etc.)

Junior/Senior High School Student Applicant Questions (Grades 7 to 12 Only)

Please list your present activities and interests (e.g. sports, art, music, technology).

Please list activities you may be interested in pursuing at IHC? _____

Building community spirit is one of the most important goals of IHC School. How do you think you can contribute to our school? What personal qualities do you possess that will increase the spirit of our community at IHC?

Agreement to Comply with Parent/Student Handbook

I have read and agree to comply with the IHC Parent/Student Handbook posted at www.ihcschool.org > Parents > Handbooks and Policies.

Parent/guardian signature _____ Date: _____

Student signature (Grades 7-12 only) _____ Date: _____

Principal's Acceptance – School Use Only

This student is approved for admission to IHC.

Principal's Signature: _____

Date: _____

Parent Information

(Office use only) Primary Family ID: _____

(Office use, if necessary): Secondary Family ID: _____

Father/Guardian/ Stepfather

| | | | |
|---------------|--------------|--------------|--|
| First | Middle | Last | |
| Father | Grandfather | Other Family | |
| Joint custody | Sole custody | Stepfather | |

Foster placement (please provide DSS-2999/3424)

Street Address

City State Zip

Home Phone Unlisted?

Cell phone

Work phone

Which phone(s) to receive automated school messages?

Email (home)

Email (work)

Which email(s) to receive school messages?

Employer/Unit

Occupation Title/Rank

IHA/IHC Graduate? Class of: _____

Active Military Guard/Reserve Retired Military

DoD Civilian DoD contract employee

Religion and Parish

Mother/Guardian/Stepmother

| | | | |
|---------------|--------------|--------------|--------|
| First | Middle | Last | Maiden |
| Mother | Grandmother | Other Family | |
| Joint custody | Sole custody | Stepmother | |

Foster placement (please provide DSS-2999/3424)

Street Address (fill out this line and below if different)

City State Zip

Home Phone (if different) Unlisted?

Cell phone

Work phone

Which phone(s) to receive automated school messages?

Email (home, if different)

Email (work)

Which email(s) to receive school messages?

Employer/Unit

Occupation Title/Rank

IHA/IHC Graduate? Class of: _____

Active Military Guard/Reserve Retired Military

DoD Civilian DoD contract employee

Religion and Parish (if different)

Household Information

(Office use) Primary Family ID: _____

Emergency Contact Information (other than parents)

| Name | Relationship | Cell | Home | Work |
|------|--------------|------|------|------|
| | | | | |
| | | | | |
| | | | | |

| Name | Relationship | Cell | Home | Work |
|------|--------------|------|------|------|
| | | | | |
| | | | | |
| | | | | |

| Name | Relationship | Cell | Home | Work |
|------|--------------|------|------|------|
| | | | | |
| | | | | |
| | | | | |

Restrictions of Contact

No restrictions.

Custody restriction (provide papers).

Order of protection (provide papers).

| Person Restricted | Expiration Date |
|-------------------|-----------------|
| | |
| | |
| | |

Non-custodial parent name _____

| What would you like mailed to the non-custodial parent? | Expiration Date |
|---|-----------------|
| | |
| | |
| | |

| Non-custodial parent street address | City | State | Zip |
|-------------------------------------|------|-------|-----|
| | | | |
| | | | |
| | | | |

Other documentation provided (please specify). You may provide additional comments on a separate sheet of paper.

Others Living in Household (use separate sheet if needed)

Name _____ Relationship _____ Gender ____ Age ____ School _____ Grade _____

Name _____ Relationship _____ Gender ____ Age ____ School _____ Grade _____

Name _____ Relationship _____ Gender ____ Age ____ School _____ Grade _____

Name _____ Relationship _____ Gender ____ Age ____ School _____ Grade _____

Name _____ Relationship _____ Gender ____ Age ____ School _____ Grade _____

Family Members Who Attended IHA/IHC (use separate sheet if needed)

Name _____ Relationship _____ Class (approx OK) _____

Name _____ Relationship _____ Class (approx OK) _____

Name _____ Relationship _____ Class (approx OK) _____

Name _____ Relationship _____ Class (approx OK) _____

(Office use) Primary Family ID: _____

Medical History (complete one medical history for each child)

Student Name: _____ Gender: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Previous School and Location: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Name of Cell Phone & #: _____

Parent/Guardian Name of Emergency & #: _____

Student Physician: _____ Student Dentist: _____

Household Members

| Name of Household Member | Gender | Occupation | Relationship to Student |
|--------------------------|--------|------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Immunization. Copies of shot records showing: 3 DPT3, 3 Polio, MMR, Hep B, 2 Varicella. For Pre-K, HIB & PCV.

Lead Poisoning Screening. Has your child been screened for lead poisoning? Y / N
Please include a copy of the test with an immunization record.

History. Has your child had any of the following? If yes, please describe.

| | No | Yes | Describe |
|---|----|-----|----------|
| Allergies/Hay Fever | | | |
| Anemia | | | |
| Arthritis | | | |
| Asthma | | | |
| Bee Sting Allergy | | | |
| Bladder/Kidney Injury or Disease | | | |
| Bleeding Tendencies | | | |
| Broken Bones | | | |
| Cancer | | | |
| Childhood Diseases | | | |
| Concussion | | | |
| Convulsions/Seizures | | | |
| Diabetes | | | |
| Eyeglasses (<input type="checkbox"/> Full time, <input type="checkbox"/> Reading, <input type="checkbox"/> Sports) | | | |
| Fainting Spells | | | |
| Frequent Colds/Sore Throats | | | |
| Student Name: | No | Yes | Describe |
| Gastrointestinal Problems | | | |

| | | | |
|-------------------------------|--|--|--|
| Head/Neck Injury | | | |
| Heart Disease/Problems/Murmur | | | |
| High Blood Pressure | | | |
| Injury to the Spleen | | | |
| Nose Bleeds (Frequent/Severe) | | | |
| Orthopedic Problems | | | |
| Pneumonia | | | |
| Rheumatic Fever | | | |
| Seizures | | | |
| Tuberculosis Contact | | | |
| Other: | | | |

Hospitalizations/Severe Injuries/Operations:

| Nature of Illness/Injury/Operation | Age | Hospitalized? |
|------------------------------------|-----|---------------|
| | | |
| | | |
| | | |
| | | |

Medications:

| Name of Medicine | Take at Home or School? | Reason Prescribed |
|------------------|-------------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Does your child use an inhaler at school? Y / N

Does your child have tubes in his/her ears? Y / N If so, is swimming restricted? (grades 4-12) Y / N

Has your doctor suggested that your child's activities at school be limited in any way? _____

Has there ever been a sudden death in a family member under the age of 50? If yes, explain: _____

Does your child have any of the following: loss of vision, severe hearing loss, one kidney, one testicle? If yes, explain: _____

Any special medical problems or concerns? _____

PARENT/GUARDIAN SIGNATURE

DATE

Records Request



IMMACULATE HEART CENTRAL SCHOOL

www.ihcschool.org

To: Name of Previous School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

From: Immaculate Heart Central School

Date: _____

RE: Request for School Records

The following student has enrolled in our school system. Please release all academic, attendance, health, special education, and psychological records you may have pertaining to him/her. Please include grading key and lowest passing grade. Thank you for your assistance.

Student's Name

Grade

Date of Birth

Please send the following student records:

Health Records Labs Academic Records Discipline Records 504/IEP Plans

Please send records to:

IHC Jr. / Sr. High Campus
(Grades 7-12)
Attn: Guidance Office
1316 Ives Street
Watertown, NY 13601
Tel: 315-788-4670
Fax: 315-788-4672

Signature of Parent, Guardian, or School Authority

Date

Note: As of September 1980, Federal Law 99.31 specified that no parental signature is required for educational records to be released to another education agency.

