



IMMACULATE HEART CENTRAL SCHOOL

Enrollment Application

Welcome to Immaculate Heart Central School!

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. From Pre-K to 12th grade, 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 “faith community.”

Again, welcome to the “IHC Family!”



Admission Procedures

The following application materials are required for admissions decision:

- Completed application.
- Tuition contract.
- Military verification for 5% discount

If applying for financial aid or scholarship:

- Complete the Sustaining Hope for the Future Scholarship Application must submit 1040 or other income documentation
- Complete the Bishop's Fund Tuition Assistance Program (TAP) Form.
- 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:

- Elementary and Pre-K Campus – (315) 788-4670 x2
- IHC Junior/Senior High Campus – (315) 788-4670 x1
- Business Office – (315) 788-4670 x204

Required before Student Begins School:

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

- \$30 non-refundable registration fee per student.
- 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

(Office use) Primary Family ID: _____

(Office use) Student Class Year: _____

(Office use) Student #: _____

(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.

Parent & Student Questions

(complete one sheet for each student)

Parent Name(s) _____

Student Name _____

Parent Question (if you have more than one student, just complete once)

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 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
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Name	Relationship	Cell	Home	Work
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Name	Relationship	Cell	Home	Work
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Restrictions of Contact

No restrictions. Custody restriction (provide papers). Order of protection (provide papers).

Person Restricted	Expiration Date
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Non-custodial parent name

What would you like mailed to the non-custodial parent?	Expiration Date
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Non-custodial parent street address	City	State	Zip
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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 _____

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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) _____

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 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
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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 ext 206
Fax: 315-788-4672

IHC Elementary Campus
(Grades PreK-6)
122 Winthrop St.
Watertown, NY 13601
Tel: 315-788-4670
Fax: 315-782-1784

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.

Military Family Life Counselor Consent

If your student is the child of a military service member, retiree or DoD civilian, you may consent for them to receive Military Family Life Counselor services. The Department of Defense has assigned a MFLC (pronounced "M-FLAC") to IHC School. MFLCs are fully licensed counseling professionals available to provide confidential, non-medical counseling support to families dealing with the unique challenges of military life. The program is fully confidential; no written records are made of any MFLC services.

The MFLC may support IHC staff and work with children and families in the following ways:

- Observe, participate and engage in student activities
- Provide direct interaction with children
- Model behavioral techniques and provide feedback
- Suggest age-appropriate behavioral interventions to enhance coping and behavioral skills
- Outreach to parents at school and family events
- Available for parents for guidance and support
- Facilitate psycho-educational groups
- Conduct training for staff and parents
- Recommend referrals to military social services and other resources as needed

The MFLC may assist parents, teachers, staff, and children in the following ways:

- Communication
- Resolving conflicts
- Helping children deal with angry feelings
- Bullying
- Self esteem/self confidence
- Behavioral management techniques
- Sibling/parental relationships
- Deployment and reintegration issues

The MFLC may also work with children in settings such as field trips and other school-sponsored activities. The MFLC is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice. At no time will the counselor meet individually with a child without being in line of sight of an IHC School employee with supervisory authority, or a parent/guardian. The MFLC only uses Office of the Secretary of Defense (OSD) approved materials for trainings, groups, and any other activities.

Consent to Receive MFLC Services

Parental permission is required for participation in any DoDEA-sponsored program. If your student is the child of a military service member, retiree or DoD civilian, please complete below. This form will be confidentially maintained by the school front office. Please complete one form for each child.

Name of school: Immaculate Heart Central School, Watertown, NY

I acknowledge that a MFLC is available and **DO** **DO NOT** authorize my child to receive MFLC support.

Child's Name

Grade

Parent/Guardian Name

Date