



Dear Prospective Holy Name of Jesus School Family:

Thank you for your interest in enrolling your child(ren) at Holy Name of Jesus School. Registration for the 2022/2023 school year is online through a program linked to our school database system, Rediker Software.

The registration application can be accessed via the Holy Name of Jesus School website www.holynameofjesus.com where there will be a link to Admissions.

You will be redirected to the Rediker secure website to create an account, and then access our student application. Please follow all directions on how to complete the needed information. After completing the application, please be sure to review it for completion before submitting. Once you Submit the information you will not be able to return to the registration forms.

The documents listed below are required for your child(ren) to be registered at Holy Name of Jesus School. They may be uploaded on the Signature page of the application, or you can sign the signature pages and return the hard copies to our school office or send them via email to lmunsch@holynameofjesus.com

Attached are signature pages that are needed to process your application:

- Holy Name of Jesus School Registration
- Holy Name of Jesus School Registration Fee – to be paid by credit card over the phone, check or cash
- Catholic School Parents Memorandum of Understanding
- Secretary of Education Request for Textbooks from the Pennsylvania Department of Education
- Registration Tuition Agreement
- Parental Permission for Release of Student Records (Students, Transferring into Grades 1 to 8)
- Central Dauphin School District Physical and Dental Exams
- Private Physician's Report of Physical Examination of a Pupil of School Age
- Private Dentist Report of Dental Examination of a Pupil of School Age

The below documents are also required and may be uploaded or hard copies can be mailed to the school office or emailed to lmunsch@holynameofjesus.com

- Birth Certificate
- Baptismal Certificate (For Catholic Registrations)
- Immunization Record: any/all health records may be faxed **717-657-9135** directly to our school office by the Doctor's office.
- Bussing Information: Please complete the Bussing form for the school district in which you reside. If your child(ren) is being bussed to an address other than your home address, please contact the school office and complete the Child Care form in addition to the registration form.

Please contact our office with any technical problems and we will be able to assist you.

Thank you for your patience during this registration process.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sister Rita".

Sister Rita Smith, SSJ
Principal



Dear Parent/Guardian,

The information contained on the registration form is correct. This enrollment is subject to the receipt and verification of all previous educational records.

The parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and by the Holy Name of Jesus Parish/School, including but not limited to those set forth or referred to in the Holy Name of Jesus School Parent/Student Handbook and the Diocese of Harrisburg School Policies and Regulations manual.

Date: _____

Parent Signature _____



Holy Name of Jesus School
6190 Allentown Boulevard
Harrisburg, Pennsylvania 17112
717-657-1704

School Year 2022-2023

Dear Parent:

As part of our registration process at Holy Name of Jesus School, we ask all families for a \$100.00 non-refundable registration fee. This fee is due by April 1, 2022. Please complete the information below for your family by listing those children you wish to enroll for the 2022-2023 school year and include those presently enrolled and the grade level they will be entering.

Blessings,

Sister Rita Smith, SSJ
Principal

REGISTRATION

We have received the family registration fee of \$100.00 from the family for the 2022-2023 school year.

(Family Name)

Child(ren)s Name(s)

Grade Level

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

SECRETARY OF EDUCATION

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF INDIVIDUAL REQUEST

FOR LOAN OF

TEXTBOOKS/INSTRUCTIONAL MATERIALS

I hereby request the loan of textbooks/instructional materials in accordance with Pennsylvania Act 195/Act 90 for my children attending **Holy Name of Jesus School, Harrisburg, PA.**

Child(ren): _____
(please print)

Date

Parent Signature

N.B. Act 195/Act90 applies to Pennsylvania residents attending school in Pennsylvania only.



DIOCESE OF HARRISBURG – SECRETARIAT FOR EDUCATION

4800 Union Deposit Road • Harrisburg • Pennsylvania 17111-3710
(717) 657-4804 • FAX (717) 657-3790 • www.hbgdiocese.org

CATHOLIC SCHOOL PARENTS MEMORANDUM OF UNDERSTANDING

As a parent/guardian of a student in a Catholic School I understand and affirm the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), and the diocese.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father: _____ Mother: _____
Printed Printed

Signature

Signature

(Guardian): _____
Printed

Signature

Student's Name _____

School: _____

Date: _____

Holy Name of Jesus School

6190 Allentown Blvd.
Harrisburg, PA 17112
717-657-1704

Registration Tuition Agreement 2022/2023

Registration Fee of \$100/family- Due April 1, 2022.

| Student's Name (please print) | Grade (2022-2023) |
|-------------------------------|-------------------|
| | |
| | |
| | |
| | |
| | |

| Please check the appropriate box that best describes your financial position. | Grades K thru 8 | 1 Child | 2 Children | 3 Children | 4 Children or more |
|---|----------------------------------|---------|------------|------------|--------------------------------------|
| | Active Catholic Parishioner | \$4,190 | \$6,500 | \$7,850 | Add \$1000 for each additional child |
| | Non-Catholic Tuition (per child) | \$5,800 | | | |

Financial Aid Information:

If you are interested in applying for Financial Aid, please go to www.holynameofjesus.com for information and a link to the on-line application.

My financial commitment for my child(ren)'s Catholic education for the 2022-2023 school year is

\$ _____. I understand that this amount may be paid monthly for a 12-month period beginning July 2022.

Date

Parent/Guardian Signature

Please complete this form, then pay the \$100.00 registration fee at the school office.



Holy Name of Jesus School

PARENTAL PERMISSION FOR RELEASE OF STUDENT RECORD

I herewith give my permission to _____ School for the
release of the information requested for my (son/daughter).

Student's Name (please print)

Grade

Parent/Guardian Signature

Date

REQUEST FOR TRANSCRIPT OF STUDENT RECORD

Date

Student's Name

_____ has been admitted

to the _____ of Holy Name of Jesus School, 6190 Allentown Blvd., Harrisburg, PA 17112.
Grade

- Please Forward:**
- ☐ Health and Dental Records
 - ☐ Personal Health History
 - ☐ Transcript of Records
 - ☐ Discipline Records
 - ☐ Individualized Education Program (IEP)

Principal



CENTRAL DAUPHIN SCHOOL DISTRICT
600 RUTHERFORD ROAD
HARRISBURG, PA 17109

PHYSICAL AND DENTAL EXAMS

Pennsylvania School Health Law requires all children to have a physical and dental exam upon entry to school. Physical exams are also required in grades 6 and 11, dental exams are required in grades 3 and 7. These exams may be done by the school physician/dentist or your family physician/dentist. These exams may be obtained within twelve months prior to the required school year.

Please indicate your preference below.

- _____ I plan to have the exams completed by my family physician/dentist. I understand if these exams are not submitted by September 30, the exams will be done by the school physician and school dentist.
- _____ I plan to have the physical exam completed privately by September 30, but would like the school to do the dental exam. I understand if these exams are not submitted by September 30, the exams will be done by the school physician and school dentist.
- _____ I plan to have the dental exam completed privately by September 30, but would like the school to do the physical exam. I understand if these exams are not submitted by September 30, the exams will be done by the school physician and school dentist.
- _____ I give permission for the school doctor and school dentist to do the exams.

Student's Name *(please print)*

Parent/Guardian's Signature

Date

School Health Services
DPS-100D (Rev.5/04)

NURSING SERVICES OF CENTRAL DAUPHIN SCHOOL DISTRICT
HOLY NAME OF JESUS SCHOOL

Dear Parent:

The **Pennsylvania School Health Law requires** all children entering school for the first time to have:

1. WRITTEN Proof of the following immunizations from your PHYSICIAN:

(1) *Diphtheria and Tetanus*: Four or more properly-spaced doses which may be administered as a single antigen vaccine or in a combination form (Dtap). The fourth dose shall be administered on or after the 4th birthday.

(2) *Poliomyelitis*: Four or more properly spaced doses polio vaccine, which may be administered as a single antigen vaccine, or in a combination form (Dtap). The fourth dose shall be administered on or after the 4th birthday and at least 6 months after previous dose.

(3) *Measles (rubeola), Mumps, and Rubella (German measles)*:. Two properly-spaced doses of measles and mumps vaccine and one dose of rubella vaccine administered at 12 months of age or older, or a history of immunity proved by laboratory testing. Each dose of measles, mumps, or rubella vaccine may be administered as a single antigen vaccine or in a combination form (MMR).

(4) *Hepatitis B*. Three properly-spaced doses of hepatitis B vaccine, with the third dose given at or after the age of 6 months.

(5) *Chickenpox (varicella)*. Two properly-spaced doses administered at 12 months of age or older or *Evidence of immunity* by Laboratory evidence or a written statement of a history of chickenpox disease from a parent, guardian or physician.

The immunizations are required as a condition of admission to school. Therefore, written proof from a physician or medical clinic of the necessary immunization must be presented to the office to complete the registration. All doses of immunizations MUST be completed by the fifth day of school to prevent exclusion. A child shall be exempt from the requirements for immunizations whose parent or guardian object in writing to such immunizations for religious grounds, or whose physician certifies that the child's physical condition or recent immunization administration contraindicates immunization.

2. A medical examination completed no earlier than within 12 months prior to school entry

3. A dental examination completed no earlier than within 12 months prior to school entry

The medical examination and dental examination can be verified on the attached forms. If the completed forms are not received by the 4th week of school, these examinations will be scheduled at school. Your cooperation in carrying out these phases of the health program will be appreciated. Please feel free to contact your school nurse at any time.

Sincerely,

School Health Services

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____
NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD _____ DATE OF BIRTH _____ SEX ☐ M ☐ F
Last First Middle

ADDRESS _____

No. and Street City or Post Office Borough or Township County State Zip Code

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

| VACCINE | Enter Month, Day, And Year Each Immunization Was Given | | | BOOSTERS & DATES | |
|--|--|-------|-------|------------------|--|
| | DOSES | | | | |
| Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD | 1 / / | 2 / / | 3 / / | 4 / / | 5 / / |
| Polio (Circle): OPV, IPV | 1 / / | 2 / / | 3 / / | 4 / / | 5 / |
| Measles, Mumps, Rubella | 1 / / | 2 / / | | | |
| Hepatitis B | 1 / / | | 2 / / | | 3 / / |
| HIB | 1 / / | | 2 / / | | 3 / / |
| Varicella | 1 / / | | 2 / / | | Varicella Disease or Lab Evidence Date: _____ |
| Other | | | | | |

- ☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health
☐ RELIGIOUS EXEMPTION (includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

| Tuberculin Tests Date Applied | Arm | Device | Antigen | Manufacturer | Signature |
|----------------------------------|--------------|--------|-----------|--------------|-----------|
| | | | | | |
| Date Read | Results (mm) | | Signature | | |
| | | | | | |

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on.

Date _____

Result of Diagnostic Studies: _____

Date _____

Preventive Anti-Tuberculosis - Chemotherapy ordered.

☐ No

☐ Yes

Date _____

(Continued on Back)

Significant Medical Conditions (✓)

| | Yes | No | If Yes, Explain |
|---------------------------------|--------------------------|--------------------------|-----------------|
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | |
| Asthma..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cardiac | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chemical Dependency | <input type="checkbox"/> | <input type="checkbox"/> | |
| Drugs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diabetes Mellitus | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gastrointestinal Disorder | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hearing Disorder | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | |
| Neuromuscular Disorder | <input type="checkbox"/> | <input type="checkbox"/> | |
| Orthopedic Condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Respiratory Illness | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seizure Disorder | <input type="checkbox"/> | <input type="checkbox"/> | |
| Skin Disorder | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vision Disorder | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (✓)

| | Normal | Abnormal | Not Examined | Comments |
|---------------------------------|--------|----------|--------------|----------|
| • Height (inches) | | | | |
| • Weight (pounds) BMI | | | | |
| • Pulse () | | | | |
| • Blood Pressure / | | | | |
| • Hair/Scalp | | | | |
| • Skin | | | | |
| • Eyes/Vision | | | | |
| • Ears/Hearing | | | | |
| • Nose and Throat | | | | |
| • Teeth and Gingiva | | | | |
| • Lymph Glands | | | | |
| • Heart — Murmur, etc. | | | | |
| • Lung — Adventitious Findings | | | | |
| • Abdomen | | | | |
| • Genitourinary | | | | |
| • Neuromuscular System | | | | |
| • Extremities | | | | |
| • Spine (Presence of Scoliosis) | | | | |

Date of Examination

Signature of Examiner

Print Name of Examiner

Address

Telephone Number

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT OF
DENTAL EXAMINATION OF A PUPIL OF
SCHOOL AGE**

NAME OF SCHOOL _____

DATE _____ 20____

NAME OF CHILD

AGE

SEX

GRADE

SECTION/ROOM

Last

First

Middle

☐
M

☐
F

ADDRESS

No. and Street

City or Post Office

Borough or Township

County

State

Zip

REPORT OF EXAMINATION

| | | TOOTH CHART | | | | | | | | | | | | | | | | |
|-------|-------|-------------|----|----|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----|----|----|-------|
| | | RIGHT | | | | | | | | LEFT | | | | | | | | |
| UPPER | | 1 | 2 | 3 | 4 A | 5 B | 6 C | 7 D | 8 E | 9 F | 10 G | 11 H | 12 I | 13 J | 14 | 15 | 16 | Upper |
| LOWER | | 32 | 31 | 30 | 29 T | 28 S | 27 R | 26 Q | 25 P | 24 O | 23 N | 22 M | 21 L | 20 K | 19 | 18 | 17 | Lower |
| | UPPER | | | | | | | | | | | | | | | | | Upper |
| | LOWER | | | | | | | | | | | | | | | | | Lower |

Is The Child Under Treatment

Yes ☐

No ☐

Treatment Completed

Yes ☐

No ☐

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address