



Saint Elizabeth Ann Seton Catholic School
10650 Aboite Center Road • Ft. Wayne, IN 46804 • 260-432-4001

February 22, 2017

Dear New Kindergarten Parents at Saint Elizabeth Ann Seton Catholic School,

Welcome and thank you for your interest in our school!

The 1st step in the enrollment process is for you to complete and return to the school office your registration paperwork. Once your paperwork is received, you will be able to schedule your student's appointment for their Kindergarten Screening. We require that all new students be screened as part of the enrollment process. This screening helps assist teachers in instructional planning for the upcoming school year. During the screening, while our staff is working on activities with your child, parents will be asked to complete a parent questionnaire regarding their child's self-help skills and social/emotional skills. This appointment should take approximately 45 minutes.

Please review the screening dates listed below and contact the school office at 432-4001 to schedule your student's screening appointment. You will NOT be scheduled for a screening appointment if your registration paperwork is not complete. **Students who are currently enrolled in Preschool at Saint Elizabeth Ann Seton will complete the screening during the regular school day and do not need to sign up for a kindergarten screening appointment.** The screenings for Saint Elizabeth Ann Seton Preschool students will be completed during the week of May 8, 2017.

Dates and times for the Kindergarten Screening are:

- Saturday, May 13, 2017 – Appointments will be scheduled from 8:00-11:00 AM
- Friday, May 19, 2017 – Appointments will be scheduled from 8:00-11:00 AM and 12:30-2:00 PM

Following the screening, you will receive admissions information in the mail. Your child's educational history is vital to his/her academic success! Please make every effort to provide our school with all academic paperwork as well as any educational, behavioral and/or medical concerns that you may have.

At Saint Elizabeth Ann Seton Catholic School, it is our goal to provide your child the best educational experience that is centered upon our Catholic Identity!

Blessings,

A handwritten signature in cursive script that reads "Miss Widner".

Miss Widner
Principal



Current School Family Kindergarten Registration Paperwork Checklist

Family Forms:

_____ Family Enrollment Form

Kindergarten Student Forms: (the following forms are required for each Kindergarten student in a family)

_____ Student Enrollment Form

_____ Emergency Information

_____ Home Language Survey

_____ Request for Records

_____ Baptismal Information

_____ Kindergarten Health Forms Packet – *This is a separate packet of forms that **must** be completed & turned in to the school office on or before Registration Day, August 8th.*

The following items MUST be received by the school office 1 week prior to your screening appointment, if they apply to your student:

_____ Medical forms (Medical documentation of any diagnosis affecting academic performance)

_____ 504 (Individualized plan for students with medical or disability accommodations)

_____ IEP (Individualized Education Plan)

_____ ILP (Individual Learning Plan)

_____ NWEA Scores (Northwest Evaluation Association)

_____ ISTEP Scores (Indiana Statewide Testing for Educational Progress)

_____ LAS Links (Scores & Results – Language Assessment System)

_____ Previous Report Card

PLEASE NOTE THAT YOUR CHILD WILL NOT BE OFFICIALLY REGISTERED OR PLACED IN A CLASSROOM UNTIL KINDERGARTEN SCREEING IS COMPLETED AND ALL REQUIRED FORMS ARE RETURNED TO THE SCHOOL OFFICE.



Diocese of Fort Wayne – South Bend

Saint Elizabeth Ann Seton Catholic School – FAMILY Enrollment

[Please Print!]

School Year: _____ Returning Family _____ New Family Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information:

First Name _____ Last Name _____
 _____ Living _____ Deceased
 Education (check highest level reached):
 _____ Grade School _____ High School _____ College Courses
 _____ College Degree _____ Postgraduate
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

Father's or Guardian's Information:

First Name _____ Last Name _____
 _____ Living _____ Deceased
 Education (check highest level reached):
 _____ Grade School _____ High School _____ College Courses
 _____ College Degree _____ Postgraduate
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

List children who will attend Saint Elizabeth Ann Seton Catholic School: List all other children in family:

NAME	BIRTH DATE (mo/day/year)	AGE	NAME	BIRTH DATE (mo/day/year)	AGE
1			1		
2			2		
3			3		
4			4		
5			5		

Children live with: _____ Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather
 _____ Other: _____

Parents' Marital Status: _____ Married _____ Single, never married _____ Divorced* _____ Separated*
 _____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what _____

Does at least one parent *read* English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____



Diocese of Fort Wayne – South Bend

Saint Elizabeth Ann Seton Catholic School – STUDENT Enrollment

(Each child attending Saint Elizabeth Ann Seton Catholic School must have this form on file)

[Please Print!]

Office Use Only:
 Last Name: _____
 STN: _____
 Baptism Certificate on file? _____
 Birth Certificate on file? _____

Entering Grade _____ in _____ 2017-18
 (An interview will be required for students new to the school and enrolling in grades 5 – 8)

Student's Name: _____ Sex _____
 First Middle Last

Date of Birth (Mo/Day/Year) _____

City, State & Country of Birth _____

Address: _____
 (Street Address)

Home Phone: _____

Medical Condition: (Allergy, Asthma, Heart Condition, etc. Please be specific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)
 ___ No, not Hispanic / Latino
 ___ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)
 ___ American Indian or Alaskan Native
 ___ Asian
 ___ Black or African American
 ___ Native Hawaiian or Other Pacific Islander
 ___ White

Student's Religion: _____

Baptism: Date: _____ Church: _____ City: _____ State: _____
 Holy Communion: Date: _____ Church: _____ City: _____ State: _____
 Confirmation: Date: _____ Church: _____ City: _____ State: _____

Did this child attend Saint Elizabeth Ann Seton Catholic School last year? _____ If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Has this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? ___ Yes ___ No If yes, what services were received? _____

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school).
 (P4020)

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current.
 (P4020)



Emergency Information

The information below *must* be kept on file in the school office. Complete this form for each child and send it back to school tomorrow. Parents must complete this form prior to the start of the school year. PLEASE PRINT!

Parents are responsible for informing the office during the school year if changes in emergency information occur.

Name of Child _____ Grade _____

Name of Parent(s) or Legal Guardian(s) _____

Address _____ Home Phone _____

City, State, Zip _____

Who should we call if there is an emergency regarding this child, and in what order should we call them?

(This list should include parents & guardians)

	Name	Relationship to Child	Phone Number(s)	Please check
1				___ Cell phone ___ Home ___ Work
2				___ Cell phone ___ Home ___ Work
3				___ Cell phone ___ Home ___ Work
4				___ Cell phone ___ Home ___ Work
5				___ Cell phone ___ Home ___ Work

CONSENT TO EMERGENCY CARE

In the event of an emergency, I request that the school make reasonable attempts to contact me at the above numbers or another parent/adult at the above listed numbers. I understand that in an emergency, difficult circumstances may prevent the school from contacting me immediately or the school may be unable to reach me. I therefore consent to the school's taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care/treatment administered are made by health care providers and not by the school and that demanding circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health provider. (Check and complete any of the following)

_____ Dr. _____ is my preferred physician.

_____ Dr. _____ is my preferred dentist.

_____ Receipt of my consent prior to my child's receiving major surgery, unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

The school may disclose the following checked information to a health care provider:

_____ Insurance Company: _____ Policy/Group/Claim # _____

_____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above checked information; but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date: _____ Signature of Parent/Guardian: _____



HOME LANGUAGE SURVEY

This form must be completed for all students new to **Saint Elizabeth Ann Seton Catholic School** as part of the enrollment process.

Date form completed: ____/____/____

Student's Name: First _____ Middle _____ Last _____

Current grade: _____ Current age: _____ Gender: Male Female

Grades completed in the U.S. (circle all that apply) PK K 1 2 3 4 5 6 7

Grades attended outside the U.S. (circle all that apply) PK K 1 2 3 4 5 6 7

First entry to a U.S. school: Grade: _____ Date: Month _____ Year _____

Questions 1-3: If a language other than English is indicated for these questions, the student is considered a language minority which generates state funds for the school. Once this determination has been made, the following occurs: English proficiency assessment, upon enrollment & annually thereafter, to assess proficiency and measure growth. Qualified students receive classroom & standardized test accommodations.

1. What is the native language of the student?
 English
2. What language(s) is spoken most often by student?
 English
3. What language(s) is spoken by the student at home?
 English

Other _____

Other _____

Other _____

Questions 4-6: this information is used for data collection and may help to generate additional funds to benefit students. Your answers will remain confidential and will only be used for educational purposes.

1. In what language would the parents/guardians prefer to receive communication from (school) if possible?
 English
2. Has the student received English language support at a previous school? Yes No
3. In what country was the student born? _____

Other _____

If other, date arrived in the U.S. Month _____ Year _____

If other, did student attend school in other country: Yes No

If yes, please state grades attended: _____

Parent/Guardian/Sponsor:

Date: ____/____/____



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Request for Records

Only complete this form if your student *previously* attended Kindergarten in the 2016-2017 school year.

I, _____ give Saint Elizabeth Ann Seton Catholic School
(parent or legal guardian)

permission to request records from _____, my child's
(name of current school)

current school for my son/daughter _____.
(child's name)

Signed: _____

Date: _____

Please forward all of the following that apply for the above student:

- Attendance records
- Discipline records
- Academic records
- Health records (medical documentation)
- Testing scores (NWEA & ISTEP)
- 504, IEP, or ILP
- LAS Links scores & results



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REQUIRED BAPTISMAL INFORMATION FOR REGISTRATION

Please return this form to the School Office along with your other registration paperwork.

Child's Name: _____
Last First Middle

Address: _____
Street City State Zip

Father's Name: _____

Mother's Maiden Name: _____

Child's Date of Birth: _____
D.O.B. City of Birth State of Birth

Church of Baptism: _____
Street City State Zip

PLEASE NOTE:

If your child was NOT baptized at Saint Elizabeth Ann Seton Parish, you will need to provide a COPY of the Baptismal Certificate for our School records. Please attach it to this form.