



# IMMACULATE HEART CENTRAL SCHOOLS

## NEW FAMILY APPLICATION, K-12 - 2015-2016

[www.ihcschools.org](http://www.ihcschools.org)

**Thank you for your interest in Immaculate Heart Central Schools, and welcome!**

Since 1881, IHC has provided an exceptional, college-preparatory education grounded in faith, challenge, opportunity, a culture of achievement, personal responsibility, and service. Your child will develop spiritually, morally and ethically – as well as intellectually – to achieve their highest potential. From Pre-K to 12<sup>th</sup> 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 welcome students with demonstrated financial need.

We encourage you to be involved in your child's education and in the life of our schools. Our students, teachers, parents, grandparents, and alumni truly form a special IHC "faith community."

Please don't hesitate to contact any of us with any questions or concerns. We look forward to getting to know you.

**MR. CHRIS HORNBERGER**  
**EXECUTIVE SYSTEM ADMINISTRATOR**

[chris.hornbarger@ihcschools.org](mailto:chris.hornbarger@ihcschools.org)  
1 Sterling Place  
Watertown, NY 13601  
(315) 221-3785

**MRS. LISA PARSONS, PRINCIPAL**  
**IHC JUNIOR/SENIOR HIGH SCHOOL**

[lisa.parsons@ihcschools.org](mailto:lisa.parsons@ihcschools.org)  
1316 Ives St.  
Watertown, NY 13601  
(315) 788-4670

**MR. GARY WEST, PRINCIPAL**  
**IHC ELEMENTARY SCHOOL**  
**AND ST. JOHN BOSCO PRESCHOOL**

[gary.west@ihcschools.org](mailto:gary.west@ihcschools.org)  
122 Winthrop St.  
Watertown, NY 13601  
(315) 788-7011



**NOTE: FOR CONFIDENTIALITY, THIS FORM DOES NOT SUBMIT AUTOMATICALLY. YOU MUST PRINT IT OUT AND (1) MAIL IT OR BRING TO: IHC Schools, 1 Sterling Place, Watertown, NY 13601; OR (2) FAX TO 315-788-1716.**

## Step 1 – Apply for Admission

- Visit or speak with the High School Principal. Jr./Sr. High: (315) 788-4670. Elementary: (315) 788-7011.
- We highly encourage you to come to one of our open houses or other enrollment events if you can!

### Junior/Senior High School Events:

- March 9, 6:30 pm, 7<sup>th</sup> Grade Orientation
- March 25, 6:00 p.m., Open House
- April 21, 6:00 p.m., Open House
- May 20, 6:00 p.m., Open House
- July 15, 6:00 pm, Open House
- August 16, 6:00 pm, Open House

### Elementary School Events:

- February 25, 6:00 p.m., Open House, Intermediate School
- March 3, 6:00 p.m., St. John Bosco Open House, Primary School
- March 9, 8am-3pm (by appt), K Screening & Enrollment
- March 24, 6:00 pm, Open House, Primary School
- April 22, 6:00 p.m., Open House, Intermediate School
- May 19, 6: 00 p.m., Open House, Primary School
- July 15, 6: 00 p.m., Open House, Intermediate School
- August 17, 6: 00 p.m., Open House, Intermediate School

- If you wish, schedule your child to shadow another student as a “Cavalier for the Day.”
- Provide copies of all student records (transcripts, last two years’ report cards, 504 plans, IEPs, disciplinary records, and other records).
- Complete pages 4 to 10. Please fill-out extra copies of pages 7 to 8 for each child, and attach them to this packet when you turn it in. Please fill-out an extra copy of page 9 for each child in grade 7 and above.
- Complete the Medical History Form (pages 15 and 16). Fill out extra copies for each child. The Medical History Form and Military Family Life Counselor Form are at the end so they can be detached and maintained separately to comply with the privacy requirements of NY and Federal law. For this reason, some of the information requested is also redundant. The Medical History and immunization records are not required for an admission decision, but are required prior to the first day of school.
- If your child(ren) are dependents of a military service member, military retiree or Department of Defense (DoD) civilian employee, complete the Military Family Life Counselor Consent Form on page 17.
- Turn-in all of the paperwork above at one of the IHC Open Houses, to one of the school front offices, or to the IHC Business Office: 1 Sterling Place, Watertown, NY 13601. Phone: 315-788-1632. Fax: 315-788-1716.
- IHC will notify you as soon as your child or children are accepted.

## Step 2 – Complete the Tuition and Financial Aid Process by April 15, or as Soon as Possible

- You may start the tuition/aid process while waiting the Principal’s decision on admission. If you are not applying for aid or scholarships, you may complete the Tuition Contract as soon as you are accepted for admission.
- On page 12, obtain your Pastor’s endorsement if you are a supporting member of a local Catholic parish. **You must complete this step before applying for financial aid to ensure your application for aid is based on the appropriate tuition rate.** If you are moving into the area, you may complete the application process, then obtain your Pastor’s endorsement and sign your tuition contract upon arrival.
- Apply for financial aid and/or scholarships, if applicable. **Financial aid applications are due on April 15, 2015, or as soon as possible thereafter (for example, for families who move into the area over the summer). For complete applications received by April 15, IHC will provide a preliminary financial aid offer by May 15, 2015. For late or incomplete applications, IHC will make financial aid offers on a rolling basis contingent on the availability of financial aid and scholarship funding. Please complete this process as early as possible!**



- Complete a Financial Aid Assessment through the FACTS Grant and Aid Assessment Agency. There is a \$30 application fee collected by FACTS. Please allow 3 to 4 weeks for processing. Complete online at <https://online.factsmgt.com/signin/3FR34>. For help from FACTS, call 1-866-315-9262 or email [help@factstuitionaid.com](mailto:help@factstuitionaid.com). You will need the 2014 tax documents listed on the FACTS website.
- Complete the Bishop's Tuition Assistance Program (TAP) form (available at the Business Office or at [www.ihcschools.org](http://www.ihcschools.org) > Admissions > Scholarships and Financial Aid). **Signed TAP forms are required before financial aid offers are made.**
- If applying for other scholarship(s), complete and submit the appropriate form(s), available at the Business Office or at [www.ihcschools.org](http://www.ihcschools.org) > Admissions > Scholarships and Financial Aid.
- Pay the \$75 per student non-refundable resource fee no later than July 15, 2015. The resource fee pays for application and enrollment administrative costs, as well as the costs of certain expendable instructional materials that must be pre-ordered in art and science
- On page 12, select payment option. If you select the 10-payment option, then enroll in the FACTS tuition service at <https://online.factsmgt.com/signin/3FR34>, or complete the FACTS reenrollment form provided by the Business Office.
- Complete and sign the Tuition Contract with the Business Office. If applying for financial aid, you may complete this after IHC has made a financial aid offer

### Step 3 – Finalize the Enrollment Process

- If your child is Christian, please provide a copy of their baptismal certificate to the appropriate school.
- Complete the Transportation Request Form on page 13. Watertown School District and Indian River School District have their own forms, which you can pick-up from the school front offices. Districts request that forms be turned-in by March, to allow for planning. If you are moving from out of the area, please complete the request as soon as possible after you arrive.
- If you are interested in using the IHC Elementary School After School Care Program (for students in grades Junior-K to 6, as well as 4-year old students in afternoon Pre-School sections), please fill out the After School Care Sign-Up Form on page 11.
- Turn-in a completed Textbook Loan Form (Elementary) or Course Selection Sheet (High School) for your child's grade and return to the school front office or the High School Guidance Office. These forms are grade specific and are available from the school front office or Guidance Office. The school will coordinate with your district of residence to obtain your child's textbooks.

### Questions?

Contact the Business Office:  
(315) 788-1632 or [judy.norris@ihcschools.org](mailto:judy.norris@ihcschools.org)

Call the school front offices or guidance department:  
High School: (315) 788-4670  
High School Guidance Department: (315) 788-4670, x.2  
Elementary School: (315) 788-7011



## IMMACULATE HEART CENTRAL SCHOOLS

1 Sterling Place, Watertown, NY 13601

(315) 221-3785 www.ihcschools.org

To: Name of Previous School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: \_\_\_\_\_ Fax: \_\_\_\_\_

From: Immaculate Heart Central Schools

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.

|                |       |               |
|----------------|-------|---------------|
| STUDENT'S NAME | GRADE | DATE OF BIRTH |
|----------------|-------|---------------|

Please send the following student records:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Health records | <input type="checkbox"/> Academic Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Labs           | <input type="checkbox"/> 504/IEP Plans    |   |

Please send records to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> IHC Junior/Senior High School<br>(Grades 7-12)<br>ATTN: Guidance Office<br>1316 Ives St.<br>Watertown, NY 13601 | <input type="checkbox"/> IHC Intermediate School<br>(Grades 4-6)<br>733 S. Massey St.<br>Watertown, NY 13601<br>(315) 788-3935 | <input type="checkbox"/> IHC Primary School<br>(Grades K-3)<br>122 Winthrop St.<br>Watertown, NY 13601<br>(315) 788-7011 |
|--|--|--|

\_\_\_\_\_  
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 educational agency.*



(Office use only) Primary Family ID: \_\_\_\_\_

(Office use only, if necessary): Secondary Family ID \_\_\_\_\_

## CUSTODIAL PARENT/GUARDIAN 1

Full Legal Name (First – Middle – Last):  
\_\_\_\_\_

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Maiden: \_\_\_\_\_

*Check all that apply:*

Father  Mother  Step-Father  Step-Mother

Other Family  Guardian Living in Home?

Joint custody  Sole custody

Foster placement (please provide DSS-2999/3424)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted?

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Receive SchoolReach messages on (check all that apply):

Home phone  Cell phone

Email (home): \_\_\_\_\_

Email (work): \_\_\_\_\_

Receive routine email messages on (check all that apply):

Email (home)  Email (work)

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Active Military  Guard/Reserve Unit: \_\_\_\_\_

Deployed/Deploying this Year?  Retired Military

DoD Civilian  DoD contract employee

IHA/IHC Graduate? Class of: \_\_\_\_\_

Religion \_\_\_\_\_ Parish: \_\_\_\_\_

## CUSTODIAL PARENT/GUARDIAN 2

Full Legal Name (First – Middle – Last):  
\_\_\_\_\_

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Maiden: \_\_\_\_\_

*Check all that apply:*

Father  Mother  Step-Father  Step-Mother

Other Family  Guardian Living in Home?

Joint custody  Sole custody

Foster placement (please provide DSS-2999/3424)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted?

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Receive SchoolReach messages on (check all that apply):

Home phone  Cell phone

Email (home): \_\_\_\_\_

Email (work): \_\_\_\_\_

Receive routine email messages on (check all that apply):

Email (home)  Email (work)

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

Active Military  Guard/Reserve Unit: \_\_\_\_\_

Deployed/Deploying this Year?  Retired Military

DoD Civilian  DoD contract employee

IHA/IHC Graduate? Class of: \_\_\_\_\_

Religion \_\_\_\_\_ Parish: \_\_\_\_\_



(Office use only) Primary Family ID: \_\_\_\_\_

## RESTRICTIONS OF CONTACT

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

Person restricted: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

What would you like mailed to non-custodial parent? \_\_\_\_\_

Non-custodial parent name: \_\_\_\_\_ (Office use only) Non-Custodial Family ID: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Other documentation provided. Specify: \_\_\_\_\_

Comment: \_\_\_\_\_

## OTHERS LIVING IN HOUSEHOLD *(you do not need to re-list Parents/Guardians you listed on Page 5)*

| Name | Relationship | Gender | Age | School | Grade |
|------|--------------|--------|-----|--------|-------|
|      |              |        |     |        |       |
|      |              |        |     |        |       |
|      |              |        |     |        |       |
|      |              |        |     |        |       |
|      |              |        |     |        |       |
|      |              |        |     |        |       |
|      |              |        |     |        |       |
|      |              |        |     |        |       |

## FAMILY IHA/IHC AFFILIATIONS *Please list family who attend IHC now or have attended IHA or IHC in the past.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class Year: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION *(complete only for child 1, unless info differs for other children)*

| Name | Relationship | Phone 1 | Phone 2 |
|------|--------------|---------|---------|
|      |              |         |         |
|      |              |         |         |
|      |              |         |         |



(Office use only) Primary Family ID: \_\_\_\_\_

Please fill-out extra copies of pages 7 to 8 for each child, and attach them to this packet when you turn it in. Please fill-out an extra copy of page 9 for each child in grade 7 and above.

## STUDENT INFORMATION

Legal Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:  M /  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade in Sep 2015: \_\_\_\_\_ (Office use only): Class Year in Sep 2015: \_\_\_\_\_ School Start Date: \_\_\_\_\_

Street (if different from parent): \_\_\_\_\_ City (if different from parent): \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Student lives with:  Both parents  Father only  Mother only  Father & Stepmother

Guardian  Relative  Foster Parent  Mother & Stepfather

Other/Comment: \_\_\_\_\_

\_\_\_\_\_

Previous School and Address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Parish: \_\_\_\_\_

If Catholic, Reconciliation Date: \_\_\_\_\_ First Communion Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

US Citizen?  Y /  N Country of Origin: \_\_\_\_\_ Years in US: \_\_\_\_ Primary Language at Home: \_\_\_\_\_

International Student?  Y /  N Country: \_\_\_\_\_ Company: \_\_\_\_\_ US Nickname: \_\_\_\_\_ Graduating?  Y /  N

## RACIAL AND ETHNIC IDENTIFICATION

IHC files this as confidential information in a student's permanent file, in order to provide mandated reports to State and Federal Education Departments, plan educational programs, and assess demographic trends. The Family Education Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Is student Hispanic, Latino, or of Spanish origin?  Yes, Hispanic  No, not Hispanic

Race. Check all that apply:  American Indian/Alaska Native  Asian  Native Hawaiian/Pacific Islander

Black or African American  White



(Office use only) Primary Family ID: \_\_\_\_\_

## 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:

- Remedial math       Speech       School counseling
- Remedial reading       Occupational therapy       Counseling from outside agency
- ESOL       Physical therapy       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.*

## CONSENT TO USE OR DISPLAY PHOTOGRAPHS/VIDEOS/ARTWORK

I grant IHC consent to use photos, video or artwork of my child. Remarks: \_\_\_\_\_





(Office use only) Primary Family ID: \_\_\_\_\_

## PARENT QUESTIONS

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

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about IHC? (check all that apply)

- Local reputation       Online       Radio ad       Fort Drum map/phone book
- Pastor's recommendation     TV ad       Print ad       Alumni \_\_\_\_\_
- A current IHC family referral. If their encouragement and information was instrumental in your decision to send our child(ren) to IHC, please provide their name, so they may receive a referral incentive:  
\_\_\_\_\_

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

## 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 Schools. How do you plan to 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.ihcschools.org](http://www.ihcschools.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



Family name: \_\_\_\_\_

*(Office use only)* Primary Family ID: \_\_\_\_\_

**As a small Catholic school system, volunteer efforts have always been essential to the operation of the school – more importantly, volunteerism is a central part of the spirit of community in Immaculate Heart Central Schools. Each parent/guardian with a child enrolled in an IHC school is asked to contribute ten (10) volunteer service hours during the course of the school year.**

Many parents may work for companies that will match volunteer hours with tax-deductible gifts to IHC. Please contact your Human Resources department to see if your company has such a policy.

Please indicate any areas in which you'd like to contribute, or can offer special expertise:

- |   |   |
|---|---|
| <input type="checkbox"/> Tutor a student or small groups of students. | <input type="checkbox"/> Mechanic.  |
| <input type="checkbox"/> Translate for students. Language:<br>_____   | <input type="checkbox"/> Engineering/civic planning.                            |
| <input type="checkbox"/> Clerical work and/or prepare materials.      | <input type="checkbox"/> Serve on IHC Annual Fund Committee.                    |
| <input type="checkbox"/> Help students with performances/events.      | <input type="checkbox"/> Serve on special project committees (e.g. playground). |
| <input type="checkbox"/> Teach music lessons. Instrument(s):<br>_____ | <input type="checkbox"/> Serve on Safety/Security Advisory Committee.           |
| <input type="checkbox"/> Guest speaker. Topic(s):<br>_____            | <input type="checkbox"/> Serve on IHC Legacy Gala Committee.                    |
| <input type="checkbox"/> Help with Elementary lunch program.          | <input type="checkbox"/> Help with alumni relations, reunion coordination, etc. |
| <input type="checkbox"/> Help in the Elementary School libraries.     | <input type="checkbox"/> Write a story for the IHC "Echo"                       |
| <input type="checkbox"/> Landscaping/gardening.                       | <input type="checkbox"/> Graphic design/layout.                                 |
| <input type="checkbox"/> Carpentry.                                   | <input type="checkbox"/> Web design/maintenance.                                |
| <input type="checkbox"/> General "helping hand" labor.                | <input type="checkbox"/> Photography.   |
| <input type="checkbox"/> Licensed electrical work.                    | <input type="checkbox"/> Videography.   |
| <input type="checkbox"/> Licensed plumbing work.                      | <input type="checkbox"/> Grant writing.   |
|   | <input type="checkbox"/> Other: _____   |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## TUITION RATES, 2015-2016 SCHOOL YEAR

| School                               | Supporting Member of a Local Catholic Parish | Not a Supporting Member of a Local Catholic Parish |
|--------------------------------------|--|--|
| IHC Elementary School (grades K-6)   | \$3,300                                      | \$4,450  |
| IHC Junior High School (grades 7-8)  | \$3,550                                      | \$4,700  |
| IHC Senior High School (grades 9-12) | \$4,800                                      | \$6,250  |

**RESOURCE FEE.** A \$75 per student non-refundable resource fee is due upon enrollment. The resource fee pays for application administrative costs and the costs of certain expendable instructional materials that must be pre-ordered in art and science.

**MULTIPLE-STUDENT DISCOUNT POLICY.** Each additional child (K-12) will receive a 20% tuition discount.

### FINANCIAL AID

Several types of financial aid are available based on a confidential financial needs assessment through the FACTS Grant and Aid agency (similar to the process used for college financial aid). Families should contact the Business Office (315-788-1632) for a confidential consultation of available options.

- IHC-provided aid.
- Bishop of Ogdensburg Tuition Assistance Program
- IHC Adopt-a-Student program.
- **Financial aid applications are due on April 15, 2015, or as soon as possible thereafter (for example, for families who move into the area over the summer).**
  - To receive an early financial aid offer, families must complete all items in Steps 1 and 2 on the checklist on page 2 of this application packet by April 15, 2015.
  - Families applying for financial aid must also apply for the Diocesan Tuition Assistance Program.
  - For complete applications received by April 15, IHC will provide a preliminary financial aid offer by May 15.
  - For late or incomplete applications, IHC will make financial aid offers on a rolling basis contingent on the availability of aid funding.

### SCHOLARSHIPS

In addition to financial aid, students may qualify for certain scholarships. Families should contact the Business Office (315-788-1632).

- The IHC “100 Stars” Scholarship is a full or partial-tuition scholarship for students entering grades K-12 who have never had a student attend Catholic school but have a sincere desire to try Catholic education. It is awarded based on scholastic potential and demonstrated financial need.
- The IHC 7<sup>th</sup> grade scholarship is a full-tuition scholarship for students entering 7<sup>th</sup> grade from families who have never had a student attend Catholic school but have a sincere desire to try Catholic education.
- The Business Office can provide details on a variety of other partial-tuition scholarships.

### WITHDRAWALS AND OUTSTANDING BALANCES

- If a student withdraws from IHC, all tuition must be paid before academic records will be released.
- No senior student will participate in graduation exercises until total tuition is paid.
- A family with outstanding tuition from prior years may not enter IHC until the prior balance is paid.



Family Name: \_\_\_\_\_

Office Use – Primary Family ID: \_\_\_\_\_

### PARISH VERIFICATION – SCHOOL/PARISH USE ONLY

This family  DOES  DOES NOT support our parish, for purposes of determining the tuition rate.

\_\_\_\_\_  
PASTOR

\_\_\_\_\_  
PARISH

\_\_\_\_\_  
DATE

This family is not affiliated with a local Catholic parish.

I/we  HAVE APPLIED  PLAN TO APPLY  DO NOT PLAN to apply for financial aid or scholarships.

### FAMILY TUITION CALCULATION

| Student names<br>K-12                | Grade<br>in Sep | Base<br>Tuition | Multiple Student<br>Discount | Net Tuition<br>and Fees |
|--------------------------------------|-----------------|-----------------|------------------------------|-------------------------|
|                                      |                 |                 |                              |                         |
|                                      |                 |                 |                              |                         |
|                                      |                 |                 |                              |                         |
|                                      |                 |                 |                              |                         |
|                                      |                 |                 |                              |                         |
| Subtotal                             |                 | \$              | \$                           | \$                      |
| - Employee Discount:                 |                 |                 |                              |                         |
| - Financial Aid and/or Scholarships: |                 |                 |                              |                         |
| - Pre-Payment Discount:              |                 |                 |                              |                         |
| = Total Family Tuition Obligation:   |                 |                 |                              |                         |

**RESOURCE FEE:** \$75 per student, non-refundable. Due: \_\_\_\_\_ Paid: \_\_\_\_\_

### PAYMENT OPTIONS

- Payment in full before July 15, 2015. Entitles family to \$50 pre-payment discount per student.
- Ten (10) monthly payments beginning in August through FACTS. Automatic ACH transfers from your bank account on either the 5<sup>th</sup> or 20<sup>th</sup> of each month. If you have not used FACTS before, contact the Business Office for instructions.

*Note:* If you are already enrolled in FACTS, the Business Office will provide you a reenrollment form.

\_\_\_\_\_  
RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_  
DATE



## IMMACULATE HEART CENTRAL SCHOOLS

1 Sterling Place  
Watertown, NY 13601  
(315) 221-3785  
www.ihcschools.org

Please return one form for each child to the school front office.

**IMPORTANT!** If your child is in the Watertown or Indian River School Districts, please obtain a district-specific form from an IHC school front office or business office.

|   |   |
|---|---|
| School District   |   |
| Student Name<br>(one child per form)                    |   |
| Student Age and Birth Date                              |   |
| Grade (in September)                                    |   |
| Student Mailing Address<br>(street, city, zip)          |   |
| Location of Home<br>(if different from mailing address) |   |
| School Attending  | <input type="checkbox"/> IHC Junior/Senior High School (grades 7-12)<br><input type="checkbox"/> IHC Intermediate School (grades 4-6)<br><input type="checkbox"/> IHC Primary School (grades K-3) |

In accordance with the laws of the State of New York, I hereby request transportation for the child listed above. I hereby authorize IHC Schools to act as my representative in requesting transportation in this and subsequent years. This authorization is valid until revoked.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE



Office Use – Primary Family ID: \_\_\_\_\_

As a service to our working parents, IHC Elementary School offers an After School Care Program. The program is structured so students have a time for snack, study and free/play time. To ensure a strong program that meets the needs of our students and parents, we need to know how many students may be interested in using the program. If you are interested, please complete this form with your application packet, or no later than “Meet Your Teacher” night in August (date to be announced).

Hours: 2:00 until 5:30 p.m.

Available to: Students in grades Junior-K to 6, as well as 4-year old students in afternoon Pre-School sections.

Cost: \$3.50 per hour per child. Payments should be made weekly, unless other payment arrangements have been made. *(After School Care service may be suspended if an account is not paid in full at the end of each month).*

Pick-up: For the safety of all, a parent or guardian must report to sign their child out. A note should be sent to the school if another adult is picking-up your child or if your child is not going to attend the after-school program on a registered day.

### AFTER-SCHOOL CARE SIGN-UP

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers where you can be reached after school hours:

\_\_\_\_\_

Child’s name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child’s name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child’s name: \_\_\_\_\_ Grade: \_\_\_\_\_

*My child(ren) will attend on these days:*

Monday  Tuesday  Wednesday  Thursday  Friday  As needed



Please print out or make a copy, and complete the Medical History form for each child. This form is designed to be detached, with some information repeated, in order to comply with privacy requirements of NY and Federal law.

Student Name: \_\_\_\_\_ Gender: \_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Previous School and Location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Student Physician: \_\_\_\_\_ Student Dentist: \_\_\_\_\_

### HOUSEHOLD MEMBERS

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

**IMMUNIZATIONS.** Please include copies of shot records showing: 3 DPT3, 3 Polio, MMR, Hep B, 2 Varicella &, for Pre-K only, 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   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Anemia  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Arthritis   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Asthma  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Bee Sting Allergy   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Bladder/Kidney Injury or Disease  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Bleeding Tendencies   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Cancer  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Childhood Diseases  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Convulsions/Seizures  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Diabetes  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Eyeglasses ( <input type="checkbox"/> Full time, <input type="checkbox"/> Reading, <input type="checkbox"/> Sports) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Fainting Spells   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Frequent Colds/Sore Throats   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Frequent Headaches  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| GI Problems   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Head/Neck Injury  | <input type="checkbox"/> | <input type="checkbox"/> |          |



|                               | No                       | Yes                      | Describe |
|-------------------------------|--------------------------|--------------------------|----------|
| Heart Disease/Problems/Murmur | <input type="checkbox"/> | <input type="checkbox"/> |          |
| High Blood Pressure           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Injury to the Spleen          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Nose Bleeds (Frequent/Severe) | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Orthopedic Problems           | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Pneumonia                     | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Rheumatic Fever               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Seizures                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Tuberculosis Contact          | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Other:                        | <input type="checkbox"/> | <input type="checkbox"/> |          |

### HOSPITALIZATIONS/SEVERE INJURIES/OPERATIONS:

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

### MEDICATIONS:

| Name of Medicine | Reason Prescribed |
|------------------|-------------------|
|                  |                   |
|                  |                   |
|                  |                   |
|                  |                   |
|                  |                   |

Does your child use an inhaler at school?  Y /

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

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





Office Use – Primary Family ID: \_\_\_\_\_

The Department of Defense (DoD) assigns a Child and Youth Behavioral (CYB) Military and Family Life Counselor (MFLC, pronounced “M-FLAC”) to IHC Schools. If your student is the child of a military service member, retiree or DoD civilian, you may consent for them to receive MFLC services. 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 ever 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. Please complete below. This form will be confidentially maintained by the school front office. Please complete one form for each of your children.

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

*Please print*

I acknowledge that a MFLC is available and authorize my child: \_\_\_\_\_

to receive MFLC support. Grade: \_\_\_\_\_ **(School Use Only): Classroom/homeroom teacher:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I acknowledge that a MFLC is available and **DO NOT** authorize my child: \_\_\_\_\_

to receive MFLC support. Grade: \_\_\_\_\_ **(School Use Only): Classroom/homeroom teacher:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_