



Lourdes Central Catholic School

Kindergarten Enrollment Required Information

The following completed forms and information must be submitted to the main office at the high school before your child will be allowed to enter school. There will be no exceptions.

1. Student Data Entry Form
2. Parent Data Entry Form
3. IRIS Emergency Form
4. Media Release Form
5. Health Emergency form
6. Ethnicity Report
7. Copy of official state birth certificate (not the hospital birth certificate)
8. Copy of baptismal certificate (if Catholic)
9. Completed physical and updated immunization list.
10. Completed eye exam by a qualified optometrist or ophthalmologist (not your family doctor).
11. List of current immunizations (obtained from your doctor).
12. All financial forms (MUST be completed at the school prior to your child's first day at Lourdes)
 - a. signed tuition statement
 - b. signed stewardship form
 - c. debit authorization forms for automatic payment of tuition and/or hot lunch
 - d. financial aid form (if applying).

Required Medical Information

Your kindergarten student **MUST** have a physical and eye exam prior to the first day of school. There are no exceptions to this rule. We are required by the state to enforce this policy. Please take the school physical form with you to the doctor. Upon completion of your physical, please request an updated list of your child's immunizations as we must have a copy on file in the office.

We recommend that you **do not wait until August to schedule your child's physical and eye exams** as the availability of appointment times becomes scarce!

Asthma/Anaphylaxis or Diabetes

If your child has Asthma/Anaphylaxis or Diabetes, we must have the school approved medical forms completed and to the school for two reasons: first, we want to be able to medically assist your child if necessary, and secondly the forms include our liability waiver. These forms are contained within the on-line Enrollment Portfolio. Your doctor will complete these forms for you. Please return them to the main office.

Again, we must have a completed physical and immunization list in our records prior to the first day of school!

Financial Information

You must come to the main office to complete your required tuition statement and stewardship information. This information is required for billing purposes.

Some of the financial forms are available online in the enrollment portfolio (see above). You may complete these forms and bring them with you to the office with your other forms.

PARENT DATA ENTRY FORM

| | | |
|----------------------------|-----|--|
| Family Number | n/a | |
| Father's First/Last Name | | |
| Father's Address | | |
| Father's City/State/Zip | | |
| Father's Phone 1 | | |
| Father's Phone 2 | | |
| Father's Phone 3 | | |
| Father's Email | | |
| Student lives with Father? | | |
| Father's Religion | | |
| Father's Parish | | |
| | | |
| Mother's First/Last Name | | |
| Mother's Address | | |
| Mother's City/State/Zip | | |
| Mother's Phone 1 | | |
| Mother's Phone 2 | | |
| Mother's Phone 3 | | |
| Mother's email | | |
| Student lives with mother? | | |
| Mother's Religion | | |
| Mother's Parish | | |

I hereby give Lourdes Central Catholic School permission to publish my name, address and telephone number, and those of my children currently enrolled at the school, in a student directory which will be made available to other parents upon request.

Printed Name: _____

Signature: _____

Date: _____

Parent Initials: _____

EMERGENCY CONTACTS DATA ENTRY FORM

Please do not use parents as emergency contacts. We will ALWAYS try to contact parents first.

| | | | |
|----------------------------|-------------------------------|-------------------------------|-------------------------------|
| Emergency Contact 1 | | | |
| Name | | | |
| Relation to Student | | | |
| Phone Number 1 | | | |
| Phone 1 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Phone Number 2 | | | |
| Phone 2 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |

Emergency Contact 2

| | | | |
|---------------------|-------------------------------|-------------------------------|-------------------------------|
| Name | | | |
| Relation to Student | | | |
| Phone Number 1 | | | |
| Phone 1 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Phone Number 2 | | | |
| Phone 2 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |

Emergency Contact 3

| | | | |
|---------------------|-------------------------------|-------------------------------|-------------------------------|
| Name | | | |
| Relation to Student | | | |
| Phone Number 1 | | | |
| Phone 1 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Phone Number 2 | | | |
| Phone 2 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |

Emergency Contact 4

| | | | |
|---------------------|-------------------------------|-------------------------------|-------------------------------|
| Name | | | |
| Relation to Student | | | |
| Phone Number 1 | | | |
| Phone 1 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Phone Number 2 | | | |
| Phone 2 Type | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |

Parent Initials: _____

*All families must complete one per student.***STUDENT DATA ENTRY FORM**

| | |
|-----------------------------|--|
| Last Name | |
| First Name | |
| Middle Name | |
| Gender | |
| Date of Birth | |
| Birth Place | |
| Social Security Number | |
| Mailing Address | |
| Mailing City/State/Zip | |
| Physical Address | |
| Physical City/State/Zip | |
| Home Phone | |
| Other Phone | |
| Student's Cell Phone Number | |
| Physician's Name | |
| Physician's Phone | |
| Student's Religion | |
| Students Parish | |
| Baptism Date | |
| Baptism Parish | |
| Baptism City/State | |
| First Confession Date | |
| First Confession Parish | |
| First Confession City/State | |
| First Communion Date | |
| First Communion Parish | |
| First Communion City/State | |
| Confirmation Date | |
| Confirmation Parish | |
| Confirmation City/State | |

Parent Initials: _____

**LOURDES CENTRAL CATHOLIC SCHOOLS
HEALTH RECORD/EMERGENCY INFORMATION**

GRADES K-2

Family Name: _____ Date: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell: _____

EMERGENCY CONTACTS – Please list three people to notify in case of illness or injury if parents cannot be reached.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

If parents cannot be reached at the time of an emergency and if immediate treatment is in the judgment of those in charge, do you authorize and direct the school authorities to send the child, properly accompanied, to the available hospital or doctor?

☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

Family Physician: _____ Family Dentist: _____

MEDICATIONS:

Any prescription medication your child may need to take at school must be sent in the original prescription bottle, accompanied by a note signed by the parent stating what is to be given, amount to be given, times to give and the reason for the medication. **Note:** The school will *only* have Tylenol Meltaways and Pepto Bismol Chewables (or their generic equivalents) available for dispensing at school.

Please select one of the after school pick-up arrangements for your child:

☐ Walk home from the primary building. ☐ Ride the bus to St. Mary's Church for pickup.

☐ Wait for a ride at the primary building. _____ will pick up my child.

**PLEASE FILL OUT INDIVIDUAL STUDENT INFORMATION
ON THE BACK OF THIS SHEET.**

**LOURDES CENTRAL CATHOLIC SCHOOLS
HEALTH RECORD/EMERGENCY INFORMATION**

NOTE: If your child is asthmatic or diabetic, you MUST complete an asthma/diabetic action plan. Please inquire at the office for these forms. These forms provide additional information regarding your child's condition.

Student Name: _____ **Birth date:** _____

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies (Please List) _____ | | |

- ☐ Yes, my child can take _____ Tylenol Meltaway tablets (or generic equivalent) as needed for a headache or mild discomfort.
- ☐ Yes, my child can take _____ Chewable Pepto Bismol tablets (or generic equivalent) as needed for mild stomach discomfort.

Student Name: _____ **Birth date:** _____

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies (Please List) _____ | | |

- ☐ Yes, my child can take _____ Tylenol Meltaway tablets (or generic equivalent) as needed for a headache or mild discomfort.
- ☐ Yes, my child can take _____ Chewable Pepto Bismol tablets (or generic equivalent) as needed for mild stomach discomfort.

Student Name: _____ **Birth date:** _____

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies (Please List) _____ | | |

- ☐ Yes, my child can take _____ Tylenol Meltaway tablets (or generic equivalent) as needed for a headache or mild discomfort.
- ☐ Yes, my child can take _____ Chewable Pepto Bismol tablets (or generic equivalent) as needed for mild stomach discomfort.

Student Name: _____ **Birth date:** _____

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies (Please List) _____ | | |

- ☐ Yes, my child can take _____ Tylenol Meltaway tablets (or generic equivalent) as needed for a headache or mild discomfort.
- ☐ Yes, my child can take _____ Chewable Pepto Bismol tablets (or generic equivalent) as needed for mild stomach discomfort.

Family Name: _____

IRIS INFORMATION

(Immediate Response Information System)

IRIS, the Immediate Response Information System, is a system for broadcasting alerts to multiple phone numbers and email addresses at the same time. Among other things, this system broadcasts emergency information such as school closings or last minute schedule changes/updates.

Please verify the information below or provide three (3) phone numbers and at least one email address where you would like to receive the broadcasts. It is recommended that at least one phone number be your home phone as we don't want to miss anyone when we have those "Snow Day" cancellations!

| | |
|-------------------------|--|
| Phone Number 1 | SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone Number 2 | SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone Number 3 | SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pager Number | Alpha Pager? |
| E-Mail Address 1 | |
| E-Mail Address 2 | |

*SMS: "Short Message Service" available. This phone number can receive text messages.

MEDIA RELEASE PERMISSION FORM

I hereby agree and give my permission for the Lourdes Central Catholic School and/or the Diocese of Lincoln (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the Schools including, without limitation, for posting on the world wide web (WWW) and/or for broadcasting on television.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing the Lourdes Central Catholic School and the Diocese and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Please fill out and sign the appropriate statement to either give or to decline permission to use pictures of your children on the Lourdes Central Catholic School website. Please return this form to the main office.

To GRANT permission to use your child/children's works:

I, _____ (Please print your name) **GRANT permission** for Lourdes Central Catholic School to publish photos of my child/children listed below in the school's various forms of publications, or on the school's various websites. I understand that the website has a large audience and my child's photo will be available to the general public. I understand that if I give notice to the school that I object to any particular picture on the website, it will be removed as soon as possible. Publication of these photos may include first names for identification purposes unless I check the box below that I do not give permission for my child's/children's name to be used.

_____ Please DO NOT include my child(ren)'s name(s) with my photo

SIGNED _____ Dated ____/____/____

| Child's Name | Birth Date | Child's Name | Birth Date |
|--------------|------------|--------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

To REFUSE permission to use your child/children's works:

_____ (Please print your name) **REFUSE** to grant permission for Lourdes Central Catholic School to publish pictures of my child/children listed below in any publications or on the school's website. I further state that I have the right to refuse this permission as I am the child's parent or legal guardian.

SIGNED _____ Dated ____/____/____

Individual Race and Ethnicity Information

Student Name:

Part A. **Is this student Hispanic / Latino?** (Choose only one.)

- ☐ **No, not Hispanic / Latino**
- ☐ **Yes, Hispanic / Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the questionnaire is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B. **What is this student's race?** (Choose one or more)

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (Including Central America), and who maintains tribal affiliation or community attachment.)
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SCHOOL VISION EVALUATION

Report Form

A School Vision Evaluation is required for all children **within six months prior to entering** Nebraska schools for the first time *(includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska)* [Nebraska Revised Statute 79-214]

Name: _____ Date of Birth: _____

School: _____ Date: _____

Student Status (*check one*): ☐ Beginner Grade ☐ Transfer Student from Out of State

| REQUIRED TESTS* | Pass | Fail | Recommend Further Evaluation (<i>comments noted below</i>) |
|---------------------|--------------------------------|----------|--|
| Amblyopia | _____ | _____ | _____ |
| Strabismus | _____ | _____ | _____ |
| Internal Eye Health | _____ | _____ | _____ |
| External Eye Health | _____ | _____ | _____ |
| Visual Acuity | | | |
| | Right eye @ distance (20 ft.): | 20/_____ | aided/unaided |
| | Left eye @ distance (20 ft.): | 20/_____ | aided/unaided |
| | Right eye @ near (16 in.): | 20/_____ | aided/unaided |
| | Left eye @ near (16 in.): | 20/_____ | aided/unaided |

**A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform.*

COMMENTS/RECOMMENDATIONS:

Evaluation performed by: _____ O.D. ___ M.D. ___ P.A. ___ A.P.R.N.
(signature)

Office Phone Number: (_____) _____ - _____ Date: _____

| | |
|---|--------------------|
| Waiver of Visual Examination | |
| I do not wish to obtain a visual examination for my child _____ | |
| Signature of Parent/Guardian _____ | Child's Name _____ |
| | Date _____ |



Lourdes Central Catholic School

ELEMENTARY PHYSICAL FORM

The Lincoln Diocesan Schools shall require evidence of a physical examination by a qualified physician within six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent shall object thereto in writing. [cf. School Law 79-214(3) (1998)].

Each student participating in interscholastic athletics is required to have a complete physical examination to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

Name: _____ Grade : _____

Address: _____

Sex : M F Age: _____ Date of Birth: _____

PHYSICAL FINDINGS

Height: _____ Cardiovascular: _____

Weight: _____ Lungs: _____

B/P: _____ Thyroid: _____

P: _____ Abdomen: _____

Laboratory: _____ Neurological: _____

Hemoglobin: _____ Musculoskeletal: Neck _____

Urinalysis: _____ Spine _____

UE _____

LE _____

Knees _____

Feet _____

Hernia: Yes _____ No _____

Other: _____

Comments: _____

Required Medication: _____

Immunizations current? Yes No

If no, please list what is needed: _____

Immunizations given today: _____

☐ Student may participate in the regular program of physical education, recreation, intramurals, athletics, or related activities without undue risk or injury.

☐ Student may not participate in physical education, recreation, intramurals, athletics, or related activities.

Reason: _____

Signature of Examining Physician

Date

After review of the medical history and as indicated by the above record, I herewith certify that this student has passed the physical examination successfully and is physically able to participate in interscholastic athletics and activities.

Signature of Examining Physician

Date