

Confidential Information:

Check where appropriate: Parents Together _____ Parents Separated _____ Parents Divorced _____

Father Remarried _____ Mother Remarried _____ Father Deceased _____ Mother Deceased _____

Is custody shared by both parents? _____ If not, who has full custody of the child? _____

(Please provide a copy of the legal notarized custody agreement)

Does your child have a condition which requires an IHP? (Individual Health Plan) _____ Yes _____ No If you answered yes to any question,
Does your child have an IEP? (Individual Education Plan) _____ Yes _____ No please explain: _____
Has your child been tested for learning problems (private evaluation?) _____ Yes _____ No _____
Speech therapy? _____ Yes _____ No Occupational therapy? _____ Yes _____ No _____
Does your child have any allergies? _____ Yes _____ No _____

Names of siblings attending Holy Name Parish School _____

Previous school experience: Other Nursery program _____ Day care _____

Name of school(s) _____ Student's age while attending _____

Has either parent ever attended Holy Name Parish School? _____ Father _____ Mother Years Attended _____

Was either parent a Holy Name Parish School graduate? _____ Father _____ Mother Year Graduated _____

In Parish _____ Name on envelope _____ Envelope # _____ Out of Parish _____ Name of Parish _____

Emergency contact _____ Phone _____ Email _____

Once completed, please print single sided and return forms by mail or in person with a \$100 non-refundable application fee. Please remember to include your student's birth certificate and baptismal certificate.

Office Use Only: \$100.00 Non-refundable application fee _____ Birth certificate copy _____

Baptismal certificate copy _____ Health records _____ Mother's CORI form _____ Father's CORI form _____

IEP/504 or IHP _____ Envelope # _____ Copy of legal notarized custody agreement _____

**CITY OF BOSTON PUBLIC HEALTH COMMISSION
SCHOOL HEALTH PROGRAM
HEALTH HISTORY FOR NEW ENTERERS**

Dear Parent, There may be times when it will be necessary to share some of this information with the principal, your child's teacher or the school faculty/staff. Please see Page 4 for the physical examination and immunizations requirements. If you have any questions regarding this form, do not hesitate to contact me.

Deborah McManus, RN, MSN; Holy Name Parish School Nurse

Child's First, Middle and Last
Name

DOB

Address, City, State and Zip
Code

Legal Guardian

Both Parents

Mother

Father

Other

Guardian Name(s)

Home Telephone

Cell Number

Doctor's Name,
Health Center
and Telephone

Health Insurance and
Insurance Number

Does child have any special needs that the school should be aware of?
For example, is it necessary to limit activity? If yes, explain below:

Yes

No

Is child taking any medication on a daily basis?
If yes, specify below:

Yes

No

Has child had Varicella
(chicken pox)?

Yes

No

Date

If yes to Varicella, a physician certified reliable history must be on file by September at Holy Name Parish School.

Has child had any of the following conditions or illnesses?

	Yes	No
Accidents		
Allergy		
Anemia		
Behavior problems		
Birth Defect		
Bowel problems		
Diabetes		
Emotional problems		
Fevers		
G6PD		
Headaches		
Heart problems		
Kidney problems		
Lead poisoning		
Learning problems		
Menstrual problems		
Poisoning		
Rheumatic fever		
Seizures		
Sickle Cell		
Skin problems		
Tuberculosis		
Urinary problems		
Weight problems		

HOLY NAME PARISH SCHOOL

IMMEDIATE RESPONSE INFORMATION SYSTEM (IRIS)

Sometimes schools need to get information to parents/guardians as soon as possible. To facilitate this, the Boston Archdiocese has partnered with Immediate Response Information System or IRIS, a rapid communication system.

IRIS will deliver emergency messages to parents/guardians by the communications method(s) of a family's choosing. For example, should HNPS need to close early due to weather, you will be notified by IRIS. In addition, HNPS will use IRIS to keep you informed of emergency situations, such as a fire, evacuation to the Lower Church, etc.

All student families are entered into IRIS. A test message will be sent to check the numbers and emails. You will be able to change your preferences on the way IRIS contacts you.

Student Name				Grade
Priority 1	Choose One	Father	Mother	Guardian
Name				
Phone				home office cell
Email				home office

Priority 2	Choose One	Father	Mother	Guardian
Name				
Phone				home office cell
Email				home office

Priority 3	Choose One	Father	Mother	Guardian
Name				
Home Phone		Home Email		

HOLY NAME PARISH SCHOOL VOLUNTEER PROGRAM AGREEMENT

I understand and agree that participation in the Volunteer Program is a requirement that must be met by all families. The Volunteer Fund fee is in addition to tuition and does not lower individual tuitions.

I further understand and agree to the following:

Each new two-parent family entering Holy Name Parish School must pay an initial \$200 fee or each new one-parent family must pay an initial \$100 fee.

In addition to the initial fee, 40 hours of service for a two-parent family or 20 hours of service for a one-parent family must be rendered by June 1 of each year.

If the required hours of service are rendered, the payment will be carried over into the next school year.

If the required hours of service are not rendered by June 1, another fee of \$200 for a two-parent family or \$100 for a one-parent family will be assessed.

By signing below, we/I agree to the terms of the Volunteer Program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date