

Supported by St. Peter in Chains and St. Julie Billiart Parishes

New Student Procedure - Please refer to the following guidelines:

Kindergarten/Grade One

1. The following must be returned in order for your registration to be complete:

(Items A, B, C, D, E, F, G and H are due at time of registration. I and J are due by August 1.)

- A. Student Record Form with paid non-refundable registration fee:
Registration fees — \$75.00/student; \$150.00/2 or more students
- B. Health and History Record Form
- C. Birth Certificate*
- D. Custody paperwork
- E. Student Sacrament Form and Baptismal Certificate (if applicable)
- F. Record Request Form
- G. Copies of records from previous school (s) - current and prior year's report cards and state testing data is due at time of registration. All other school records are due by end of current school year.
- H. Student Immunization Record — *ALL students MUST be fully immunized to attend St. Peters.*
- I. Medical Record Form—**due by August 1st**
- J. Dental Record Form—**due by August 1st**

2. A Kindergarten screening will be part of the acceptance process. Screening for incoming Kindergarteners is scheduled to be held on Friday, March 15.

3. If a student is accepted, there will be a probationary period of nine weeks. The probationary period may continue for another nine weeks if deemed necessary by the Teacher and Principal.

Grades Two - Eight

1. The following must be returned in order for your registration to be complete:

(All items listed below are due at the time of registration.)

- A. Student Record Form with paid non-refundable registration fee
Registration fees — \$75.00/student; \$150.00/2 or more students
- B. Health and History Record Form
- C. Birth Certificate*
- D. Custody paperwork
- E. Student Sacrament Form and Baptismal Certificate (if applicable)
- F. Record Request Form
- G. Copies of records from previous school(s) — current and prior year's report cards and state testing data is due at time of registration. All other school records are due by end of current school year.
- H. Student Immunization Record — *ALL students MUST be fully immunized to attend St. Peters.*

2. For students in Grades 1-8, an interview with the Principal could be part of the acceptance process as well as a meeting with the grade level teachers.

3. *If a student is accepted, there will be a probationary period of nine weeks. The probationary period may continue if deemed necessary by the Teacher and Principal.*

*Ohio Law, Section 3313.672 reads as follows:

“A pupil at the time of his initial entry to a public or non-public school shall present to the person in charge of admission any records given him by the elementary or secondary school he/she most recently attended and a certification of birth issued pursuant to section 3705.05 of the Revised Code or a comparable certificate or certification issued pursuant to the statutes of another state, territory, possession, or nation.”



Please complete both sides/pages of form and return with non-refundable registration fee to the school office.

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NAME _____
(First) (Middle) (Last) (Preferred Name)

ADDRESS _____
(Street) (City) (Zip)

BIRTHDATE _____ GRADE (2024-2025) _____

St. Peter in Chains School abides by the teachings and rules of the Catholic Church, and Faith is integrated into all aspects of the school's activities. According to the Catholic Faith, a person's sexual identity is rooted in one's biological identity as male or female. St. Peter in Chains School considers the gender of all students as being consistent with their biological sex, including participation in school athletics and teams, school-sponsored dances, dress and uniform policies, the use of changing facilities, showers, locker rooms, sleeping accommodations on trips, titles, names and pronouns, and school records. As an applicant/registrant and/or parent/guardian for admission to St. Peter in Chains School, I understand and agree to this policy. Please state your child's biological sex below:

Male _____ Female _____

HOME PHONE _____ PARISH/CHURCH AFFILIATION _____

_____ Our family does not want our information printed in a school directory if one is printed.

FAMILY EMAIL _____

ETHNICITY (Requested for State Reporting Purposes)

_____ African American _____ American Indian/Native American _____ Asian _____ Caucasian

_____ Hispanic _____ Multiracial* _____ Native Hawaiian/Pacific Islander

Other _____

****if choosing Multiracial, please choose all ethnicities that apply***

HOW DID YOU HEAR ABOUT ST. PETERS? _____

PREVIOUS SCHOOL ATTENDED _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PUBLIC SCHOOL BUILDING OF RESIDENCE _____

(This is the public school your child would attend if they did not attend St. Peter's.)

HOME STATUS: Married _____ Single* _____ Divorced* _____ Separated* _____

***Legal custodial paperwork must be submitted and on file with the school office (even if a current family).**

MAIL SHOULD BE ADDRESSED TO: Mr. and Mrs. _____ Mrs. _____ Mr. _____ Ms. _____

FATHER'S NAME _____ RELIGION _____
EMAIL _____
EMPLOYER _____ OCCUPATION _____
BUSINESS ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ RELIGION _____
EMAIL ADDRESS _____
EMPLOYER _____ OCCUPATION _____
BUSINESS ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____

IF APPLICABLE

STEP-FATHER'S NAME _____ RELIGION _____
EMAIL ADDRESS _____
EMPLOYER _____ OCCUPATION _____
BUSINESS ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____

STEP-MOTHER'S NAME _____ RELIGION _____
EMAIL ADDRESS _____
EMPLOYER _____ OCCUPATION _____
BUSINESS ADDRESS _____
BUSINESS PHONE _____ CELL PHONE _____

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CHILD NAME _____		
(Last)	(First)	(Middle)
ADDRESS _____		
(Street)	(City)	(Zip)
PHONE # _____	GENDER _____	BIRTHDATE _____
BIRTHPLACE (City/State) _____		
WHOM DOES THE CHILD LIVE WITH _____		

FAMILY HISTORY (List first and last names of all children in the family)		
NAME	BIRTHDATE	SCHOOL AND GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRENATAL HISTORY	
Did the mother have any physical or emotional illness during this pregnancy? Yes _____ No _____	
If yes, explain briefly: _____	
Age of the mother when this child was born: _____	Birth weight of the child _____
Was the child born at full term? _____	Early _____ Late _____
Did the infant have any sickness or problems while in the nursery? _____	
If yes, explain briefly: _____	

DEVELOPMENTAL HISTORY	
Please give the approximate age at which this child:	
Walked alone _____	Was toilet trained _____ Spoke in sentences _____ Dressed self _____
How does this child's development compare to other children, such as his/her brothers/sisters or playmates?	
About the same _____	Slower _____ Faster _____

HEALTH CONDITIONS (Please answer yes or no):

Abnormal spinal curvature _____	Hemophilia (Von Willebrand Disease) _____
Allergies (please circle any that apply) _____	(excessive bleeding w/bloody nose _____)
medicines, foods, plants, animals _____	Injuries/Illness (please include child's age and if hospitalized) _____
emergency action if an allergic reaction is severe _____	_____
_____	_____
Anemia _____	Kidney disease or abnormality _____
Arthritis _____	Measles (10 day) _____
Asthma (last attack on _____)	Meningitis or encephalitis _____
Attention Deficit Disorder or Hyperactivity _____	Multiple ear infections (3 or more) _____
Behavior problems _____	Near-suffocation or drowning _____
Birth or congenital malformation _____	Physical activity restrictions _____
Cancer (type _____)	(be specific _____)
Chicken Pox (when _____)	Seizures or epilepsy _____
Chronic diarrhea or constipation _____	Sickle Cell Disease _____
Concussion (explain) _____	Substance Abuse _____
_____	Suicide Attempt _____
Cystic Fibrosis _____	Stool soiling during the day _____
Diabetes _____	Toothaches or dental infections _____
Difficulty sleeping _____	Urinary Tract Infections _____
Easily fatigued _____	Wetting during the day _____
Eating disorders _____	Vision problems _____
Eczema _____	(wears glasses _____ or contacts _____)
Emotional problems _____	(Lazy Eye _____)
Frequent headaches _____	Other _____
Hearing problems _____	_____
(wears hearing aid(s) _____)	_____
Heart disease (type _____)	_____

ADDITIONAL INFORMATION

Medications given daily and why: _____

Other medications given frequently and why: _____

Do you have other comments or concerns about this child's physical and emotional health, development, behavior, family or home life that you would like the school to be aware of? If so, please explain:

Please contact the school office if there are changes to the information provided or if any new medical condition(s) develop.

Completed by _____
(Please print name and relationship to child)

Signature _____ Date _____

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STUDENT NAME _____**BAPTISM** (if baptized at a church other than St. Peter in Chains, please submit copy of baptismal certificate)**CHURCH** _____

(City)

(State)

DATE _____**FIRST COMMUNION****CHURCH** _____

(City)

(State)

DATE _____**CONFIRMATION****CHURCH** _____

(City)

(State)

DATE _____



ARCHDIOCESE OF CINCINNATI Request for Release or Transfer of Records

This form is provided for the purpose of releasing a student's records. By signing this release a parent or legal guardian will expedite the transfer of records to another school for enrollment in that school.

I hereby authorize _____ Phone _____
(name of current school) Email: _____

to release all of the following: *birth certificate, ALL academic records which includes all report cards, all state testing data, State ID, speech and hearing, psychological testing, IEP/ISP, accommodation plan or 504 Plan, medical and immunization information* which has been made a part of the school records regarding:

STUDENT'S NAME _____ GRADE _____

Does your child receive services for speech therapy, physical therapy or occupational therapy? _____

If yes, please list where services are received: _____

TO: **ST. PETER IN CHAINS SCHOOL**
451 RIDGELAWN AVENUE
HAMILTON, OH 45013

Scan and Email to - schooloffice@stpeterinchains.org

By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records. (as defined by: PL 93-383 and any amendments thereto.)

SIGNED _____ RELATIONSHIP _____

DATE _____

Dr. Joel Anderson, Principal



Medical Form 2024-2025
New Enrollment
Kindergarten & Grade 1 Only

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Name of Child _____ Birthdate _____

Age _____ Height _____ Weight _____ Blood Pressure _____

General appearance, nutritional state, vitality _____

Skin (pallor, condition, pilonidal sinus?) _____

Head _____ Eyes _____ Ears _____ Nose _____ Throat _____

Mouth (teeth and muc membrane) _____ Neck (lymph nodes and thyroid) _____

Chest _____ Heart _____ Lungs _____ Abdomen (hernia) _____

Genitalia _____ Posture & extremities (including skeletal abnormalities) _____

Neurological _____ Speech difficulty _____

Allergies(meds, environmental) _____ Medications _____

Past Health History(chronic/serious illness, injury, surgeries) _____

Comments on emotional behavior _____

Other _____

Is this child capable of carrying a full program of school work including gymnastics & athletics? _____

Restrictions and/or recommendations: _____

The following immunizations were received on the dates shown:

DTP/DTaP _____

OPV/IPV _____

HepB _____

MMR _____

VZV _____

**All children attending St. Peter in Chains School are required to obtain proper immunization and booster shots as required by State Law.*

Physician's Signature _____

Address _____

City, State, Zip _____

Date _____

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Name of Child _____		Phone # _____
Address _____ _____		
Birthdate _____	Gender _____	Grade _____

If your child has had a dental examination within the last six months, please have your dentist complete the following. If not, please sign below.

No dental defects _____	This is to certify that I have examined the above mentioned child and found the condition checked:
Dental defects were present and have been completely cared for _____	Dentist's Signature _____
Treatment has been started _____	Address _____
Treatment is needed but no provision has been made for it _____	City, State, Zip _____
	Date _____

It is not possible to take my child to our family dentist for examination or treatment at this time.

Parent/Guardian Signature

Date