

Saint John the Baptist Catholic Church
509 Harrison Avenue
Harrison, Ohio 45030
513-367-9086

January 27, 2017

Dear Parents,

It is time to begin registration for the 2017-2018 school year. We are aligning registration with *Catholic Schools Week*, beginning on **January 29, 2017**. Registrations will be accepted through **February 28, 2017**. After this date, registrations will be accepted but at the higher registration fee.

We know that class size is important to you as parents. After registration forms are in on February 28th, we will be able to determine the number of students registered in each grade and therefore, determine the number of classes at each grade level. Registering by February 28 is important as there are no guarantees of space availability after that, including for current students.

Our staff and administration have made a commitment to provide the best education for your child. Our alumni consist of over 40 high school valedictorians and salutatorians, and, on average, over 90% of St. John students achieve honor status in high school. We are using auxiliary funds to provide each sixth through eighth grade student with their own Chrome book device. We also offer a program for students identified as being cognitively gifted. St. John students consistently rank in the top 25% in the nation for academic performance on their standardized tests. We have benefited from the Jon Peterson scholarships to better meet the needs of our students with physical, speech, and learning challenges, and we continually seek ways to improve our school programming and instruction. Our students participate in multiple community service activities, living the words of the Gospel.

The Parish Finance Council has recommended increasing tuition for next school year by 3.75%, which ranges from \$110.00-\$125.00 per K-8 student depending on the number of children that are enrolled per family. This increase is based on a detailed analysis of the future cost of operating our school. We have kept all fees the same as the last few years.

The cost of tuition covers approximately 55% of our school expenses and additional 20% is covered by reimbursement from the state of Ohio, which includes the Jon Peterson Scholarships. The remaining 25% of school expenses are subsidized by the parish through Sunday collections, festival, donations, and other fundraisers. In addition, last year significant contributions were made by our PTC for school programs, supplies, and events and the Athletic Association for our student athletic programs.

As a means to help families with their monthly budgeting for school tuition, we will allow families to pay their tuition in full or choose to pay over 10 or 12 months. A tuition payment plan form is included with the registration packet that will allow parents to choose their option for payment. Tuition payment booklets will be mailed to your home if you choose to pay on a monthly plan. Paying the tuition in full by February 28 will waive the registration and processing fees.

We will continue to set aside \$50.00 of each student's tuition toward our school technology budget. As you know, with the continued advancement in technology, we plan to use the funds to better serve our students in the next school year, and for years to come.

If you would like to apply for financial assistance, you will need to apply online with FACTS Management. Your online application will need to be completed no later than **March 15, 2016**. The link to apply online is <https://online.factsmgt.com/signin/3XBQ9>. There will be a \$28.00 fee to process your application that is due online. Please see the enclosed sheet for more information. For more information about financial aid, please contact Mike Newton in the parish office at mnewton@stjb.net or 513-367-9086 ext. 211.

2017-2018 Registrations will not be accepted until families are current with their tuition as of January 30, 2017.

If you are interested in the preschool program, you can obtain a registration form in the school office or contact Monica Siemer at 513-367-6826 or email schooladmin@sjbharrison.org

We look forward to the new school year and the opportunity to assist you in the formation of your child in the Catholic Faith.

Sincerely,

Fr. Jeff Kemper
Pastor

January 27, 2017

Dear St. John the Baptist School Families,

St. John the Baptist School has been providing a faith-based education to children for 135 years! We are constantly seeking new ideas leading to school improvement and are receptive to the concerns and contributions of parents, students, and staff. This year, we have significantly expanded the use of technology in the school, hired staff with more specialized training, and continue to seek ways to engage our student learners in a faith-filled setting.

At times, it may be easy to forget our school exists because the people of the parish wish to have a place in which our common faith may be taught and passed down to our youth. Parishes are willing to help support a parish school because it's part of the faith and ministry as a Church and a sign of their discipleship of Jesus Christ. For this reason, families are asked to demonstrate active participation in the life of the parish by attending mass a minimum of 60% of Sundays, as may be evidenced by use of your family envelope, an envelope from the pew, or a signed bulletin if attending mass at a different church. Families demonstrating this are eligible to pay a reduced rate of tuition at the active parishioner rate.

Current families have the opportunity to register for next year during the priority registration period. Please take advantage of this by registering your returning students or younger siblings new to the school between January 29 and February 28. Registering during priority registration is the only way to guarantee your child's placement as spots will not be reserved for students who fail to register on time. Grade level places may be taken by students new to the school, and registration fees double after February.

Rather than send home registration forms, we are once again using the online portal in *Ascend* to register current or new students. **Laptops and assistance with registration are available in the Adult Enrichment Room across from the school office during the January 29 Open House, and payments may be processed with Mrs. Siemer at the same time.** Visit www.sjbharrison.org to initiate this process on your own. We have created a checklist to guide you as you register your children for their respective grade levels for the new school year.

Since students are not officially registered until they have submitted their registration payment, it is important for families to send registration fees promptly so we match the payment with the information being processed online. **Families must also be current with this year's tuition payments in order to complete registration for next year. Please take care of all outstanding balances, prior to attempting to register for the 2017-18 academic year, and please keep in mind all processing and registration fees are waived, if you are able to pay your tuition in full.** Use the attached envelope to list the names and grades of all students you are enrolling at St. John's as well as the registration fees. Please be sure to do so by the end of priority registration on February 28, 2017. We can then merge this with the information you submit online in order to complete the process for your children.

We understand the difficulties many families face when deciding how to pay for a Catholic education, and this year the Archdiocese has increased opportunities for financial assistance through the *One Faith, One Hope, One Love* Catholic Education Foundation. Although our parish deadline to apply for FACTS tuition assistance remains March 15, 2017, all families are encouraged to take advantage of this new program by visiting <http://catholicbestchoice.org/k-8-tuition-information> and applying before the January 31 deadline. We have confirmed you may use tax information from 2015 when completing the priority application. Even if your child benefits from another type of state scholarship, applications may be submitted, permitted the current scholarship does not cover the cost of full tuition.

Thank you in advance for your trust and support of our staff and school. Please call the parish office at 367-9086 if you have questions about your current balance, mass participation, or tuition assistance. May God continue to bless each of you and your precious family.

Sincerely,

Susan Meymann,
Principal

Preschool Registration and Tuition Rates

Registration fee is \$75.00 per student and is non-refundable.

- Registration fees will be refunded to families who are placed on the waiting list, but not to those who are accepted into the Preschool and then withdraw for any reason.
- Checks should be made payable to St. John the Baptist School.

Tuition for the 2017-2018 school year (Sept.-May) is:

- 3-year olds -- \$1,300 per year (\$144.44 per month)
- 4-year olds -- \$1,625 per year (\$180.55 per month)

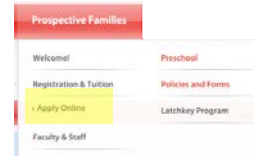
Payments are due on the first class day of each month. If not received by the 1st of the month, a \$10 late fee is incurred.

Refunds cannot be made for absences due to illness, vacation or emergency weather days. Withdrawal from the Preschool will result in losing the entire month's payment.

Preschool rates are separate, and not a part of the multi-children discount offered within the parish.

Registration Checklist for PreSchool

1. Go to www.sjbharrison.org



2. Click on APPLY ONLINE under PROSPECTIVE FAMILIES

3. Fill out online registration form:

- New Students - Click on REGISTRATION

Registration
(New Students)

- Returning Students – Click on

Re-Enrollment
(Students Currently Enrolled)

4. Be sure to complete the following forms to register your child(ren)

- To download the forms click on REGISTRATION & TUITION.
- You can also stop by the school office to get a copy of the forms.
- Registration Form (*complete online*)
- Health Forms (*print and fill out 1 for each child -- return to school office*)
 - Emergency Contact and Medical Information
 - Health History
- Registration Fee Payment of \$75 per child (*turn in to school office*)
- Priority Registration Form (*turn in to school office*)

Other Items to Consider:

- Tuition Assistance Application
 - <https://online.factsmgt.com/signin/3XBQ9>
- Read all School Policies (*found on school website*)
 - Tuition Policy/Amounts/Schedule
 - Student Handbook (Dress Code, Virtus Training, Conduct & Discipline)

Other Forms Due Before Your Child Can Start School:

Due by August 1st:

- Birth Certificate
- Student & Parent Release Form (*sign that you have read and accept all school policies*)
- Medication Orders (*must be signed by doctor*)
- Immunization Report (*must be signed by doctor*)
- Physical Examination (*must be signed by doctor*)(*needed if not already on file*)
- Oral Assessment (*must be signed by dentist*) (*needed if not already on file*)
- Fill out if Applicable
 - Medication Administration (*needed with any of the following*)
 - Asthma Inhaler Authorization and Administration Record
 - Epi Pen Authorization and Administration Record
 - Diabetes Medication Administration Record

Contact the school if you have any additional questions or need help with the registration process. 513-367-6826

ST. JOHN THE BAPTIST PRESCHOOL PRIORITY SCREENING FORM

<u>STUDENT NAME:</u>	REQUESTING <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is student a registered parishioner at St. John the Baptist Parish with siblings registered/attending St. John's School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student a registered parishioner with siblings who graduated from St. John's School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student a registered parishioner at St. John the Baptist Parish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student a child of a current St. John the Baptist School teacher?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BROTHERS OR SISTERS AT ST. JOHN THE BAPTIST SCHOOL:

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

Comments: _____

This registration will not be accepted until the following five requirements are met.
Please check the following boxes for confirmation of meeting requirements:

- Student is or will be 3-5 years old by September 30th.
- Student is completely toilet trained or will be at time of admission.
- Medical exam is or will be current at time of admission.
- Birth Certificate (Copy) submitted.
- Registration Fee of \$75 included.

****PLEASE PROVIDE CHILD CUSTODY PAPER IF APPLICABLE**

Emergency Contact and Medical Information for a Child

The purpose of this form is to enable Parents/Guardians to authorize the provision of emergency treatments for children who become ill or injured while under school authority, when Parents/Guardians cannot be reached.

Child's Name

Date of Birth

M F

Sex

In the event of reasonable attempts to contact:

Parent's/Guardian's Name

Relationship

()

()

Home/Cell Phone

Cell/Work Phone

Parent's/Guardian's Name

Relationship

()

()

Home/Cell Phone

Cell/Work Phone

Address

Address (if different)

City, State, Zip Code

City, State, Zip Code

OR:

Alternative Emergency Contacts

Primary Emergency Contact

Relationship

()

()

Home/Cell Phone

Cell/Work Phone

Secondary Emergency Contact

Relationship

()

()

Home/Cell Phone

Cell/Work Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

Medical Information

unsuccessfully, I hereby give my consent for (1) the administration of any treatment deemed necessary by designated medical practitioner, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or any hospital reasonably accessible.

Hospital/Clinic Preference

Physician's Name

Phone Number

Dentist's Name

Phone Number

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I do **NOT** authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures.

Parent's/Guardian's Signature

Date

Ohio.gov

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:			<input type="checkbox"/> NO medical conditions		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia			
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions			
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems			
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury			
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)			
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____			

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by

Relationship to student

Date

/ /

Ohio Department of Health • School and Adolescent Health

Immunization Report

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).
 A copy of the child's immunization record may be attached or dates may be entered below.
 Please note the month, day, and year for each immunization should be on record.

Vaccine	Record complete dates (month, day, year) of vaccine doses given					
Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
Pneumococcal (PCV)						
Measles (Rubeola) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Influenza						
Other						

This information was provided by Health Care Provider Parent/Guardian Other _____

Signature	Print name	Date / /
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Medication Administration Record (MAR)

General Medication Form

(Including Asthma Inhaler and Epinephrine Autoinjector Use)

Student Information

Student name		Date of birth	
Student address			
School	Grade/Class	Teacher	School year
List any known drug allergies/reactions		Height	Weight

Prescriber Authorization

Name of medication		Circumstance for use	
Dosage		Route	Time/Interval
Date to begin medication		Date to end medication	
Circumstances for use			
Special instructions			
Treatment in the event of an adverse reaction			
Epinephrine Autoinjector <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.			
Asthma Inhaler <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the inhaler at school or at any activity event or program sponsored by or in which the student's school is a participant.			
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief			
Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718			
a) To the student for whom it is prescribed (that should be reported to the prescriber)			
b) To a student for whom it is not prescribed who receives a dose			
Other medication instructions			
Does medication require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the medication a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prescriber signature		Date	Phone Fax
Prescriber name (print)			
Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.			

Parent/Guardian Authorization

<input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.			
<input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Parent/Guardian signature		Date	#1 contact phone #2 contact phone

Parent/Guardian Self-Carry Authorization

<input type="checkbox"/> For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.			
<input type="checkbox"/> For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.			
Parent/Guardian signature		Date	#1 contact phone #2 contact phone

MEDICATION ORDERS FROM PHYSICIAN / DENTIST

School policy requires consent of the parent/legal guardian and a written order from the doctor/dentist before medication can be given to a student by school personnel. This includes over-the-counter medication. The following information is necessary in order to comply with this policy. **ALL REQUESTED INFORMATION MUST BE COMPLETED IN FULL.** Please return the completed form to the health room. (NOTE: This form must also be on file for all students who carry inhalers or Epi-Pens.)

Student _____ Birth Date _____ Phone _____

Grade _____ Home Room _____ Teacher _____

Allergies _____

TO BE COMPLETED BY THE STUDENT'S DOCTOR / DENTIST:

This student is under my care for (diagnosis) _____

Medication	Dosage	Time	Duration
_____	_____	_____	_____
_____	_____	_____	_____

For Asthma Inhalers, Epi-Pens, Insulin Pumps- student shows the ability to self carry and administer the medication.

_____ Yes _____ No

(Signature of Doctor/Dentist)

(Date)

(Phone Number)

MEDICATION MUST COME TO SCHOOL IN THE ORIGINAL CONTAINER WITH THE AFFIXED LABEL FROM THE PHARMACIST. PRESCRIPTION MEDICATION MUST SHOW THE STUDENT'S NAME, THE NAME OF THE MEDICATION, THE DOSAGE DIRECTIONS, THE LICENSED PRESCRIBER'S NAME AND THE RX NUMBER (IF THERE IS ONE).

TO BE COMPLETED BY THE PARENT / GUARDIAN:

I give my permission for the principal or his/her designee to administer the medication as prescribed above to my child. I further agree to:

1. Notify the school if the medication or dosage is changed or discontinued. (Note: If a child does not take a daily scheduled medication for more than 30 days, a new order from the doctor will be required.)
2. Grant permission for the school nurse to confer with the above doctor/dentist regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs.
3. Cooperate with school personnel in assisting my child to comply with medication administration instructions.
4. Provide safe transportation of the medication to and from school. Medication must be given directly to a school official. (Note: Students may not transport medication.)
5. The order expires at the end of the current school year.
6. For inhalers, Epi Pens and Insulin pump – It is my opinion that my child understands the correct use of the prescribed medication, demonstrates proper self administration and has shown responsibility in carrying the medication. I also understand it will be my responsibility to ensure the child has his/her medication with him/her while at school.

(Parent/Guardian Signature)

(Phone)

(Date)

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Oral Assessment

Student's name	Date of birth / /
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The following services have been performed (please check all that apply)

<input type="checkbox"/> Examination	<input type="checkbox"/> Fluoride application	<input type="checkbox"/> Oral prophylaxis (cleaning)	<input type="checkbox"/> Prescription for fluoride supplement
<input type="checkbox"/> Orthodontic assessment	<input type="checkbox"/> Radiographs	<input type="checkbox"/> Dental sealant	<input type="checkbox"/> Treatment (restoration, pulp therapy)
<input type="checkbox"/> Other _____			

The following oral hygiene instruction was provided (please check all that apply)

<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Flossing	<input type="checkbox"/> Dietary counseling	<input type="checkbox"/> Use of fluoride mouthrinse
<input type="checkbox"/> Other _____			

The following statements are applicable (please check all that apply)

<input type="checkbox"/> All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
<input type="checkbox"/> No restorative services are required at this time.
<input type="checkbox"/> Further treatment is indicated. (See comments)
<input type="checkbox"/> Further appointments have been arranged. (Orthodontic, restorative)
<input type="checkbox"/> Routine recall visits recommended.

Comments

Dentist's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

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Physical Examination

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
Height	Weight	BMI percentile	BP

Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	Date performed / /
Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____

Speech/Language

Speech assessment completed Yes No
 Child has no discernible speech problem Yes No
 Speech evaluation recommended Yes No
 Child has possible problem with _____

Lead Poisoning

Date _____ Type C V Results _____ µg/dL
 Date _____ Type C V Results _____ µg/dL

Tuberculin Test
 Date _____ Type _____ Results _____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

Essentially normal Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports	<input type="checkbox"/> Yes <input type="checkbox"/> No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

HealthCare Provider's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

New Background and Fingerprinting Check Process

Effective January 1, 2014

The Archdiocese of Cincinnati has instituted a new process to conduct background checks and fingerprinting for volunteers and employees of parishes. The new process became effective on January 1, 2014. Up until now, all volunteers, teachers, staff and clerics were required to be fingerprinted every five years as a part of the background check. **Beginning January 1, 2014, volunteers will not have to be fingerprinted, but they will have to do a background check online with Selection.com using their VIRTUS account.** If you are a volunteer that has contact with children, you will need to have a background check and to attend a Virtus Training session before you are permitted to volunteer where children are present.

Here are some Questions and Answers regarding the new background check and fingerprinting process:

How do I complete a new background check?

To conduct a new background check you will need to log onto www.virtus.com. If you do not have an account, you will need to set one up. Select the Toolbox tab, and then click on the Selection.com Background Check link on the left side. The link will take you to the Selection.com website to enter your information and to process your background check.

Who will need to have a Background check?

Anyone that volunteers and that has over one hour of contact with children during a month will need to have a background check.

Anyone who has a background check that is over 5 years old. (With the new background check with Selection.com, you will not need to redo your background check because Selection.com will continue to conduct a check every quarter)

Do current approved volunteers need to be re-screened retroactively come January 1, 2014?

Current volunteers will need to have either completed fingerprints in the last 5 years, or they will need to do an on-line background check through Selection.com. This way, as we move forward, at any given point, all volunteers will have had a background check within the last 5 years. Volunteers will be contacted if the background check is over 5 years old and asked to complete a new background check with Selection.com.

How much will the background check cost? The on-line background check is \$25.

How will volunteers pay for the background check?

Volunteers can pay for the background check online through personal credit / debit card / PayPal for payment at the time of service. Employees should contact the parish business manager prior to the background check.

Who needs to be background checked through fingerprinting?

If you fall under any one of these categories, you must have your background check done through fingerprinting **in addition** to the on-line background check.

- Clerics residing / serving within the Archdiocese of Cincinnati – This includes priests, seminarians, deacons, and religious women.
- Day Care Center employee (Child Daycare Center Owner, Licenses or Administrator Type A Daycare Home Owner).
- Maintenance staff, administrative staff, cafeteria staff, before- school care, after-school care, or any other non-licensed school employee.
- Non-paid student teacher or non-paid teacher doing pre-service field experience.
- Paid lunchroom monitor or paid playground monitor.
- Paid school bus or van driver.
- Paid substitute teacher.
- Paid teacher, including non-tax supported school teacher.
- Paid teacher aide or paid classroom aide.
- Pupil Activity Supervisor or coach – *THIS APPLIES TO ALL PAID OR VOLUNTEER HIGH SCHOOL COACHES.* Grade school coaches will only need to do the on-line background check.

How much will the fingerprinting cost? The cost of BCII fingerprint checks will be \$30. FBI fingerprints will be \$32 for people who have lived outside the state of Ohio in the last 5 years.

Where can I have my fingerprints processed?

You can go to the offices of Selection.com at:

155 Tri County Pkwy
Cincinnati, OH 45246

or: 1711 Runway Drive
Middletown, OH 45042

STUDENT CODE OF CONDUCT AND DISCIPLINE

I. Discipline Policy of St. John the Baptist School

A. Courtesy

Students are to consider it a matter of personal honor to show courtesy at all times to every member of the faculty, office, cafeteria and maintenance personnel as well as to all guests, visitors and especially to each other. Parents are encouraged and reminded to cultivate the virtues of kindness, thoughtfulness, politeness and refinement in their children.

B. Code of Conduct

The goal of excellence is dependent upon the existence of an environment that is conducive to teaching and learning. This environment exists in all areas of the school building including church, playground, cafeteria, hallways and classrooms. St. John the Baptist School has a primary purpose – the education of the whole person in a truly Christian atmosphere. In order to achieve this purpose, each student is expected to observe certain basic rules of conduct.

The principal, in consultation with the Discipline Policy Subcommittee, teachers and Education Commission, has devised a standard discipline code for the school. Though standard throughout the school, age-specific adaptations may be made by grade level. Each teacher will have a classroom code reflecting the standard policy and these grade specific plans are listed in this procedure.

It is the policy of St. John the Baptist School NOT to discuss disciplinary actions except with the parents or guardians of the student involved.

C. Responsibilities

Student Responsibilities:

1. Come to class prepared – have necessary books, supplies, and assignments.
2. Fill in the homework notebook if applicable.
3. Exercise self-control and be accountable for his/her personal actions.
4. Know and observe all school and classroom rules.
5. Participate!
6. Try your best.
7. Show respect for yourself, for others, and for school and others' property.
8. Use materials in ways that avoid waste, litter or damage.
9. Keep textbooks covered and in good condition.
10. Keep hands, feet, etc. to yourself.
11. Be a Christian example in all you say and do.

Parent/Guardian Responsibilities:

1. Encourage and support your child.
2. Be sure your child attends school daily and is on time.
3. Make sure your child is dressed appropriately.
4. Teach your child, by work and example, respect for the law, for school rules and regulations, and for the rights and property of others.
5. Encourage and support all school personnel.
6. Provide a time and a place for homework and assist when appropriate.
7. Read the homework notebook daily.
8. Assist your child in having the necessary materials for class.
9. Keep the lines of communication open with your child and with the school.
10. Be sure your child's lunch meets his/her nutritional needs.
11. Be a Christian example in all you say and do.

Teacher Responsibilities:

1. Be prepared for class.
2. Establish and maintain a challenging environment where all may learn and achieve.
3. Work with students to establish classroom rules.
4. Enforce school and classroom rules impartially and consistently.
5. Work to help each child make progress socially and academically.
6. Regularly communicate child's progress and behavior to parent/guardian.
7. Use materials in ways that don't waste, litter or damage.
8. Be a Christian example in all you say and do.

Administrator Responsibilities:

1. Work in collaboration with students, teachers, and parent/guardian to improve the school.
2. Support teachers and students in their efforts.
3. Provide instructional leadership.
4. Enforce school rules impartially and consistently.
5. Communicate with parent/guardian if administrator's involvement is required in child's discipline.
6. Organize and supervise the work of teachers and staff.
7. Ensure adherence to SJB school policies.
8. Be a Christian example in all you say and do.

D. School Rules

General School Rules:

1. Come to school in uniform.
2. Walk in the hallways.
3. Speak softly in the hallways.
4. Do not pass others in the hallway; allow others to pass when appropriate.
5. Hold the door for the next person.
6. Be courteous – say please, thank you and excuse me.
7. Use appropriate language at all times.
8. Use correct titles for adults.
9. Do not chew gum.
10. Eat only at designated times.
11. Keep our school neat and clean.
12. Do not sell any items unless approved by the administration.
13. Avoid activities not contributing to the welfare of the school community.

Cafeteria Rules:

1. Be courteous while moving through the lunch line.
2. Do not yell, shout or scream.
3. Use appropriate table manners.
4. Eat your food only in the cafeteria.
5. Keep your hands to yourself and do not touch other students' food.
6. Remain seated until dismissed.
7. Clean your place and leave it in an orderly fashion when dismissed.
8. Be a responsible table cleaner when it is your turn.

Playground Rules:

1. Stay in designated area.
2. Make proper use of the equipment.
3. Be concerned for the safety of others.
4. Play fairly.
5. Everyone can play. Do not exclude anyone..

Rules in Church:

1. Show reverence.
2. Participate!
3. Fold hands while processing to receive the Eucharist and when returning to your seat.
4. Be as quiet as possible during quiet times.

E. Parental Support

As corrective measures are taken to ensure appropriate behavior in the classroom, it is critical that the staff, teachers and administration have the full support of the parents/guardians in an effort to ensure an environment that promotes access to education. Without this support, the efforts of the staff, teachers, and administration to maintain discipline may be severely hampered.

F. Retaining Personal Property

Students may not bring to school electronic devices of any kind, including but not limited to, video games, palm pilots, radios, CD players, cell phones, or pagers. Students may not bring items such as aerosol cans, CDs, tapes, toys (unless requested by the teacher or brought in for use at recess only) to school. All items will be confiscated, two demerits issued and the parent/guardian will pick up the item(s) at the end of the day to take home. Any item confiscated by a school employee and not collected on the last day of the school year by the owner will be donated to charity.

II. Procedure for Rule Infraction at St. John the Baptist School

Children at St. John's are expected to observe the classroom rules as detailed below according to his or her grade level. At St. John's, the children's growth in age and maturity is expected to be reflected in their behavior. Please read the classroom rules and behavior plans which apply to your child's age carefully and discuss them with your child. Support your child's teacher(s) throughout the school year by reinforcing these good behavioral habits

A. Kindergarten through Grade 2:

Classroom Rules:

1. We listen to each other.
2. Hands are for helping, not hurting.
3. We use I-Care language.
4. We care about each other's feelings.
5. We are responsible for what we say and do.

The children will be encouraged to help themselves and each other in following the rules of our classroom. Please try to encourage and reinforce any positive behaviors at home as well. If a child does not choose to follow our plan, the following will take place:

Behavior Plans:

We will use a card system with different colors. This system will work on a daily basis; all children begin every day with their card turned to green. They try to keep it green by remembering our classroom rules. If these are forgotten the following will take place.

Kindergarten:

Start on green every day.

- 1st Time: Verbal reminder.
- 2nd Time: Card is turned to yellow.
- 3rd Time: Card is turned to yellow, child reminded of expectation.
- 4th Time: Card is turned to red, note sent home to be signed by parent/guardian and returned to school the next day.

Grade 1:

Start on green every day.

- 1st Time: Verbal reminder.
- 2nd Time: Card is turned card to yellow.
- 3rd Time: Card is turned to yellow again, 5 minute time out as necessary to think or talk with the teacher about ways to improve.
- 4th Time: Card is turned to red, note sent home to be signed by parent/guardian and returned to school the next day.

If a child has reached a red card and still needs further help, parents will be notified of the situation so that we can work together to help the child. In cases of severe disruption, parents/guardians and principal will be immediately notified.

Grade 2:

Start on green every day.

- 1st Time: Turn card to yellow - Warning
- 2nd Time: Card is turned to red, a note will be sent home to be signed by parent/guardian and returned to school the next day.

B. Grades 3 and 4:

Classroom Rules:

1. Follow directions the first time they are given.
2. Keep hands, feet and objects to yourself.
3. Raise your hand to be called upon before speaking during teaching time.
4. Bring all required supplies to class.
5. No teasing or name calling.
6. Give your best effort.

The children will be encouraged to help themselves and each other in following the rules of our classroom. Please try to encourage and reinforce any positive behaviors at home as well. If a child does not choose to follow our plan, the following will take place:

Behavior Plans:

This system will work on a daily basis; all students begin every day with a fresh start.

Grade 3:

- 1st Time: Warning and their name is recorded
- 2nd Time: 3 minutes late for lunch
- 3rd Time: 3 minutes late for lunch and 10 minutes loss of recess - - Conduct Slip sent home to be signed by parent/guardian and returned to school the next day.
- 4th Time: 3 minutes late for lunch, 10 minutes loss of recess and call parents/guardians.

Severe Disruption: Student will be sent to the principal's office.

Grade 4 (First Two Quarters):

- 1st Time: Warning – Conference with teacher
- 2nd Time: No Recess
- 3rd Time: Conduct Slip sent home to be signed by parent/guardian and returned to school the next day.
- 4th Time: Conference with teacher, student and parents/guardians.

Grade 4 (Second Two Quarters):

The last two quarters of the year, the 4th grade will follow the behavior plan in the classroom as described below for grades 5 through 8.

C. Grades 5-8

Every student will be issued a Behavior Card to be affixed inside the back of his/her homework notebook. A master copy of every student's Behavior Card will be maintained by his/her homeroom teacher. When an inappropriate behavior occurs, the supervising teacher or staff authority will issue a demerit and mark the student's Behavior Card accordingly. If the student is not in class when a demerit is issued, the supervising teacher or staff authority will issue said demerit via Behavior Report and the demerit will be recorded on the student's Behavior Card by his/her homeroom teacher upon returning to class. Parents/Guardians are encouraged to check the Behavior Card regularly. **When a student receives enough demerits to warrant a detention a Conduct Slip will be sent home. The Conduct Slip must be signed by the parents and returned the next school day. Failure to return a signed Conduct Slip will result in an additional demerit being assigned to the student's Behavior Card.**

1 demerit violations

- Tardy to class during the school day
- Uniform Violation
- Not prepared for class
- Gum/candy/food during school hours and at the bus stop
- Running in hall/classroom
- Books not covered
- Not following classroom rules

2 demerit violations

- Rowdiness/scuffles
- Not in appropriate place in school building during school hours
- Inappropriate language, behaviors, or gestures
- Disruption in any class – which interrupts the educational process, distracting the teacher or students
- Possession of any electronic device or toy (item will be confiscated and parent will pick up at office)

5 demerit violations– Automatic Detention for Violation

- Blatant disrespect to authority and peers
- Forgery – (Plus call from teacher)
- Cheating – (Plus call from teacher) Teachers may also deal with this academically
- Engaging in inappropriate displays of affection
- Bullying of another student
- Harassment
- Inappropriate behavior on the bus
- Inappropriate use of school technology

20 demerit violations – Automatic Suspension

- Serious fighting
- Tobacco use or possession
- Altering any school records
- Leaving school premises without permission during school hours
- Purposely harming self or others.

30 demerit violations – Automatic Suspension, Probation and legal action taken

- Deliberate vandalism
- Possession or use of drugs or alcohol (Counseling will also be required)
- Trespassing before or after school hours
- Assaulting a school employee, student or other person
- Carrying weapons of any kind or items resembling weapons. These include but are not limited to mace, guns, knives, and pepper spray
- Sale and/or distribution of illegal or prescription drugs

Stealing, harassment, or willful damage to school property (crayons on radiators, marking desks, or walls) will be handled on a case-by-case basis. The demerit total will range from 2-20.

The following is the demerit system for disciplinary action.

5 Demerits – Detention on Monday morning 7:30A.M. -8:30A.M.

10 Demerits – Detention on Monday morning 7:30A.M.-8:30A.M.

15 Demerits – Detention on Monday morning 7:30A.M.-8:30A.M. Conference with Parents.

20 Demerits – Suspension/Conference with principal, parents and student.

25 Demerits – Two day suspension. Meeting with pastor, principal, parents and student.

30 Demerits – Two day suspension and Saturday work detail.

After 30 **demerits** in one quarter, the student will be on **probation**. Any further disciplinary action will result in the Principal instituting the expulsion proceeding or the parent's/guardian's option of withdrawing their child from St. John the Baptist School.

31 Demerits – Expulsion (Principal's and Pastor's Discretion).

Suspension or expulsion of student requires the action of the School Principal and the Pastor. All responsible alternatives should be considered. The principal and pastor are the final recourse in all disciplinary matter.

This system will work on a quarterly basis. Each quarter the student will start over and receive a new Behavior Card.

SUSPENSION/EXPULSION DEFINITIONS

D. In School Suspension

The student is kept in school but is assigned to a designated, supervised area outside of the departmental setting. Academic work is assigned and will be graded by the teachers. Students may not participate in extracurricular activities during the suspension.

E. Out of School Suspension

In certain situations that are extreme or not provided for in the demerit system, the administrator may find it necessary to issue an out of school suspension. The administrator will determine the terms of and the length of the out of school suspension and notify the parents/guardians in writing. Before a student may return to class, the student and his/her parents/guardians must meet with the administrator.

F. Expulsion

A Student may be removed from the school community for.

Offenses Resulting in Immediate Expulsion:

A student is liable for immediate expulsion from school for the following reasons:

1. Possession, use, or sale of illicit drugs, alcohol, tobacco products, or other illegal substances on school grounds or at school sponsored events.
2. Physical assault or verbal harassment of any student, member of the staff, or other person in authority.
3. Possession of firearms, knives, explosives, or other dangerous objects and any facsimiles thereof.
4. Arson
5. Bomb threat
6. Gross misconduct

Procedures to be followed in case of expulsion:

1. The case will be discussed with relevant staff, parents/guardians and pastor.
2. The parents/guardians and student will meet with the administrator.
3. Written notice will be sent to the parents/guardians stating the reasons for the student's expulsion.
4. The student's withdrawal/expulsion will be reported to the Attendance Department of the student's local public school district.
5. A report will be sent to the Archdiocese Superintendent of Schools on each student dismissed from St. John the Baptist School.

The administrator is the final recourse in all disciplinary situations and may waive or impose a disciplinary action for a just cause. Notification will be given in writing to the parents/guardians of the disciplined student.

G. Violent and/or Threatening Behavior

Threats of physical violence or emotional intimidation will not be tolerated at SJB. Students exhibiting any behavior considered threatening, overly intimidating, or violent in nature will be subject to immediate disciplinary action. Disciplinary action is at the discretion of the administration. Indefinite suspension or expulsion may result as a consequence to such behavior.

Any student falsely reporting a threat of violence, for the purpose of harming another student, will be subjected to a minimum one-day suspension from SJB.

Any student purposely harming himself/herself will be subjected to a minimum one-day suspension.

H. Sexual Harassment Policy

Students who engage in sexual harassment on school premises or off school premises at a school-sponsored activity will be subject to appropriate discipline, including suspension or expulsion. Sexual harassment is any activity of a sexual nature that is unwanted or unwelcome, including but not limited to, unwanted sexual touching, patting, verbal/written comments of a sexual nature, sexual name-calling, pressure to engage in sexual activity, repeated propositions, and unwanted body contact. The school's normal disciplinary procedures will be followed in determining the appropriate consequence for the sexual harassment. In the event the administration recommends suspension or expulsion as a result of the conduct, due process will be afforded to the student in accordance with the school's suspension/expulsion procedures.

Any student who believes he/she is being sexually harassed needs to report such behavior to a parent, teacher, or the administrator.

I. Bullying and Teasing Policy

Everyone at St. John the Baptist School is committed to making our school a safe and caring place for all students. We will treat each other with respect, and we will refuse to tolerate bullying in any form at our school.

Our school defines bullying as follows: Bullying is unfair and one-sided. It happens when an individual or group of individuals keep(s) taunting, hurting, frightening, threatening, excluding or isolating a targeted student. It may occur either face to face or transpire through the use of technology. If you feel your child is the victim of any type of bullying, please complete a bullying report, available in school office.

J. School Bus Conduct

The following guidelines for conduct while riding the bus have been issued by the Southwest Local School District:

In an ongoing effort to provide a quality transportation service, we are providing you with a list of transportation guidelines. These guidelines are a combination of Southwest Local Board of Education policy and transportation regulations from the State of Ohio. You can contribute to maintaining our excellent safety record by helping educate your child about bus safety.

The rules to follow are:

1. Parents/Guardians and pupils must assume that bus transportation is a privilege provided by the Board of Education and not a right.
2. Pupils must ride assigned buses. Deviations may be made only by request to the transportation supervisor.
3. Pupils must leave or board the bus at locations which they have been assigned. If a pupil is to be let off at a different stop, then a note signed by the parent and the school principal should be presented to the driver.
4. Parents/Guardians are responsible for the conduct safety of their child to and from the bus stop.
5. Pupils must be at the bus stop on the curb side before the bus is scheduled to arrive.
6. Behavior at a bus stop must not threaten the safety or property of pupils.
7. Riders must go directly to assigned or available seat. Elementary children have assigned seats.
8. Riders should remain seated and keep aisles and exits clear.
9. Riders must observe classroom conduct and obey the driver promptly and respectfully.
10. Riders may not eat or drink on the bus.
11. All parts of riders' bodies shall be kept inside the bus at all times.
12. Riders may not throw or pass objects from or into the bus.
13. Parents/Guardians will be responsible for any damage to a bus by their child(ren).
14. Absolute quiet must be maintained at all railroad crossings and during bad weather driving.
15. Riders may carry on the bus only objects that can be held on their laps or stored in such a way as to keep aisles and exits clear.
16. There will be three evacuation drills per year, a front exit, a rear exit and a front and rear exit.

The driver is in charge of the bus and will enforce these regulations. Riders who violate bus rules may be refused transportation.

Listen to your local radio or television station for school closing information. A recorded message can be heard by calling the South Local School District Office at 367-4139. NOTE: In addition to the rules set by the Southwest Local School District, there will be no eating/ or drinking at SJB's bus stop.

K. Afternoon Car Dismissal

1. If you are picking up students in the afternoon. please be in the parking lot by between 3:10 and 3:30 P.M. Students are dismissed and go to the staging area, which is located between the Geil building and the Auxiliary Van at 3:30. PLEASE DO NOT ENTER THE MAIN PARKING LOT PRIOR TO 3:10 OR AFTER 3:30 P.M.
2. If you are arriving after 3:30 then please enter off of Park Ave. and park in the Auxiliary Lot, next to the Maintenance building and proceed to the staging area to pick up your children.
3. If you are going to stay at school for an extended time, then please park in the Auxiliary lot next to the Maintenance building via Park Ave.
4. Students are to be picked up at the Staging area by parents. There will be three teachers on afternoon Car Duty to assist and insure that all is safe for our children.
5. Once students have been picked up the TEACHERS on duty will direct parents to begin the exit process. PLEASE FOLLOW THE TEACHER DIRECTIONS AS THEY ARE TRYING VERY HARD TO INSURE THE SAFETY OF THE STUDENTS.