



St. Ferdinand School

ST. FERDINAND SCHOOL SUMMER OFFICE HOURS:

(June 14 - Aug 9)

Tuesdays and Thursdays, 7:00 AM - 12:00 Noon

Wednesdays, 1:00 PM - 6:00 PM

Closed Mondays and Fridays

**PLEASE STOP IN AND RETURN ALL DOCUMENTS DURING SUMMER
OFFICE HOURS - Come and visit us!**

OR - MUST BE RETURNED ON THE FIRST DAY OF SCHOOL!

In this packet...

- 1. 2022-23 School Calendar**
- 2. Family Index Sheet**
- 3. School Uniform Reminder**
- 4. Photo/Academic Work Permission Form**
- 5. Archdiocese Photo & Video Release**
- 6. Walking Permission Form**
- 7. Medical and Emergency Notification Information**
- 8. School Supply List**
- 9. Physical Forms - only students entering KG and 6th**
- 10. Vision Exam Form - only students entering KG**
- 11. Dental Exam Form - only students entering KG, 2nd, and 6th**
- 12. Summer Reading and Math Log (2-sided sheet) - Optional Schoolwide Challenge to complete the most minutes in each this summer!**
- 13. St. Ferdinand School Directory Information Sheet**
- 14. Acceptance of Rules and Policies**
- 15. Extended Care Packet Available Upon Request**



St. Ferdinand School
2022-2023 Calendar

August

11 th	Mon	Back to School Night, 6:30PM
16 th	Tues	First Day of School for all Grades, PK – 8, 11:30AM Dismissal
17 th	Thurs	Hot lunch begins, Full day of school

September

5 th	Mon	No School: Labor Day
6 th	Wed	2:00PM Dismissal
23 rd	Fri	No School: Staff Development

October

5 th	Wed	2:00PM Dismissal
10 th	Mon	No School: Columbus Day
21 st	Fri	11:30AM Dismissal: Parent-Teacher Conferences

November

2 nd	Wed	2:00PM Dismissal
11 th	Thurs	1 st Trimester Ends
18 th	Fri	No School: Staff Development
Nov 23 rd – Nov 25 th		No School: Thanksgiving Break

December

7 th	Wed	2:00PM Dismissal
Dec. 21 st – Jan 2 nd		No School; Christmas Break/New Years Day

January

3 rd	Wed	Classes resume after Christmas break 2:00 Dismissal
16 th	Mon	No School: Martin Luther King, Jr Day
Jan. 29 th – Feb 5 th :		Catholic Schools Week

February

1 st	Wed	2:00PM Dismissal
16 th	Thurs	11:30AM Dismissal; Parent-Teacher Conferenced
17 th	Fri	No School: Professional Development Day
20 th	Mon	No School: President's Day
24 th	Fri	2 nd Trimester Ends

March

1 st	Wed	2:00PM Dismissal
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April

5 th	Wed	2:00PM Dismissal
April 7 th – April 14 th		No School: Easter/Spring Vacation (Classes resume Monday, April 16 th)
28 th	Fri	No School: Professional Development

May

3 rd	Wed	2:00PM Dismissal
29 th	Mon	No School: Memorial Day

June

6 th	Tu	Last Day of School, 11:30AM Dismissal
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ST. FERDINAND SCHOOL FAMILY INDEX SHEET FOR 2022/2023

THIS FORM MUST BE ON FILE IN THE SCHOOL OFFICE

PARENT LAST NAME: _____ STUDENT(S) LAST NAME: _____

ADDRESS: _____ ZIP: _____

MOTHER CELL PHONE: _____ FATHER CELL PHONE: _____

STUDENT INFORMATION (Please list youngest to oldest):

<u>Name</u>	<u>Birthdate (MM-DD-YY)</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTHER: _____
(Last) (First) (Maiden) (Address, if different from student)

(Occupation) (Name of Business) (Work Phone)

MOTHER EMAIL: _____

FATHER: _____
(Last) (First) (Address, if different from student)

(Occupation) (Name of Business) (Work Phone)

FATHER EMAIL: _____

Student(s) reside(s) with: ___Both Parents ___Mother ___Father ___Other, explain _____
Are there legal documents related to custody YES NO (circle one) If Yes, Please explain _____

EMERGENCY NOTIFICATIONS – THIS SECTION MUST BE FILLED OUT!!

I/We authorize the following adult to assume responsibility for my/our minor child(ren) if I/we cannot be reached:

NAME: _____ RELATIONSHIP: _____ PHONE: () _____

NAME: _____ RELATIONSHIP: _____ PHONE: () _____

I/We authorize the school authorities to seek emergency medical attention for or to transport my/our child to the nearest available hospital.

PARENT/GUARDIAN SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

BOTH PARENTS MUST SIGN

PLEASE STATE BELOW THE NATURE OF ANY ALLERGIES, MEDICATIONS, OR HEALTH PROBLEMS OF WHICH THE SCHOOL SHOULD BE AWARE. THIS INFORMATION WILL BE KEPT CONFIDENTIAL, BUT IS CRITICAL TO YOUR CHILD(REN)'S SAFETY.

PLEASE FILL OUT THIS FORM COMPLETELY:
IT WILL BE RETURNED TO YOU IF INCOMPLETE.

School Uniforms 2022-2023

The school uniform code can be found online at

<https://saintferdinandschool.org/parent-corner/uniforms/>

School and Gym uniforms are purchased through **Dennis Uniforms:**

<https://www.dennisuniform.com/collections/GSFPV>

- As a reminder on uniform pants: Pants must be navy uniform-style. Skinny pants, jeans, and jeggings are **not** allowed!
- Shoes may be sneakers or dress, as long as they are solid colored and closed-toe. Safety is the priority when considering footwear.



PHOTO/ACADEMIC WORK PERMISSION FORM

On occasion, St. Ferdinand School uses photos and/or academic work of students in school/parish publications to share information about the school. School publications include, but are not limited to: the website, school yearbook, student academic work, advertisements, annual reports, posters, newsletters, parish bulletins and other public relations material.

In addition, local news organizations may hear of our activities or events, and our school may invite or allow them to photograph or record our events. Marketing sponsors, such as the Big Shoulders Fund and other sponsors, may also request use of photos to include in their publications and marketing materials

Please check and sign below:

- My child's photo or academic work may be published in any format including group or individual photos.
- My child's photo or academic work may **NOT** be published in any format including group or individual photos.

Printed Name of Student _____ Grade _____

Printed Name of Student _____ Grade _____

Printed Name of Student _____ Grade _____

Printed Name of Student _____ Grade _____

Printed Name of Parent/Guardian _____

_____ Date _____

Parent/Guardian Signature

If you do not return this form within 2 weeks of receipt, it will be assumed that you give permission for your child's photo or academic work to be included in any form of communication.

ARCHDIOCESE OF CHICAGO



OFFICE OF CATHOLIC SCHOOLS PHOTOGRAPHY AND VIDEO PERMISSION FORM AND RELEASE

In order for initiatives of the Archdiocese of Chicago, its Office of Catholic Schools and the parishes and schools of the Archdiocese generally to prove successful, we need your help in delivering our message. Therefore, we ask that this photography and video permission form and release ("Agreement") be signed so we may use you and/or your student's photo or video testimonial in support of the Archdiocese.

In consideration of the mutual covenants contained herein, as well as the good will received, your desire to participate in the initiatives and other good and valuable consideration, the receipt and sufficiency of which is hereby expressly acknowledged, the undersigned hereby grants the Archdiocese of Chicago, and its parishes and schools through The Catholic Bishop of Chicago, an Illinois corporation sole (collectively "Archdiocesan Parties"), the right to use, copyright and/or publish in any medium, including but not limited to print media, electronic media, social media websites and other websites, for advertising or promotion (collectively "Advertising"), the undersigned's name, likeness, biographical information, their relationship with the Archdiocese Parties, as well as any photographs or videos made of the undersigned (collectively "Personal Identifiers"), regardless of whether such video or photograph portions of the Personal Identifiers are retouched or otherwise changed in character or form. The undersigned understands that they have no right to inspect or approve the Advertising or Personal Identifiers prior to publication and all video or photograph portions of the Advertising and Personal Identifiers shall remain the property of the Archdiocesan Parties. To the fullest extent of the law, the undersigned hereby agrees to release, discharge, indemnify, defend and hold the Archdiocesan Parties and all of their agents, employees, successors and assigns harmless from and against any and all liabilities, claims, and damages of whatever kind or nature, either in law or in equity, arising out of this Agreement and/or the Advertising. The undersigned hereby waives any defense to the enforcement of any provision of this Agreement arising from a lack of consideration and agrees that all of the terms of this Agreement are legal, valid and binding.

By signing below, the undersigned hereby warrants and represents to the Archdiocesan Parties that the undersigned: (i) has read this Agreement; (ii) understands all of the terms of this Agreement; (iii) agrees to all of the terms and conditions contained in this Agreement; and (iv) has signed this Agreement freely, voluntarily and without duress. The undersigned acknowledges that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois. In addition, the undersigned agrees that the laws of the State of Illinois, without giving effect to its conflicts of law principles, govern all matters arising out of or relating to this Agreement and that all legal actions or proceedings arising out of or relating to this Agreement must be filed in any court of the State of Illinois located in Cook County. In the event that any clause or provision of this Agreement shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable. Thank you very much for your support.

Parent/Guardian/Adult Participant Name and Signature:

Student Participant Name and Signature:

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Email: _____

Date Signed: _____

Cell Phone: _____

Address: _____

Name of Archdiocesan Parish or School:

Date Signed: _____



St. Ferdinand CATHOLIC SCHOOL

St. Ferdinand School *Walking Permission Form*

Parental/Guardian Authorizations

I request that St. Ferdinand School allow my child _____, Grade _____ to participate in walking trips around the neighborhood, such as, to St. Patrick's High School, walks around the block, and other locations near the school facility. I understand that the activity will take place out of the school premises and that my child will be under supervision.

I hereby release and indemnify St. Ferdinand School, its faculty, staff, volunteers and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation on any of these walks.

In the event that the undersigned, or my authorized physician cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

This authorization is good for the entire school year.

Parent/Guardian's Signature

Parent/Guardian's Signature

Address

Address

City

State

City

State

Area Code

Phone Number

Area Code

Phone Number

To be completed by parent/guardian for each child and submitted to the school annually.

**MEDICAL AND EMERGENCY NOTIFICATION INFORMATION
AUTHORIZATION FOR MEDICAL TREATMENT
SAINT FERDINAND SCHOOL 2022-2023 SCHOOL YEAR**

STUDENT NAME	DATE OF BIRTH	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

PLEASE PRINT

Parent/Guardian _____ Parent/Guardian _____

Home Phone () _____ Home Phone () _____

Cell Phone () _____ Cell Phone () _____

Work Phone () _____ Work Phone () _____

Name of Student's Physician _____ Phone () _____

Address _____ City _____ State _____

Medical Insurance Provider _____ Policy/Insurance # _____

EMERGENCY CONTACTS IN CASE PARENT/GUARDIAN CANNOT BE REACHED:

NAME _____ RELATIONSHIP TO STUDENT _____

Phone 1 () _____ Phone 2 () _____

NAME _____ RELATIONSHIP TO STUDENT _____

Phone 1 () _____ Phone 2 () _____

MEDICAL RELEASE

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary. I/We understand that it may be necessary for my/out child's medical condition to be disclosed to school personnel and/or medical providers and I/We expressly consent to such disclosure.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

THIS FORM SHALL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE OF THE PARENT/GUARDIAN TO UPDATE EMERGENCY INFORMATION AS NECESSARY.



St. Ferdinand School 2022-2023 School Supply List

This list of supplies is needed on the first day of school and should be replenished as needed throughout the school year. Please check your child's supplies often. Please label everything that can be labeled. As a result of the Covid-19 pandemic, students will not be sharing school supplies this year. Thank you.

PRE SCHOOL (3 YEAR OLD)

- 2 BOXES OF 10-CT CLASSIC WASHABLE CRAYOLA MARKERS (WIDE TIP)
- 2 BOXES OF LARGE 8 COUNT CLASSIC COLOR CRAYONS
- 10 LARGE WASHABLE GLUE STICKS
- 1 FISCARS BRAND SCISSORS (ROUND TIP, BLUNT POINT)
- 1 PLASTIC SHOEBOX W/LID TO HOLD SUPPLIES
- 1 BOX OF WATERCOLORS (CRAYOLA-WASHABLE)
- 1 BOX OF GALLON ZIPLOC PLASTIC BAGS
- 2 ROLLS OF PAPER TOWELS
- 3 LARGE BOXES OF KLEENEX
- 2 PACKAGES OF BABY WIPES
- 1 LARGE PACKAGE OF PAPER NAPKINS
- 2 CONTAINERS OF CLOROX WIPES
- 1 PAIR OF HEADPHONES

PRE SCHOOL (4 YEAR OLD)

- 2 BOXES OF 10-CT CLASSIC WASHABLE CRAYOLA MARKERS (WIDE TIP)
- 1 BOX CRAYOLA 8 COUNT CLASSIC COLOR CRAYONS
- 1 PLASTIC SHOEBOX W/LID TO HOLD SUPPLIES
- 1 FISCARS BRAND SCISSORS (ROUND TIP, BLUNT POINT)
- 10 ELMERS GLUE STICKS
- 1 BOX OF WATERCOLORS (CRAYOLA-WASHABLE)
- 2 ROLLS OF PAPER TOWELS
- 1 LARGE PACKAGE OF PAPER NAPKINS
- 3 LARGE BOXES OF KLEENEX
- 2 PACKAGES OF BABY WIPES
- 2 CONTAINERS OF CLOROX WIPES
- 1 BOX OF GALLON SIZE ZIPLOC PLASTIC BAGS
- 1 PAIR OF HEADPHONES

KINDERGARTEN

- 1 BOX CLASSIC CRAYOLA COLORED MARKERS 10 CT WIDE TIP
- 4 BOXES CRAYOLA CRAYONS 8-COUNT SIZE
- 1 BOX, 24 COUNT CRAYOLA COLORED PENCILS
- 24 #2 PENCILS, SHARPENED
- 1 TABLET WHITE DRAWING PAPER
- 1 FISKARS BRAND CHILDREN'S SCISSORS (ROUND TIP, BLUNT POINT)
- 12 ELMER'S GLUE STICKS
- 1 BLUE 3 PRONG POCKET FOLDER
- 1 THICK BLACK EXPO MARKER
- 1 PLASTIC PENCIL BOX (APPROX. 8 1/4 x 5 1/4 x 2 1/4 INCHES)
- 1 BOTTLE ELMERS LIQUID GLUE
- 2 CONTAINERS OF CLOROX/LYSOL WIPES
- 2 ROLLS OF PAPER TOWELS
- 1 BOX OF WATERCOLOR PAINT
- 1 BOX OF GALLON ZIPLOC PLASTIC BAGS
- 1 BOX OF SANDWICH SIZE ZIPLOC PLASTIC BAGS
- 2 LARGE BOXES OF KLEENEX
- 1 PAIR OF HEADPHONES (TO USE WITH IPADS)

FIRST GRADE

- 1 PAIR OF SCISSORS (ROUND TIP, BLUNT POINT)
- 1 PLASTIC SHOEBOX W/ TOP TO HOLD SUPPLIES
- 1 SMALL BOTTLE OF WHITE SCHOOL GLUE
- 10 LARGE GLUE STICKS
- 1 BOX OF CRAYOLA CRAYONS (24 CT.)
- 1 BOX OF CRAYOLA MARKERS CLASSIC COLORS (10 CT.)
- 3 MEAD BRAND COMPOSITION BOOKS (STITCHED, MARBLE COVER) NO SPIRALS
- 1 WHITE, 1 1/2 INCH, 3 RING VINYL BINDER WITH CLEAR PLASTIC OVER-LAYS ON THE FRONT AND BACK
- 2 POCKET-STYLE FOLDERS
- 2 PLASTIC POCKET FOLDERS W/3 HOLE PUNCH (1 PINK, 1 BLUE) NO PRONGS
- 2 POCKET-STYLE FOLDERS
- 24 #2 PENCILS, SHARPENED
- 2 LARGE PINK ERASERS
- 1 JUMBO SIZE STRETCHY BOOK COVERS
- 2 BLACK EXPO BRAND DRY ERASE MARKER (THICK SIZE)
- 2 BOXES OF KLEENEX
- 1 ROLL OF PAPER TOWELS
- 1 BOX ZIP LOCK BAGS (BOYS SANDWICH SIZE, GIRLS GALLON SIZE)
- 2 PACKAGES OF CLOROX/LYSOL WIPES
- 1 BOTTLE OF HAND SANITIZER
- 1 PAIR OF HEADPHONES (TO USE WITH IPADS)

SECOND GRADE

- 1 BOX OF 10 COUNT WASHABLE MARKERS-CLASSIC COLORS, WIDE TIP
- 1 12IN. RULER WITH INCHES AND CENTIMETERS
- 3 NOTEBOOKS (70 PAGES) WIDE RULED
- 1 SMALL BOTTLE OF ELMER'S WHITE GLUE
- 2 ROLLS OF PAPER TOWELS
- 2 PKG. ZIP LOCK BAGS (1 BOX SANDWICH SIZE, 1 BOX GALLON SIZE)
- 2 EXPO BRAND DRY ERASE MARKER (ANY COLOR, THICK SIZE)
- 1 WHITE, 1 1/2 INCH, 3 RING VINYL BINDER WITH CLEAR PLASTIC OVER-LAYS ON THE FRONT AND BACK
- 2 CONTAINERS OF CLOROX/LYSOL WIPES
- 1 BOX OF COLORED PENCILS - 24 COUNT
- 1 PLASTIC SHOEBOX W/LID (TO HOLD SUPPLIES)
- 1 BOTTLE OF HAND SANITIZER
- 2 BOXES OF KLEENEX
- 2 BOXES OF CRAYONS-24 COUNT
- 3 POCKET FOLDERS
- 2 PLASTIC POCKET FOLDERS W/3 HOLE PUNCH (1 PINK, 1 BLUE) NO PRONGS
- 4 LARGE PINK ERASERS
- 1 SCISSOR (ROUND TIP, BLUNT POINT)
- 24 #2 PENCILS, SHARPENED
- 10 GLUE STICKS
- 1 JUMBO STRETCHY BOOK COVER
- 1 PACKAGE POST-IT NOTES (3X3 SIZE)
- 1 PAIR OF HEADPHONES (TO USE WITH IPADS)

THIRD GRADE

- 4 LARGE PINK ERASERS
- 1 PAIR OF SCISSORS
- 1 BOX OF 10 WASHABLE MARKERS (CLASSIC COLORS)
- 1 PACKAGE EXPO BRAND DRY ERASE MARKER (CHISEL OR BULLET TIP)
- 1 DRY ERASE ERASER
- 2 PACKAGES OF POST-IT NOTES
- 7 POCKET FOLDERS: (1 RED, 1 YELLOW, 1 GREEN, 1 BLUE, 1 PURPLE, 1 BLACK, 1 WHITE, 1 FREE CHOICE)
- 6 SPIRAL NOTEBOOKS: (1 RED, 1 BLUE, 1 YELLOW, 1 PURPLE, 1 BLACK, 1 FREE CHOICE)
- 2 BOXES OF PENCILS
- 1 PACK OF GLUE STICKS

- 1 BOTTLE OF GLUE
- 1 6-QUART PLASTIC SHOE BOX WITH LID TO HOLD SUPPLIES
- 2 JUMBO STRETCHY BOOK COVERS
- 1 12-IN. RULER WITH CENTIMETERS AND INCHES
- 1 BOX OF CRAYONS (24-COUNT)
- 1 BOX COLORED PENCILS
- 1 PACKAGE OF WIDE-RULED LOOSE LEAF PAPER
- 2 CONTAINERS OF CLOROX/LYSOL WIPES
- 1 CONTAINER OF LYSOL SPRAY
- 1 BOTTLE OF HAND SANITIZER
- 1 ROLL OF PAPER TOWELS
- 2 BOXES OF KLEENEX
- 2 BOXES OF ZIPLOCK BAGS (1 GALLON SIZE; 1 SANDWICH SIZE)
- 1 PAIR OF HEADPHONES

FOURTH GRADE

- 1 PAIR OF SCISSORS
- 2 REGULAR SIZED ERASERS
- 1 BOX OF 24 COLORED PENCILS
- 4 BLACK CHISEL EXPO DRY ERASE MARKERS
- 4 RED BALLPOINT PENS
- 2 PACKS OF 24 #2 PENCILS - SHARPENED
- 1 ZIPPERED PENCIL POUCH
- 2 NON-ELECTRIC PENCIL SHARPENERS
- 1 12-INCH RULER (CM AND INCHES)
- 2 LARGE GLUE STICKS
- 1 PACKAGE OF HIGHLIGHTERS

- 2 PACKAGES OF POST-IT NOTES (3X3 SIZE)
- 1 2-INCH BINDER
- 1 PKG BINDER DIVIDERS
- 5 WIDE-RULED NOTEBOOKS (BLACK, BLUE, RED, GREEN, YELLOW, AND 1 FREE CHOICE)
- 5 FOLDERS SOLID COLORS (BLUE, RED, GREEN, YELLOW, BLACK OR ORANGE, NO DESIGN)
- 1 PACK 1-CM GRAPH PAPER
- 2 CONTAINER OF CLOROX/LYSOL WIPES
- 2 ROLLS OF PAPER TOWELS
- 2 BOXES OF KLEENEX
- 2 BOTTLES OF HAND SANITIZER
- 1 PAIR OF HEADPHONES (TO USE WITH CHROMEBOOKS)

FIFTH & SIXTH GRADES

- 24 #2 PENCILS SHARPENED
- 2 BOXES OF KLEENEX
- 1 PAIR OF SCISSORS
- 1 BOX OF COLORED PENCILS
- 1 4-PACK EXPO BRAND DRY ERASE MARKERS
- 2 HIGHLIGHTERS
- 1 ROLL OF PAPER TOWELS
- 2 PACKS OF LOOSE LEAF PAPER (WIDE RULED)
- 1 PACK OF RED PENS

- 1 ZIPPERED PENCIL POUCH
- 6 SPIRAL NOTEBOOKS: (1 RED, 1 BLUE, 1 YELLOW, 1 PURPLE, 1 BLACK, 1 FREE CHOICE)
- 1 CONTAINER OF CLOROX/LYSOL WIPES
- 8 WASHABLE MARKERS
- 2 LARGE GLUE STICKS
- 1 PACK OF BLUE OR BLACK PENS
- 1 2-INCH BINDER
- 3 FOLDERS (BLACK, WHITE, RED)
- 1 BOX OF ZIPLOCK BAGS, ANY SIZE
- 2 PAIRS OF HEADPHONES/EARBUDS (NO WIRELESS)

SEVENTH & EIGHTH GRADES

- 6 SPIRAL NOTEBOOKS: (1 RED, 1 BLUE, 1 YELLOW, 1 PURPLE, 1 BLACK, 1 FREE CHOICE)
- 24 #2 SHARPENED PENCILS
- 2 BOXES OF KLEENEX
- 1 CONTAINER CLOROX/LYSOL WIPES
- 1 BOTTLE OF HAND SANITIZER
- 1 4-PACK EXPO BRAND DRY ERASE MARKERS
- 1 ROLL OF PAPER TOWELS
- 2 LARGE GLUE STICKS
- 1 PAIR OF SCISSORS

- 1 ZIPPERED PENCIL POUCH
- 2 PACKS OF LOOSE LEAF PAPER (WIDE RULED)
- 1 PACK BLUE OR BLACK PENS
- 1 BOX OF MARKERS (WASHABLE)
- 2 HIGHLIGHTERS
- 1 2-INCH BINDER
- 3 FOLDERS (BLACK, WHITE, RED)
- 1 BOX OF COLORED PENCILS
- 2 PAIRS OF HEADPHONES/EARBUDS (NO WIRELESS)
- 1 TEXAS INSTRUMENTS CALCULATOR (TI-30XA)

PLEASE REMEMBER TO REPLENISH YOUR CHILD'S SUPPLIES AS THEY ARE NEEDED!

NO TRAPPER KEEPERS OR ROLLING BOOK BAGS

A PAIR OF PERSONAL HEADPHONES IS REQUIRED FOR EVERY STUDENT

DUE TO COVID PROTOCOLS, PLEASE BRING 5 DISPOSABLE MASKS IN A PLASTIC BAG TO STORE IN YOUR CHILD'S LOCKER



St. Ferdinand School

June 01, 2022

Dear Parent(s) or Guardians,

The Illinois State Board of Education, in accordance with the rules of the Illinois Department of Public Health, requires that the students entering the following grades update their health records.

Kindergarten: Physical Exam / Immunizations

Dental Exam

Vision Exam

2nd Grade: Dental Exam

6th Grade: Physical Exam / Tdap Vaccine, Meningococcal Vaccine

Dental Exam

Please also note that all the children entering the 6th grade should have a dose of the Meningococcal vaccine. Children in the 6th through 8th grade are to have the booster Tdap vaccine. Please check with your child's pediatrician if the vaccine is needed and provide proof that the vaccine was given or that it is not indicated at this time. The note or letter must include: month, day, and year the vaccine was given. We need to have written documentation on file to show compliance for all the students in 6th to 8th grade, regardless of the interval of the last dose.

Please make any appointment during the summer months and bring the required forms to school by the first day of class to ensure compliance. For your convenience, our school fax number is 773-622-2807.

We appreciate your cooperation and prompt attention.

Sincerely,

Mrs. Erin Boyle Folino, Principal



**STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

Student's Name			Birth Date	Sex	School	Grade Level /ID#
Last	First	Middle	Month/Day/ Year			

Address			Parent/ Guardian	Telephone # Home	Work
Street	City	ZIP code			

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Haemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		Comments
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubeola)																		
Rubella (3-day measles)																		
Mumps																		
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23
Check specific type (PCV7, PPV23)																		
Other (Specify hepatitis A, meningococcal, etc.)																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
------------------------	------------------	--------------	-------------

3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA																	
Pre-school – annually beginning at age 3; School age – during school year at required grade levels																	
Date																	Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/ Contacts
Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																	
Hearing																	

Printed by Authority of the State of Illinois
(Complete Both Sides)

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	School	Grade Level/ ID #
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis)		
Diagnosis of asthma? Child wakes during the night coughing	Yes No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Birth defects?	Yes No		Hospitalizations? When? What for?	Yes No	
Developmental delay?	Yes No		Surgery? (List all.) When? What for?	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No		Serious injury or illness?	Yes No	
Diabetes?	Yes No		TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Head injury/Concussion/Passed out?	Yes No		TB disease (past or present)?	Yes* No	
Seizures? What are they like?	Yes No		Tobacco use (type, frequency)?	Yes No	
Heart problem/Shortness of breath?	Yes No		Alcohol/Drug use?	Yes No	
Heart murmur/High blood pressure?	Yes No		Family history of sudden death before age 50? (Cause?)	Yes No	
Dizziness or chest pain with exercise?	Yes No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor <input type="checkbox"/>			Other concerns?		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)					
Ear/Hearing problems?	Yes No		Information may be shared with appropriate personnel for health and educational purposes.		
Bone/Joint problem/injury/scoliosis?	Yes No		Parent/Guardian Signature	Date	

Entire section below to be completed by MD/DO/APN/PA (*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)

PHYSICAL EXAMINATION REQUIREMENTS	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/>				
Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				

LEAD RISK QUESTIONNAIRE* Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.

Blood Test Indicated? Yes No **Blood Test Date** _____ **Blood Test Result** _____ (Blood test required in Chicago and other high risk zip codes.)

TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. **Date Read** / / **Result** _____ **mm**

LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES	Date	Results	Date	Results
Hemoglobin * or Hematocrit *			Sickle Cell * (as indicated)	
Urinalysis			Other	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optomtrist Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal examination	
Cardiovascular/HTN			Nutritional status	
Respiratory			Mental Health	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in **PHYSICAL EDUCATION** Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited (If No or Modified, please attach explanation.)

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name _____ **Signature** _____ **Date** _____

Address _____ **Phone** _____

(Complete both sides)



State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
 (Last) (First) (Middle Initial)

Birth Date _____ Gender _____ Grade _____
 (Month/Day/Year)

Parent or Guardian _____
 (Last) (First)

Phone _____
 (Area Code)

Address _____
 (Number) (Street) (City) (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____

Ocular history: Normal or Positive for _____

Medical history: Normal or Positive for _____

Drug allergies: NKDA or Allergic to _____

Other information _____

Examination

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other _____



State of Illinois Eye Examination Report

Recommendations

1. Corrective lenses: No Yes, glasses or contacts should be worn for:
 Constant wear Near vision Far vision
 May be removed for physical education

2. Preferential seating recommended: No Yes

Comments _____

3. Recommend re-examination: 3 months 6 months 12 months
 Other _____

4. _____

5. _____

Print name _____
 Optometrist or physician (such as an ophthalmologist)
 who provided the eye examination MD OD DO

License Number _____

Address _____

Phone _____

Consent of Parent or Guardian
 I agree to release the above information on my child
 or ward to appropriate school or health authorities.

 (Parent or Guardian's Signature)

 (Date)

Signature _____

Date _____

(Source: Amended at 32 Ill. Reg. _____, effective _____)



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**

- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

- Yes No **Soft Tissue Pathology**

- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

- Restorative Care** — amalgams, composites, crowns, etc.

- Preventive Care** — sealants, fluoride treatment, prophylaxis

- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street
City
ZIP Code

Telephone _____





DENTAL EXAMINATION WAIVER FORM

Please print:

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
				/ /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

I am unable to obtain the required dental examination because:

- My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).
- My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
- My child is enrolled in Medicaid/All Kids, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept Medicaid/All Kids.
- My child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.

Signature _____

Date _____

Hello, Parents!

Each year, we offer students the opportunity to participate in a school-wide contest to see who can read the most minutes AND who can do the most math practice! This contest is **OPTIONAL** and **CANNOT INCLUDE THE MANDATORY IXL SUMMER LESSON TIME!**

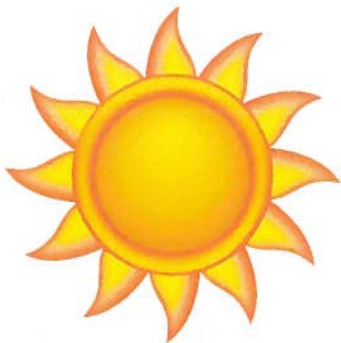
Please encourage your child to participate in this contest: all who participate get a prize, and prizes are given to those with the most MATH and READING MINUTES at EACH GRADE LEVEL and IN THE WHOLE SCHOOL!

Sheets are due back by our first Friday in school: **Friday, August 19, 2022.**

Of course, I also encourage you to have your child check out the Summer Reading Program at your nearest branch of the Chicago Public Library. Further, our librarian, Mrs. Davis, has put together grade-level-appropriate suggestions for books. Your child brought this list home with his/her report card, and a copy of this list is available on our website.

Thank you for promoting reading and math for fun and to keep brains active this summer!

Sincerely,
Principal Erin Boyle Folino :)



Name: _____



My Reading Log



Date	Book Title & Author	Minutes Read	Parent's Initials

Total Minutes: _____

2022-23 SCHOOL DIRECTORY FORM

Please complete the information that you want **included** in the school directory. The directory is distributed to school families, faculty and staff.

Please note that any information that has not been completed will not appear in the directory.

STUDENT LAST NAME: (please print) _____

Phone Number: _____

E-mail: (please print) _____@_____

Mother First & Last Name: _____

Father First & Last Name: _____

Address: _____

City/Zip: _____

Child(ren)'s Names: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

ACCEPTANCE OF RULES AND POLICIES

Parents and students are expected to abide by the rules and regulations including, but not limited to, the Parent/Student Handbook. A form indicating that the handbook has been received and that the rules and policies will be supported and followed is to be signed by the parents/guardians and returned to school.

The agreement states in part: "I understand and agree that as a parent, it is essential that I actively support the efforts of the principal, teachers, and school board to provide a quality education for all of our children at St. Ferdinand School".

While we have absolute respect for all of our families, we are a Catholic school and follow a faith-based curriculum. Non-Catholic students are required to participate in the full curriculum, including all religious activities.

Statements, rules and regulations in this handbook are subject to review and amendment with or without notice. The school will make every effort to keep parents/guardians informed of all changes as soon as possible. We also reserve the right to make changes in response to unforeseen events and circumstances.

_____ PRINT Family Name	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Student Signature / Grade	_____ Date
_____ Student Signature / Grade	_____ Date
_____ Student Signature / Grade	_____ Date

***PLEASE SIGN AND RETURN THIS FORM TO THE SCHOOL AFTER YOU
AND YOUR CHILD(REN) HAVE REVIEWED THE HANDBOOK****