



# St. Ferdinand School

## **ST. FERDINAND SCHOOL SUMMER OFFICE HOURS:**

(June 12 - Aug 1)

**Tuesdays and Thursdays, 8:00 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. 2023-24 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

## 2023-2024 Calendar

(as of 06/2023)

### August

14<sup>th</sup> Mon Back to School Night / Ice Cream Social, 6:30PM  
16<sup>th</sup> Wed First Day of School for all Grades, PK – 8, 11:30AM Dismissal  
17<sup>th</sup> Thurs Hot lunch begins, Full day of school

### September

4<sup>th</sup> Mon No School: Labor Day  
6<sup>th</sup> Wed 2:00PM Dismissal  
22<sup>nd</sup> Fri No School: Staff Development

### October

4<sup>th</sup> Wed 2:00PM Dismissal  
9<sup>th</sup> Mon No School: Holiday  
20<sup>th</sup> Fri 11:30AM Dismissal: Parent-Teacher Conferences

### November

1<sup>st</sup> Wed 2:00PM Dismissal  
10<sup>th</sup> Fri 1<sup>st</sup> Trimester Ends  
10<sup>th</sup> Fri No School: Staff Development  
Nov 22<sup>nd</sup> – Nov 24<sup>th</sup> No School: Thanksgiving Break

### December

6<sup>th</sup> Wed 2:00PM Dismissal  
Dec. 22<sup>nd</sup> – Jan 7<sup>th</sup> No School; Christmas Break/New Year's Day

### January

8<sup>th</sup> Mon Classes resume after Christmas break  
10<sup>th</sup> Wed 2:00 Dismissal  
15<sup>th</sup> Mon No School: Martin Luther King, Jr Day  
Jan. 28<sup>th</sup> – Feb 3<sup>rd</sup>: Catholic Schools Week

### February

7<sup>th</sup> Wed 2:00PM Dismissal  
15<sup>th</sup> Thurs 11:30AM Dismissal; Parent-Teacher Conferenced  
16<sup>th</sup> Fri No School: Professional Development Day  
19<sup>th</sup> Mon No School: President's Day  
23<sup>rd</sup> Fri 2<sup>nd</sup> Trimester Ends

### March

1<sup>st</sup> Fri No School: Professional Development Day  
6<sup>th</sup> Wed 2:00PM Dismissal  
March 29<sup>th</sup> – April 5<sup>th</sup> No School: Easter/Spring Vacation (Classes resume Monday, April 8<sup>th</sup>)

### April

10<sup>th</sup> Wed 2:00PM Dismissal  
26<sup>th</sup> Fri No School: Professional Development

### May

1<sup>st</sup> Wed 2:00PM Dismissal  
27<sup>th</sup> Mon No School: Memorial Day

### June

6<sup>th</sup> Thurs Last Day of School, 11:30AM Dismissal



# ST. FERDINAND SCHOOL FAMILY INDEX SHEET FOR 2023/2024

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 2023-2024

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.
- Artificial nails are **not** allowed.







## 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.***





**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 2023-2024 School Year**

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

**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 2023-2024 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)

- 2 BLACK EXPO DRY ERASE MARKERS
- 1 BOX OF GALLON ZIPLOC PLASTIC BAGS
- 2 ROLLS OF PAPER TOWELS and 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 BLACK EXPO DRY ERASE MARKERS
- 1 LARGE PACKAGE OF PAPER NAPKINS
- 2 ROLLS OF PAPER TOWELS and 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

- 2 BOXES 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 and 1 BOTTLE ELMERS LIQUID GLUE
- 1 BLUE 3 PRONG POCKET FOLDER

- 1 THICK BLACK EXPO MARKER
- 1 PLASTIC PENCIL BOX (APPROX. 8 <sup>1/4</sup> x 5 <sup>1/4</sup> x 2 <sup>1/4</sup> INCHES)
- 1 BOTTLE OF HAND SANITIZER
- 2 CONTAINERS OF CLOROX/LYSOL WIPES
- 2 ROLLS OF PAPER TOWELS and 2 LARGE BOXES OF KLEENEX
- 1 BOX OF WATERCOLOR PAINT
- 1 BOX OF GALLON ZIPLOC PLASTIC BAGS
- 1 BOX OF SANDWICH SIZE ZIPLOC PLASTIC BAGS
- 1 PACKAGE OF BABY WIPES
- 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 RED, 1 BLUE) NO PRONGS
- 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
- 2 POCKET FOLDERS
- 2 PLASTIC POCKET FOLDERS W/3 HOLE PUNCH (1 RED, 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 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
- 2 ROLLS OF PAPER TOWELS
- 1 PACK 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 ACCORDIAN 7-POCKET FOLDER W/FLAP THAT CLOSES
- 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 4-PACK EXPO BRAND DRY ERASE MARKERS
- 2 ROLLS OF PAPER TOWELS
- 2 LARGE GLUE STICKS
- 1 PAIR OF SCISSORS
- 1 COMPOSITION NOTEBOOK (MARBLE TYPE)

- 1 ZIPPERED PENCIL POUCH
- NOTECARDS: 1 PACK 3x5 and 1 PACK 4x6
- 2 PACKS OF LOOSE LEAF PAPER (WIDE RULED)
- 1 PACK BLUE OR BLACK PENS
- 1 BOX OF MARKERS (WASHABLE)
- 2 HIGHLIGHTERS
- 1 ACCORDIAN 7-POCKET FOLDER W/FLAP THAT CLOSES
- 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, 2023

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

**2<sup>nd</sup> Grade:** Dental Exam

**6<sup>th</sup> Grade:** Physical Exam / Tdap Vaccine, Meningococcal Vaccine

Dental Exam

Please also note that all the children entering the 6<sup>th</sup> grade should have a dose of the Meningococcal vaccine. Children in the 6<sup>th</sup> through 8<sup>th</sup> 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 6<sup>th</sup> to 8<sup>th</sup> 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

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

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

**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			
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.**

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

**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
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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														
Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision														
Hearing														

**Code:**  
**P = Pass**  
**F = Fail**  
**U = Unable to test**  
**R = Referred**  
**G/C = Glasses/Contacts**

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

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma? Child wakes during the night coughing	Yes Yes	No 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
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? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Other concerns?	
Ear/Hearing problems?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.	
Bone/Joint problem/injury/scoliosis?	Yes	No		<b>Parent/Guardian Signature</b>	<b>Date</b>

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

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>LEAD RISK QUESTIONNAIRE*</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> _____ <b>Blood Test Result</b> _____ (Blood test required in Chicago and other high risk zip codes.)				
<b>TB SKIN TEST</b> 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. <b>Date Read</b> / / <b>Result</b> _____ <b>mm</b>				
<b>LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES</b>	<b>Date</b>	<b>Results</b>	<b>Date</b>	<b>Results</b>
Hemoglobin * or Hematocrit *				Sickle Cell * (as indicated)
Urinalysis				Other
<b>SYSTEM REVIEW</b>	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"/> Result _____ Referred to Ophthalmologist/Optometrist 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	
<b>NEEDS/MODIFICATIONS</b> required in the school setting			<b>DIETARY</b> Needs/Restrictions	
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup				
<b>MENTAL HEALTH/OTHER</b> 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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal				
<b>EMERGENCY ACTION</b> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.				
<b>On the basis of the examination on this day, I approve this child's participation in</b> (If No or Modified, please attach explanation.) <b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> <b>INTERSCHOLASTIC SPORTS</b> (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>				
Physician/Advanced Practice Nurse/Physician Assistant performing examination				
<b>Print Name</b>	<b>Signature</b>			<b>Date</b>
<b>Address</b>	<b>Phone</b>			

(Complete both sides)



## 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 1<sup>st</sup> 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 \_\_\_\_\_



# 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 \_\_\_\_\_ (Month/Day/Year) Gender \_\_\_\_\_ Grade \_\_\_\_\_

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 \_\_\_\_\_

License Number \_\_\_\_\_

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

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 \_\_\_\_\_)



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 MIUNUTES at EAVH GRADE LEVEL and in the WHOLE SCHOOL!***

Sheets are due back by our first Friday in school: **Friday, August 18, 2023.**

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, will be putting together grade-level-appropriate suggestions for books. Your child will bring 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 E rin Boyle Folino ☺













## 2023-24 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 may be amended 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\*\***

