



## Holy Innocents School

1312 E. Bristol Street  
Philadelphia, PA 19124

Phone: 215-743-5909

Fax: 215-743-0199

January, 2024

Dear Parents/Guardians,

It is with much enthusiasm that we announce the beginning of preparations for the upcoming school year. Our School has been most successful in providing the standards of a quality Catholic education to the Juniata community and beyond. Thank you to everyone who has helped us in creating a school of excellence.

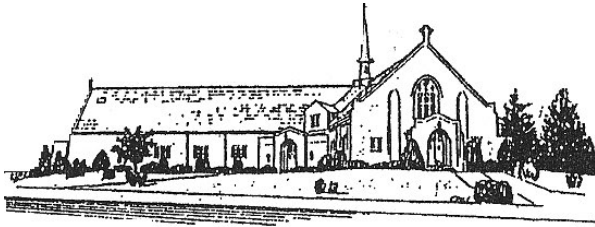
Enclosed you will find the registration packet for the upcoming school year. Please take a moment to review all of the materials including the enrollment process through the TADS Enrollment System, the tuition schedule and the terms and conditions for tuition payments. We have also included several forms that need to be completed and returned to the school office as soon as possible, along with copies of important documents such as your child's birth certificate, social security card, immunization records, baptismal certificates, etc. Please use the enclosed checklist to ensure that you have all of the necessary pre-registration paperwork on-hand when you come to school.

Please note that ALL registrations must be completed via TADS. This can be done either online or regular mail. Detailed information about this process is further outlined in the attached documents. All non-refundable registration fees and non-refundable tuition deposits and tuition payments must be paid to TADS. We cannot accept payments in the school office.

If you have any questions, please do not hesitate to contact us. We look forward to welcoming you and your student(s) to Holy Innocents Catholic School for the upcoming school year.

God Bless,

Sr. Nancy Kindelan, IHM  
Principal



## Holy Innocents Church

1337 East Hunting Park Ave.

Philadelphia, PA 19124

Phone: 215-743-2600

Fax: 215-743-8041

January, 2024

Dear Parents/Guardians,

Thank you for your interest in Holy Innocents Catholic Elementary School, and for completing an application for your student to attend. The following information explains the enrollment process. In addition, attached please see our Financial Terms and Conditions associated with your child attending our school.

Once I assign a tuition rate, you will receive a phone call from us to confirm the rate with you. Once your tuition rate is confirmed, you will receive an email message from the school through TADS Tuition Management inviting you to complete the enrollment for your student. In the email will be a link for you to click and enroll your student. You should complete the Enrollment Form and Tuition Agreement. If you have any questions regarding the email or the enrollment process you can call TADS at 1-800-477-8237.

Please note, there is a non-refundable Registration Fee of \$175 per child up to a maximum of two children, and a non-refundable Tuition Deposit of \$125 per child up to a maximum of two children. The Tuition Deposit will be deducted from the yearly Tuition Amount. You will pay these fees to TADS Tuition Management at the time you complete your enrollment with TADS. Your registration and enrollment will not be finalized without your payment.

If you did not give us an email address, TADS will send your enrollment and agreement packet by postal mail. You will need to complete the forms and return them to TADS. We highly encourage you to complete the enrollment process online in order to expedite the processing of your application.

If you need assistance completing the enrollment or if you have any questions, please call TADS at 1-800-477-8237, or you can call Nancy Witts at the tuition office at Holy Innocents at 215-743-2600.

Sincerely yours,

Rev. Thomas M. Higgins  
Pastor

# Registration Checklist

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Below is a checklist of forms and documentation that must be completed and returned to the school office in order for us to process your student's registration. Once all of this information is collected, you will be entered into our TADS Enrollment Program, and TADS will contact you either via e-mail or regular mail to complete your registration for the school year. Please see enclosed materials for more information about registering through TADS.

If you have any questions, please feel free to contact us at 215-743-5909. We look forward to welcoming you and your student(s) into our school family.

## Checklist:

- Application Form (Student & Parent Information)
- Act 90 Form
- Photo Release Form
- Request for Student Records Form (for students entering K-8)
- Tuition Sheet
- TADS Email Preferences Sheet
- Weekly Email Form
- Medical Forms
- Dental Form

## Additional Documents:

- Baptismal Certificate
- Any other Sacrament Certificates
- Birth Certificate
- Social Security Card
- Current Immunization Records
- IEP (if applicable)
- Report Card (Most Recent for Grades 1-8 only)

**APPLICATION FORM (FORMULARIO DE APLICACIÓN)**  
20\_\_ — 20\_\_

**STUDENT INFORMATION (INFORMACIÓN DEL ESTUDIANTE)**

Name \_\_\_\_\_  
(Nombre) First (Primer) Middle (Segundo) Last (Apellido)

Address \_\_\_\_\_  
(Dirección)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Ciudad) (Estado) (Código Postal)

Student's Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_  
(fecha de nacimiento) Month (Mes) Day (Día) Year (Año) (Género)

Place of Birth \_\_\_\_\_  
(Lugar de nacimiento) City / State / Country (Ciudad/Estado/País)

Ethnicity (circle one): Hispanic Non-Hispanic  
(Etnicidad) (Un círculo a uno de lo siguiente)

Race (circle all that apply): African American Asian/Pacific Islander Native American  
(Raza) (un círculo a los que apliquen) Caucasian/White (includes Mexican & Latino) 2 or more races

Sacraments Received (check if received and fill in date and parish):  
(Sacramentos recibidos) (ponga un cheque si lo recibio y complete las fechas y parroquia)

\_\_\_\_\_ Baptism (Bautismo) Date: \_\_\_\_\_ (fecha) Parish: \_\_\_\_\_ (parroquia)

\_\_\_\_\_ Eucharist (Eucaristía) Date: \_\_\_\_\_ (fecha) Parish: \_\_\_\_\_ (parroquia)

\_\_\_\_\_ Reconciliation (Reconciliación) Date: \_\_\_\_\_ (fecha) Parish: \_\_\_\_\_ (parroquia)

\_\_\_\_\_ Confirmation (Confirmación) Date: \_\_\_\_\_ (fecha) Parish: \_\_\_\_\_ (parroquia)

Does the student have an IEP? (Circle one) Yes No  
(el estudiante tiene un IEP?) (Un círculo a uno de lo siguiente) (Sí)

Admitted from \_\_\_\_\_  
(Admitido de) School Name (Nombre de la escuela) City/State (Cuidad/Estado)

Primary language spoken at home \_\_\_\_\_  
(Idioma principal que se habla en casa)

Secondary language spoken \_\_\_\_\_  
(Idioma secundario hablado)

Are there any allergies or other health issues that we need to be aware of?  
(Alergias o problemas de salud?)

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### **PARISH INFORMATION (INFORMACION DE LA PARROQUIA)**

Religion (circle one): Catholic Non-Catholic

If Catholic, name of Parish where you are registered \_\_\_\_\_  
(Si es catolico, el nombre de la parroquia donde se registró)

### **FAMILY BACKGROUND**

Circle One: Mr. Mrs. Ms. Miss. Relationship: Father Mother Guardian  
(Un circulo a uno de lo siguiente) (relación) Padre Madre Guardián

Parent/Guardian's Full Name: \_\_\_\_\_  
(Nombre completo del padre/madre) First (Primer) Middle (Segundo) Last (Apellido)

Address \_\_\_\_\_  
(Dirección)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Ciudad) (Estado) (Código Postal)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Teléfono de casa) (Include area code) (Teléfono móvil) (Include area code)

Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Teléfono de trabajo) (Include area code) (Correo electronico)

Place of Birth \_\_\_\_\_ Check if Deceased \_\_\_\_\_ Date \_\_\_\_\_  
(Lugar de nacimiento) (Poner un cheque si falleció) (Fecha)

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Circle One: Mr. Mrs. Ms. Miss. Relationship: Father Mother Guardian  
(Un circulo a uno de lo siguiente) (relación) Padre Madre Guardián

Parent/Guardian's Full Name: \_\_\_\_\_  
(Nombre completo del padre/madre) First (Primer) Middle (Segundo) Last (Apellido)

Address \_\_\_\_\_  
(Dirección)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Ciudad) (Estado) (Código Postal)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Teléfono de casa) (Include area code) (Teléfono móvil) (Include area code)

Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Teléfono de trabajo) (Include area code) (Correo electronico)

Place of Birth \_\_\_\_\_ Check if Deceased \_\_\_\_\_ Date \_\_\_\_\_  
(Lugar de nacimiento) (Poner un cheque si falleció) (Fecha)

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Home Situation (Check all that apply):  
(situación de hogar) (pon un cheque en todo que corresponda)

Two Parents (Dos Padres)     Parents Separated (Padres Separados)     Parents Divorced (Padres divorciados)     One Parent (Un Padre)     Restructured (reestructurada)

Father Remarried (stepmother name \_\_\_\_\_)  
(Padre volvió a casar) (nombre de la madastra)

Mother remarried (stepfather's name \_\_\_\_\_)  
(Madre volvió a casar) (nombre del padastro)

If other, please explain \_\_\_\_\_  
(Si es otra, por favor explique)

Parental rights (In case of divorce) \_\_\_\_\_  
(derechos de los padres) (en casode divorcio)

***\*\*All court papers must be presented to the school and kept on file with student's records  
(\*\*Todos los documentos judiciales deben presentarse a la escuela y archivarse con los records del estudiante.)***

Signature of Registering Parent \_\_\_\_\_  
(firma del padre que esta registrando)

Date \_\_\_\_\_  
(fecha)

# Act 90 (1975)

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All parents or guardians of children are required to sign the following form once while their children are enrolled in your school.

I hereby request the Secretary of Education of Pennsylvania the loan of instructional materials and textbooks in accordance with Act 90 (1975).

## **HOLY INNOCENTS CATHOLIC SCHOOL**

In Philadelphia  
(Town)

Philadelphia  
(County)

Signed \_\_\_\_\_

Date \_\_\_\_\_

The school is required to keep these forms on file as long as the children are enrolled in the school.



# HOLY INNOCENTS CATHOLIC SCHOOL

## PHOTO RELEASE

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Dear Parent/Guardian,

For our files, we are requesting your permission for the use of interviews, pictures or films of students of Holy Innocents Catholic Elementary School whenever such pictures or films are used in any form of publication or viewing approved by the school. This permission is for the length of your child's enrollment in Holy Innocents Catholic Elementary School. Please sign below. Thank you!

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Interviews, pictures, or films of \_\_\_\_\_  
(student's name here)

may be used whenever approved by Holy Innocents Catholic Elementary School, and my child's name may be used in conjunction with the interview, pictures, or films.

Name of Parent/Guardian (please print):

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Signature of Parent/Guardian:

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Date: \_\_\_\_\_





## Holy Innocents School

1312 E. Bristol Street  
Philadelphia, PA 19124  
Phone: 215-743-5909  
Fax: 215-743-0199

### Request for Student Records

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ School  
(Former School)

Address \_\_\_\_\_  
\_\_\_\_\_

Please release my child's records to:

Holy Innocents Catholic School  
1312 E. Bristol Street  
Philadelphia, PA 19124  
Attn: School Secretary

Please send all of the following:

- Academic Records
- Attendance Records
- Discipline Records
- Health Records
- Special Education Records (if applicable)

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Financial Terms and Conditions 2024–2025 School Year**

1. Tuition for May, June, July, August 2024 and Registration Fees **MUST BE PAID** by **AUGUST 20th** in order to receive an **ADMISSION CARD** to attend school in September.
2. In order to be considered for the Participation Tuition Rate, you must attend Mass weekly and contribute something by using your envelopes. The amount of your contribution will not have an effect on your tuition rate.
3. **ALL** payments must be made directly to TADS. **NO** payments will be accepted at the parish offices.
4. Payments must be made when due or a \$50 Late Fee will be charged.
5. If tuition and fee obligations are not met before school events, i.e. trips, dances, etc., children will not be permitted to participate in the event, and they will not receive report cards.
6. Children will be kept out of school if tuition is delinquent over thirty (30) days.
7. There will be a \$50 NSF (Non-Sufficient Fund) Fee charged by TADS for bank charges.
8. Late Fees and NSF Fees are payable when assessed, and unpaid Fees will be considered in determining delinquency.
9. All 2024 financial obligations including Tuition and Registration Fees must be paid in full by April 20, 2024.
10. Unmet 2023–2024 financial obligations will not be carried over into the 2024–2025 school year.
11. Academic and other school records will not be released for withdrawn or transferring students until full payment for all outstanding financial obligations are met.
12. When the school is notified about a Tuition Grant/Scholarship, the amount will be deducted or credited to a family's account. The tuition bill will be reduced by the amount of the credit. However, families are responsible if the grant/scholarship is **NOT** ultimately paid to the school by the Grantor.
13. If you re-register for the 2024–2025 school year, and you subsequently become delinquent in paying tuition or other financial obligations for 2023–2024, your child(ren) will be placed on a pending or waiting list. They will not have a guaranteed place in school for the 2024–2025 school year if other families, currently enrolled or new students, in good financial standing can be registered in their place.

**HOLY INNOCENTS CATHOLIC SCHOOL  
2024-2025 SCHOOL YEAR**

Family Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of child /children for school year 2024-2025 \_\_\_\_\_ Parish \_\_\_\_\_

Student's First Name	Student's Last Name	Current Grade
1.		
2.		
3.		
4.		
5.		

**TUITION RATE: Your pastor will set the Tuition Rate for grades K to 8.**

**NOTE: Pre-K tuition is in addition to K-8 rates.**

**Non-Participating Catholic or Non-Catholic – Base Tuition**

- Pre-K ..... \$5,135 *(Pre-K tuition is in addition to the K-8 rates)*
- Kindergarten ..... \$5,135
- One Child ..... \$5,135
- Two Children ..... \$8,020
- Three Children ..... \$9,675
- Four or More Children ..... \$10,615

**Participating Catholic – Discounted Tuition**

- Pre-K ..... \$3,785 *(Pre-K tuition is in addition to the K-8 rates)*
- Kindergarten ..... \$3,785
- One Child ..... \$3,785
- Two Children ..... \$6,655
- Three Children ..... \$8,180
- Four or More Children ..... \$8,790

Please note, there is a non-refundable registration fee of \$175 per child up to a maximum of two children and a non-refundable tuition deposit of \$125 per child up to a maximum of two children. The tuition deposit will be deducted from the 2024-2025 tuition. You will pay these fees to TADS Tuition Management at the time you enroll with TADS.

**Tuition for 2024-2025**

Pastor Approved Family Tuition Rate:

Non-Participating Catholic or Non-Catholic ..... \$ \_\_\_\_\_

Participating Catholic..... \$ \_\_\_\_\_

Approved by: \_\_\_\_\_  
Pastor, Holy Innocents Parish

Date: \_\_\_\_\_

# Holy Innocents Catholic School

## 2024-2025 Tuition and Fees Payment Schedule

	Non-Participating Catholic / Non-Catholic Families				Participating Catholic Families				Non-Participating Catholic Families	Participating Catholic Families
	Grades K to 8				Grades K to 8				Pre-K 3 & Pre-K 4 Per Child	Pre-K 3 & Pre-K 4 Per Child
	1 Child	2 Children	3 Children	4+ Children	1 Child	2 Children	3 Children	4+ Children		
<b>Registration Fees</b>	\$175	\$350	\$350	\$350	\$175	\$350	\$350	\$350	\$175	\$175
<b>Tuition Rate</b>	\$5,135	\$8,020	\$9,675	\$10,615	\$3,785	\$6,655	\$8,180	\$8,790	\$5,135	\$3,785
<b>Tuition Deposits</b>	\$125	\$250	\$250	\$250	\$125	\$250	\$250	\$250	\$125	\$125
<b>12 Monthly Payments</b> May 2024 – April 2025	\$418	\$648	\$785	\$864	\$305	\$534	\$661	\$712	\$418	\$305
<b>Two Payment Plan</b> June & December 2024	\$2,505	\$3,885	\$4,713	\$5,183	\$1,830	\$3,203	\$3,965	\$4,270	\$2,505	\$1,830

*\*NOTE: Pre-K tuition is in addition to the K-8 rates. Multiple student discounts apply to grades K-8 ONLY.*

## **TADS Registration Step by Step**

- STEP 1:** TADS will email you a link to your online registration form.
  
- STEP 2:** Click on email link and follow all instructions.
  
- STEP 3:** Pay non-refundable registration fee(s) and non-refundable tuition deposit(s). Note: fees must be paid to TADS. We will not accept payments at school.
  
- STEP 4:** Re-registration for CURRENT families/students begins in December. Registration for NEW students begins in February. Due to limited seating, we highly encourage returning families to register quickly and before open enrollment for new students begins. Seats will be filled on a first-come, first-served basis. Once a classroom reaches capacity, registrations will be subject to a waiting list.

## **TADS E-mail Preferences**

*PLEASE PRINT:*

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of person responsible for paying tuition:

\_\_\_\_\_

List names of students and grades: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail address you prefer TADS to use to contact you about your tuition account (please print using all UPPER-CASE letters and use "Ø" for the number zero):

\_\_\_\_\_

\*\*If you need a friend or family member to have access to your tuition account information, please give them permission by listing their name here:

\_\_\_\_\_

(Our policy is to only discuss tuition account information with the person who is responsible for paying tuition unless others are given permission by the payee)

# Weekly Email Form



Each week, Holy Innocents sends an e-mail to all school families with important news, information and dates. To be added to our e-mail list, please fill out the form below.

## ***PLEASE PRINT CLEARLY***

Name: \_\_\_\_\_

I am:       Parent/Guardian       Relative/Friend/Sponsor       Faculty/Staff

E-mail Address: \_\_\_\_\_

Additional E-mail Address: \_\_\_\_\_

Name for Additional E-mail Address: \_\_\_\_\_

By signing this form, I give Holy Innocents permission to add the above e-mail address(es) to the Holy Innocents School e-mail list.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Students enrolled at Holy Innocents:

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_



# THE SCHOOL DISTRICT OF PHILADELPHIA

## Student Emergency /Medical Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Room/Sec: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Mother: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_  
 Father: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

**Emergency contacts (other than parents) must be local and available for contact:**

Name and Relationship to child	Phone
1. _____	_____
2. _____	_____

Childs Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Medical Insurance:** MA \_\_\_ CHIP \_\_\_ Private \_\_\_  
 Insurance company name: \_\_\_\_\_ Policy Number \_\_\_\_\_

<p><b>Please circle below to give permission to the school nurse to give your child medication.</b></p> <table border="1"> <tr> <td>Acetaminophen (Tylenol)</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Ibuprofen (Advil, Motrin)</td> <td>YES</td> <td>NO</td> </tr> </table>	Acetaminophen (Tylenol)	YES	NO	Ibuprofen (Advil, Motrin)	YES	NO	<p>Please <b>CIRCLE</b> the following if your child:</p> <p>Wears: Glasses      Hearing aid          Has: Seizures    Diabetes    Asthma    ADHD</p> <p><b>List Allergies:</b> Food substitution requires a new order yearly from a health care provider: _____          _____  <b>Other Health Problems:</b> _____          _____          _____</p>
Acetaminophen (Tylenol)	YES	NO					
Ibuprofen (Advil, Motrin)	YES	NO					

**Does your child take medication?    \_\_\_ NO \_\_\_ YES (please list)**

Medication	Dose	Frequency/Time	Reason

**Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES  
**REPORT OF PHYSICAL EXAMINATION**

Date Issued: [Date]		Student ID#:
<b>RECORD OF VACCINE ADMINISTRATION</b>		
Name of Student:		Date of Birth:
Name of School:		Room/Section/Book
<p>TO THE PARENT/GUARDIAN:</p> <p><i>I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.</i></p> <p>Parent/Guardian Signature _____ Date _____</p>		
<p>TO THE CARE PROVIDER (Please complete all items)</p> <p>Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.</p>		
<b>RECORD OF VACCINE ADMINISTRATION</b>		
<i>(Please attach complete immunization record including serology results if available)</i>		
<p>▪ Allergies _____      ▪ Date of last PPD _____ Result _____ mm</p>		
<p>Does this student have health insurance? ____ Yes ____ No      Name of Insurance Provider: _____</p>		
<b>RECORD THE FOLLOWING</b>		
1.	Visual Acuity:      Without Glasses: R _____ L _____      With Glasses: R _____ L _____	
2.	Audiometric Screening:      R _____ L _____	3. BP _____
4.	Height _____ inches/cm      Weight _____ lb./kg      BMI percentile _____	
5.	Scoliosis Screening: _____ Normal      _____ Abnormal      _____ Referred      _____ No Referral	
6.	<p>Activity Recommendation: _____ Full Physical Activity      _____ Restricted Physical Activity</p> <p style="text-align: center;">(Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23)</p> <p>Specify Restrictions: _____</p>	
7.	<p>List all medications currently being taken:</p> <p>Medications: _____ Reason: _____</p>	
8.	<p>List ALL problems by history or examination:      Circle status of problem</p> <p>1. _____ Under Care      Care Complete      Referred</p> <p>2. _____ Under Care      Care Complete      Referred</p> <p>3. _____ Under Care      Care Complete      Referred</p> <p>_____ No Problems Identified</p>	
Comments/follow-up treatment plan / Special instructions to school:		
Signature of Care Provider (REQUIRED)		Telephone
		Fax
Address		Date of Exam
Care Provider office stamp (REQUIRED)		

THE SCHOOL DISTRICT OF PHILADELPHIA  
REPORT OF PRIVATE DENTAL EXAMINATION

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade

**TO THE DENTIST**

*Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).*

*These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.*

*Thank you for your cooperation.*

UNDER TREATMENT/WORK BEGUN	COMPLETION OF WORK/NO TREATMENT NECESSARY
Date Work Begun	<input type="checkbox"/> No Treatment Required Now
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed
Date of Dental Examination	Expected Completion Date

*Comments/Follow-up Treatment/ Special Instructions to School*

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

**IMPORTANT:**

**Return this form To:** \_\_\_\_\_  
 Certified School Nurse/Practitioner

\_\_\_\_\_

School

\_\_\_\_\_

School Address

\_\_\_\_\_

Phone Number