



Our Lady of the Valley Catholic School

1201 E. Bogard Rd., Wasilla, AK 99654 Phone: (907) 376-0883 Website: olvwasilla.com

Facebook:  Ourladyofthevalley-wasilla

NEW STUDENT Enrollment Packet - Grades K-8 for the 2023-2024 School Year

Welcome to Our Lady of the Valley (OLV) Catholic School and thank you for your interest in enrolling your child. OLV will provide strong religious and academic instruction with a classical curriculum and emphasis on individualized attention. **If you are registering a preschooler for OLV, please use the separate preschooler registration form.**

Students from all faiths are welcome to enroll. We look forward to an exciting new school year. Our enrollment process is simple:

1 – Visit Our School: Please stop by or call at the address above to set up a tour time with a teacher. Classroom observations for all grades are encouraged. We love visitors! To better serve our students and determine if OLV can be effective in the educational and personal development for your child/children, **all new students will be screened by the principal and/or teacher before submission of enrollment application.** The appointment can be made after the tour.

2 – Submit an Enrollment Application: Once the applicant's screening has been made and approved, you can then fill out this enrollment application. **Please** finalize the process by completing and signing all the necessary commitment and agreement forms. Please call the school office at (907) 376-0883 if you have questions regarding the enrollment process. Thank you.

OLV's website has links to the Tuition Aid Data Services (TADS) program as well as the Sycamore School Management System which will provide you with extensive information regarding your student(s). **You will be required to enroll in both the TADS program and Sycamore system. When registered, you will be sent a link for both so please check your junk/spam mail. Please utilize the below checklist to complete enrollment.**

Family Forms: (* = required)

- OLV Enrollment Application: Basic & Emergency Contact Information *
- Tuition and Financial Aid Information
- Tuition and Fees Payment Contract *
- Picture/Social Media Permission Form, and Handbook Acknowledgement *
- Parent/Guardian Volunteer Organization (PVO), Share Hours and Fundraising Agreement *
- Family Talent/Interest Form and Volunteer Information Form
- AOAJ Safe Environment: Adult Online Training and Background Check
- Extended Day Program, and Hot Lunch Program
- Guidelines for OLV Scholarship / Work Study Program, and Co-Enrollment Information
- \$100.00 Non-Refundable Family Registration Fee
- Materials List or Supplies Fees – information will be provided by Teacher(s) near end of July.

Student Forms (one per student): (all required)

- Medical Information Form I
- Medical Information Form II
- Test Scores and Permission for Obtaining Previous School Records
- Birth Certificate, Shot Records, and Baptismal Certificate (if Catholic) submitted



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OLV Enrollment Application – Basic & Emergency Contact Information (Please Print Clearly)

Enrolled Child's Name (oldest to youngest) Last Name, First Name, MI	Grade Entering	Age Now	Date of Birth	Place of Birth City & State	Last School Attended (if any)
1.					
2.					
3.					
4.					
5.					

Parent/Guardian Last Name, First Name, MI	Home Phone	Cell Phone	Work Phone	Email Address	Mailing Address
1.					
2.					

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact or Authorized Drop Off / Pick Up Contact Last Name, First Name, MI	Home Phone	Cell Phone	Work Phone	Check if Applicable		Vehicle Description and License Plate #
				Emer. Contact	DO/PU Contact	
1.						
2.						
3.						
4.						

Special Services Received by your Child(ren) in Previous School(s): Please check all appropriate services.

- Gifted/Advanced
- ESL Program
- Occupational Therapy
- Modified Curriculum
- Title I
- Physical Therapy
- Speech
- I.E.P.
- Ind. Ed. Program

Y / N My child(ren) have been suspended (in-school or out of school) or expelled. School(s): _____

Y / N My child(ren) have had behavioral problems in previous schools. School(s): _____

Falsifying any information will result in automatic dismissal from OLV. Explain or list concerns which teachers should be aware of on separate page.

Religious Denomination: _____ **Church Currently Attending/City/State:** _____

Catholic Sacraments Received by Child(ren), if applicable. *Copy of certificate is required.*

Child 1: Baptism Y / N First Communion Y / N Child 4: Baptism Y / N First Communion Y / N

Child 2: Baptism Y / N First Communion Y / N Child 5: Baptism Y / N First Communion Y / N

Child 3: Baptism Y / N First Communion Y / N

Student Heritage (Racial Background): Please check all that apply. (For NCEA Purposes – OPTIONAL)

- Alaskan Native
- American Indian
- African-American
- Asian
- Native Hawaiian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Mixed Race (list or check) _____
- Other _____

I have done my best to insure that above information is accurate and true.

Signature _____ Printed Name _____ Date _____



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Tuition and Financial Aid Information

OLV strives to set a tuition rate that is affordable for families while ensuring the long-term financial stability of the school. Ideally Catholic school tuition covers at least 50% of the actual education costs; currently our tuition is covering 53%. The cost to educate one child at OLV for the current school year is more than \$9,500. This means that the school must raise more than \$4,360 per student in order to operate. To bridge the gap between tuition received and actual costs, we depend on the generosity of families, parishes and friends through a variety of fundraisers.

2023-2024 Tuition – Grades K-8

Tuition is based upon families fundraising and working their share hours. **Tuition Plus** is the tuition plus the costs associated with fundraising and share hours combined (*does not include other fees and expenses*). Two Parent/Guardian Families (TPGF) must fundraise at least \$1,200 and do at least 40 share hours/year (\$1,000 value) for a total of \$2,200. Single Parent/Guardian Families (SPGF) must fundraise at least \$600 and do at least 20 share hours/year (\$500 value) for a total of \$1,100. Multi-child discounts are available for siblings in an immediate family only: 2% for 2 students, 4% for 3 students, 6% for 4 + students.

# of Student(s)	Tuition	Tuition Plus TPGF	Tuition Plus SPGF
1	\$5,300	\$7,560	\$6,430
2	\$10,380	\$12,650	\$11,510
3	\$15,250	\$17,520	\$16,380
4 +	\$19,500	\$22,1806	\$21,040

A 15% discount is offered to families paying full tuition. This offer is valid until September 15,2023 unless otherwise arranged.

OLV has partnered with TADS for Tuition Management Collections.

1 – Tuition Management Collection: Setting up a Tuition Management & Collection Plan is **required for all K-8 families**, is easy, and can be done by going to www.tads.com. You will receive a Tuition Payment Agreement set up code directly from TADS, via email, where you can select your payment options. Please check your junk email folder. **(There is a one-time processing fee paid to TADS for their payment options).** This set up needs to be done every year.

2 – Financial Tuition Assistance: OLV has a limited amount set aside for financial tuition assistance. Those families who are active members of Our Lady of the Lake Parish, Sacred Heart Parish, or St. Michael Parish are given first preference of receiving tuition assistance, followed by currently enrolled families, and then all other families. The maximum tuition assistance awarded is 33% percent of the family rate. The award process is determined by the acting principal. Please submit a letter, being as detailed as possible, addressing why you are in need of financial aid and the amount you are able to contribute to your student(s) Catholic education. Families who are behind in paying their school bills, and or who have not contributed share hours, will lose their financial assistance. Please contact the school if you have any questions regarding tuition or financial tuition assistance.

It should be understood that inconsistent unexcused absences or tardiness and non-participation in fundraising/share hours may result in revocation of financial assistance and/or scholarships. Families applying for financial assistance, scholarships, and tuition reduction must be registered in and updating the Sycamore share hours register.

Depending on funding, there may be some other special **scholarships** available. There is also a possibility of reducing some tuition obligations after volunteer hours have been completed. Contact our office for details.

Written quarterly report cards will not be given to those who are delinquent in paying their tuition. Students who are not up to date with their tuition payments at the end of the first semester will be dismissed from our school.



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Tuition and Fees Payment Contract

I have paid my family non-refundable registration fee of \$100. Y / N

I have reviewed the Tuition and Financial Aid Information & Share Hours obligation in this packet. Y / N

Payment are to be made through TADS (www.tads.com). Contact the office to make other payment arrangements.

Enrolled Student(s) Name (oldest to youngest) Last Name, First Name, MI	Gender	Grade	Age

Parent/Guardian Name(s) Last Name, First Name, MI	Best Phone #	Email

Please check one plan below for TUITION PAYMENT:

- Tuition with fulfilling share hours and fundraising
 Tuition Plus (TPGF)
 Tuition Plus (SPGF)
- TPGF-Two Parent/Guardian Family SPGF-Single Parent/Guardian Family

I agree to tuition and share hour fundraising obligations: _____
Print Name & Sign

I agree to Tuition plus (no share hours or fundraising): _____
Print Name & Sign

OPTIONAL PROGRAM FEES:

1 – Extended Day Program: Before school or after school care. (See Handbook page 15.)
Fees are \$6/hour for 1 student, \$10/hour for 2 students, \$12/hour for 3 students, or \$14/hour for 4 students.

- No, I'm not interested
 Yes, I'm interested. **I will** Pay as utilized OR Be billed monthly OR Make an Advance Deposit

2 – Hot Lunch Program: This program is staffed by volunteers and available on Tuesday and Thursday (if available).
Meals are \$6 per student per day.

- No, I'm not interested
 Yes, I'm interested. **I will** Pay as utilized OR Be billed monthly OR Make an Advance Deposit

I understand that accounts that are over 30 calendar days delinquent may result in my student(s) being dropped from OLV. I agree to meet the terms of this agreement to enable my student(s) to attend OLV.

Signature _____ Printed Name _____ Date _____



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The success of OLV depends on the faithful involvement of the school community. We rely on the parents of our students to provide resources which are not covered by tuition. It is important for parents to be involved in the educational process and to provide educational assistance, fundraising help, and leadership help. The PVO is a vital link in these fundraising activities and active family participation is key to helping this school be successful.

In order to keep tuition costs down, and for OLV to operate, we that require participation from every family in fundraising activities such as drawings or raffles, breakfasts or dinners, poker nights, the annual dinner auction, and others. (We are always considering different fundraising options.) We also require participation of service to the school, called “share hours”, which include the fundraising activities, as well as serving on a board or committee, building and grounds maintenance, recess duty or hot lunch program, classroom volunteer or chaperone, to name a few. Being active in the school is a great way to meet other families and establish lifelong friendships.

Two Parent/Guardian Families (TPGF) must fundraise at least \$1,200 and do at least 40 share hours/year. Single Parent/Guardian Families (SPGF) must fundraise at least \$600 and do at least 20 share hours/year. At least half of the required share hours are to be completed by the end of the first semester and the remaining by the end of the year. A minimum of 5 share hours are required at our annual dinner auction (set-up and/or during). A “Share Hours Register” is on Sycamore for keeping track of share hours. *Recording all hours beyond the expected hours is important as well – it helps the school with receiving grants.*

The school will secure selling locations for each fundraiser so that all families have an opportunity to sell their tickets. All ticket stubs, procured items, and monies must be accounted for on the due dates set for each fundraiser. **Families will be billed for unsold tickets, for not fulfilling their auction obligations, and for any share hours not completed.**

Print Family Name: _____ TPGF SPGF

Student(s) first name(s): _____

Please check one of the following options for **fundraising**:

- YES, I will fulfill my fundraising obligation.
- NO, I will not fulfill my fundraising obligation. **I will** pay the rate of TPGF (\$1,200) OR SPGF (\$600).

Please check one of the following options for **share hours**:

- YES, I will fulfill my share hours obligation.
- NO, I will not fulfill my share hours obligation. **I will** pay the rate of TPGF (\$1,000) OR SPGF (\$500).
- I have elected to pay Tuition Plus (no fundraising or share hour obligations) in accordance with the Tuition and Fees Payment Contract.

I agree to participate or pay in the fundraising and share hour requirements as stated above.

Signature _____ Printed Name _____ Date _____



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Picture/Social Media Permission Form, and Handbook Acknowledgement

1 – Picture/Social Media Permission:

Family Name: _____ I give OLV permission to use video, media and/or pictures of my student(s) in:
Please initial the box(es) with your approval. Put a dash “ – ” in the box(es) that are not approved.

Student(s) Name:					
OK to use on OLV webpage. (No names used.)					
OK to use on OLV Facebook & YouTube. (First name only for birthday wishes and congratulatory purposes.)					
OK to use on OLV newsletter and newspaper articles to promote school. (First name only.)					
OK to use on OLV calendars, slide shows, and Fundraisers. (First name only.)					
I DECLINE PERMISSION to allow use of videos/pictures of my child of any kind.*					

***By declining all permission, your student(s) will not be included in any photographs or videos of a group or individually, and will be asked to sit aside when media is being prepared.**

Signature _____ Printed Name _____ Date _____

2 – Handbook Acknowledgement:

The Parent/Guardian/Student Handbook contains the information on OLV’s Mission and Goals, Governance, Staff Certification, Emergency Procedures, Policies, Dress Code, School Day and Curriculum, Student’s Rights and Responsibilities, Grievance Procedure, and more. A copy can be found on the website at www.olvwasilla.com under Admissions or through the office. *It is important to review this handbook with your student(s).*

By signing below I acknowledge that I have read the Parent/Guardian/Student Handbook, individually and with my student(s), and agree to support OLV in its mission to teach my student(s). I also agree to support and follow the policies regarding:

- Personal Electronics (Handbook Page 9)
- Homework (Handbook Page 9)
- Student Appearance and Dress Code (Handbook Pages 13 & 14)

Parent/Guardian Signature Printed Name _____ Date _____

Student Signature (if able) Printed Name _____ Date _____

Student Signature (if able) Printed Name _____ Date _____

Student Signature (if able) Printed Name _____ Date _____

Student Signature (if able) Printed Name _____ Date _____



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Family Talent/Interest Form

Parent/Guardian Last Name, First Name	Home Phone	Cell Phone	Work Phone	Email Address
1.				
2.				

Family Skills, Talents, and Interests: (sewing, cooking, art, metalwork, carpentry, classroom help, etc.)

Other Useful Information, Comments, and Suggestions:

OPTIONAL – Weekly times available for volunteering at school or working at home on school projects:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Time	to	to	to	to	to	to	to

Volunteer Information Form

Volunteer Name		Mailing Address			
Home Phone	Cell Phone	Work Phone & Work Place Name		Email Address	

REQUIREMENTS OF ALL VOLUNTEERS AND STAFF: (please check when complete)

- I have taken the Safe and Sacred Environment Adult Online Training course from the Archdiocese of Anchorage-Juneau (<https://aoaj.org/adult-online-training>) and have submitted the completion certificate to OLV office.
- I have submitted the Archdiocese of Anchorage-Juneau Authorization for Release of Information Disclosure Regarding Background Investigation form to the OLV office.

I plan to volunteer at OLV in the following ways: (check all that apply)

- I plan to volunteer at the school.
- I plan to chaperone field trips.
- I plan to drive my private vehicle while transporting other students on field trip activities.

If you are considering being a volunteer driver for transporting students other than your own on field trips, please note there are requirements such as booster seats (if needed), fire safety, and insurance. Please contact the OLV office for further information.

Thank you for volunteering at OLV!



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AOAJ Safe Environment: Adult Online Training and Background Check

The Archdiocese of Anchorage-Juneau requires that **all employees and volunteers** take and pass the “Safe Environment: Adult Online Training” course. If you do not have a computer available to you, you may use a school computer in the office. **This can be done now** and **must** be done prior to any volunteering involvement.

Go the website <https://aoaj.org/adult-online-training> and click on the link under ADULT ONLINE TRAINING RESOURCES. You will be asked to provide registration information before you take the course

Take the course. Then take the quiz. Score 90% or more. If you do not score at least 90% you may retake the quiz immediately or review and take it again. The certificate of completion is automatically e-mailed to the school. for our files. This certificate is good for two (2) years. Thank you!

Background Check

The Archdiocese of Anchorage also requires that **all employees and volunteers** obtain a background check. This document is kept confidential and is on file in the school office and is good for three (3) years. Please fill out the below request if you plan on chaperoning, assisting in the classrooms or working with the students in any way.

Copies of this form may be made. There are no fees required. It may be obtained from the Archdiocese of Anchorage-Juneau website.

**Archdiocese of Anchorage-Juneau
AUTHORIZATION FOR RELEASE OF INFORMATION DISCLOSURE
REGARDING BACKGROUND INVESTIGATION
One per person (Please print clearly)**

Last Name: _____

First Name, Middle: _____

Maiden Name: _____ Mother’s Maiden Name: _____

Alias (required for some international searches) _____

Social Security* #: _____ Driver’s License* #: _____ State of Driver’s License*: _____

Home Phone Number: _____ Cell Phone Number: _____

Present Address: _____ E-Mail: _____

City/State/Zip: _____ Date of Birth: _____

Other cities/states lived in during the past 7 years: _____

*This information will be used for background screening purposes only by the Parish/School/Agency working for or volunteering with: Our Lady of the Valley Catholic School, Wasilla.

Signature: _____ Date: _____



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Extended Day Program, and Hot Lunch Program

Account balances and program usage for both programs can be found on the Sycamore system. See Tuition and Fees Payment Contract for payment arrangements. Volunteering for either program counts toward your share hours.

1 – Extended Day Program (OPTIONAL)

OLV is available to help families that are in need of childcare both before and after school. Students are encouraged to bring a snack for the after school extended day program.

Before School Care – 7:00-8:00 AM

Costs are \$6/hour/child, \$10 for two children, \$12 for three children, or \$14 for four children. If care before 7:00 AM is requested, cost is \$7/student or \$12/family. 24-Hour notice must be given if extra care is requested.

Before School Location: All Saint’s Center

After School Care – 3:30-5:30 PM

Same cost as Before School Care Costs. Late fee for after 5:30 PM pick-up = \$1/minute. Time will be spent on completing homework and reading followed by outside activities, weather permitting.

After School Location: All Saints Center

- I do not need the extended day program at this time.
- I may/will need the extended day program as outlined below: Circle the program(s) and day(s) that apply.

Enrolled Student(s) Name(s): Last Name, First Name	Grade	Age	Before / After		Day(s) of the Week					
			Before	After	Mo	Tu	We	Th	Fr	

I authorize the Extended Day Program staff/volunteers to have a copy of my student(s’) OLV medical record, pick-up/emergency contact information, and other necessary information, on an as-needed basis.

Signature _____ Printed Name _____ Date _____

2 – Hot Lunch Program (OPTIONAL)

OLV offers a hot lunch in the Sacred Heart Social Hall, typically on Tuesdays and Thursdays, depending on volunteer availability. The school furnishes the cost of the food, and procurement and preparation are carried out by volunteers. Recently, parent/guardian volunteers have been preparing lunches off-site and bringing it to the social hall before serving. The lunches are healthy, nutritious, and will offer a time for all the school to come together and share a meal. At times Sacred Heart church will need to use the social hall and this is usually known ahead of time. If this happens, meals are served in the classrooms. The program typically begins in September and ends in May. Cost is \$6.00/student/day.

I am available to be involved in this program as indicated below: (1 free student meal for volunteer)

- I am willing to schedule the chefs and prepare the menu.
- I am willing to be a chef in charge of purchasing and preparing food.
- I am willing to be a chef’s helper to assist in setting up, preparing, serving, and cleaning up after each meal.
- I am willing to prepare a portion of the meal at home to be served at school.

My availability is weekly monthly quarterly other: _____

Signature _____ Printed Name _____ Date _____



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Guidelines for OLV Scholarship / Work Study Program, and Co-Enrollment Information

Financial aid funds are distributed through the TADS program. In addition to financial tuition assistance funds, which are available based on family income, there are also funds available for scholarships or tuition reduction through work study. Families applying for financial assistance, scholarships, and tuition reduction must be registered, and enter share hours, in the Sycamore system.

Scholarships

Applicants must submit family financial information to the school office directly. The OLV Scholarship Committee will review family data along with the below criteria in the awarding of an OLV scholarship.

The following are some guidelines for distribution of scholarship funds:

- Hardship, extended illness or emergency
- Family involvement with the school on campus, and with assigned tasks
- Share hours met and/or exceeded. See share hour form for clarification.
- Fundraising help met and/or exceeded
- Active member in home parish
- Student attendance and tardiness
- Student academic and behavioral performance
- Timely tuition and fee payment

Applicants must submit a confidential letter of request in a sealed envelope (marked: to Scholarship Committee). Use the above guidelines in your letter, including the yearly amount you can afford to pay for tuition. Applications must be made for each new school year. Please submit this letter to the OLV office.

The Scholarship Committee is responsible for all awards, which are kept strictly confidential. If you desire more information about specific scholarships or the application process, please contact the OLV office.

Work Study

There are opportunities for Parents/Guardians to provide services to OLV for a reduction in tuition/fees after their share hour obligations are met. After completing TADS information, please fill out the **Reduction in Tuition Application & Agreement** form from the office.

Co-Enrollment with the Mat-Su Borough School District (MSBSD)

When enrolling at OLV it is highly recommended that your student(s) also be enrolled at one of the following MSBSD sites: *Mat-Su Central School (907-352-7450) OR Twindly Bridge Charter School (907-376-6680)* Also available is *IDEA and PACE*

THIS IS BECAUSE:

The MSBSD provides an allotment for electives, academics, and enrichment (approximately \$2,600 per student) for students co-enrolled. This allotment can be used for your child's extended learning needs such as:

- Extra-curricular education: PE (hockey, swimming, dancing, etc.), music, art, theater, etc.
- Additional instruction: tutoring, speech, etc.
- Educational materials: books, supplies, computers/tablets, robotics, etc.

Co-enrolled students need to fill out an Individual Learning Plan (ILP). Student progress in these courses will be monitored by one of the MSBSD school staff members. Your student may be asked to show academic growth by performance on certain tests depending of the age of the student to remain eligible to receive a full allotment.

To receive the full amount of this allotment, you must enroll in one of these two schools by September 30th. Enrollment starts around July 1st on the MSBSD's I-Parent system (<https://www.matsuk12.us/registration>).

Please contact one of these two schools to see the extensive variety of courses that are available for your student to enroll in and the program guidelines. The allotment may NOT be used to pay for OLV tuition or fees.



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Medical Information Form I (one form for each student – please write clearly)

Enrolled Child's Name Last Name, First Name, MI	Gender	Age	Date of Birth	Place of Birth City & State	Grade

Parent/Guardian Last Name, First Name, MI	Home Phone	Cell Phone	Work Phone	Email Address	Mailing Address
1.					
2.					

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact Last Name, First Name, MI	Home Phone	Cell Phone	Work Phone	Relationship to Student
1.				
2.				

FAMILY DOCTOR AND EMERGENCY TREATMENT INFORMATION

Family Doctor's Name: _____ Phone: _____

I give permission for my child to be transported by ambulance (after calling 911) if I cannot be located and immediate medical attention is necessary. I give permission for my family doctor or a qualified physician to treat my child. I will assume all financial responsibility. YES NO

I give permission for an OLV staff member to administer minor first aid treatment to my child. YES NO

Child's Medical History: Has your child ever had or has now? (Please check *and date* all that apply.)

- | | | |
|---|--|--|
| <input type="radio"/> Head Injury/Concussion _____ | <input type="radio"/> Diabetes _____ | <input type="radio"/> Behavior/Emotional Prob. _____ |
| <input type="radio"/> Epilepsy/Seizures _____ | <input type="radio"/> Leukemia/Cancer _____ | <input type="radio"/> Depression _____ |
| <input type="radio"/> Hearing Problems _____ | <input type="radio"/> Thyroid Problems _____ | <input type="radio"/> Eating Disorder _____ |
| <input type="radio"/> Frequent Ear Infections _____ | <input type="radio"/> Kidney/Bladder Problems _____ | <input type="radio"/> Hyperactivity/ADHD _____ |
| <input type="radio"/> Ear Tubes/Problems _____ | <input type="radio"/> Ulcer _____ | <input type="radio"/> Coordination Problems _____ |
| <input type="radio"/> Vision Problems _____ | <input type="radio"/> Mononucleosis _____ | <input type="radio"/> Frequent Bedwetting _____ |
| <input type="radio"/> Asthma _____ | <input type="radio"/> Chicken Pox _____ | <input type="radio"/> Allergies _____ |
| <input type="radio"/> Pneumonia _____ | <input type="radio"/> Skin Disease/Eczema _____ | <input type="radio"/> Other: _____ |
| <input type="radio"/> Tuberculosis _____ | <input type="radio"/> Bone/Joint Problems _____ | |
| <input type="radio"/> Heart Problems _____ | <input type="radio"/> Scoliosis/Back Curvature _____ | |
| <input type="radio"/> Rheumatic Fever _____ | <input type="radio"/> Substance Abuse Tmt. _____ | |

NEW STUDENTS just arriving from a foreign country are required to have a current health physical to be submitted with registration.

I attest that I have submitted a copy of my child's Health & Immunization Records and Birth Certificate to the OLV office.

Signature _____ Printed Name _____ Date _____



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Medical Information Form II (one form for each student – please write clearly)

Enrolled Child's Name Last Name, First Name, MI	Age	Grade

My child HAD or HAS NOW: (Please check *and explain* all that apply.)

- Allergies: _____ Reactions: _____
- Surgery for: _____ Date: _____
- Hospitalized for: _____ Date: _____
- Dr. Prescribed Medication: _____ Date: _____
- Current year flu shot: _____ Date: _____

Does your child take medication regularly? NO YES (What kind and how often?)

Do you have other specific concerns not covered above? NO YES (Please explain.)

Immunizations: You will be notified when your child needs additional immunizations as required by Alaska State Law Title 4 AAC 06.055.

Release of Health Information: I give the Administrative Secretary permission to share health related information regarding my child to other school personnel on a need to know basis.

TB Skin Test: I understand that my child will need a TB Skin Test at intervals as required by Alaska State Law Title 7 AAC 27.213 during the period they are enrolled in the school unless documentation is provided showing negative results in the previous six months or positive results from a PPD test. (New Kindergarten and 7th Grade Students)

Has your child ever had a positive reaction to a TB Skin Test? YES NO

If YES, date of result: _____ If YES, date of last chest x-ray: _____

I give permission for the following medicines (in their original containers) to be administered to my child when necessary:

- Acetaminophen (Tylenol, etc.)
- Ibuprofen (Motrin/Advil, etc.)
- Antihistamine (Benadryl, etc.)
- Antacid (Tums/Roloids, etc.)
- Doctor Prescribed Medication (as listed above)
- Other: _____

In case of emergency a parent/guardian will be contacted immediately. If the parent/guardian cannot be reached, other contacts from your child's **Medical Information Form I** will be called. If no one can be reached and the child needs medical assistance, the physician on Form I will or 911 will be called. Fees for medical services are the parent/guardian responsibility. Our protocol is to call 911 or take the child to the nearest medical facility if we are ever in doubt of whether or not a child needs medical assistance.

Signature _____ Printed Name _____ Date _____



Our Lady of the Valley Catholic School

1201 E. Bogard Rd., Wasilla, AK 99654 Phone: (907) 376-0883 Website: olvwasilla.com

Facebook: Ourladyofthevalley-wasilla

Test Scores and Permission for Obtaining Previous School Records

Students in K-8 who are enrolled at OLV are required to take the following tests throughout the school year: AIMS Web Reading Assessment (K-3) and AK Stars Tests in the Fall, Winter, & Spring (3-8). Mat-Su Central School (MSCS) or Twindly Bridge Charter School (TBCS) will administer these tests for co-enrolled students.

Classroom teachers use the results of these tests to plan their lessons and direct instruction more efficiently. By signing the statement below, the advisory teachers at MSCS or TBCS will be able to share testing results with OLV.

I give Mat-Su Central School and/or Twindly Bridge Charter School permission to release results of AIMS & MAP testing to OLV.

Student First Name	Grade	Student First Name	Grade	Student First Name	Grade	Student First Name	Grade

Signature _____ Printed Name _____ Date _____

REQUEST FOR PREVIOUS SCHOOL RECORDS (IF NECESSARY)

I understand that the student and/or I may, upon written request, receive from the school district a copy of the released records at my expense. I understand that I have the right to interpretation of records by competent school personnel and that I may review and challenge the content of such released records.

Previous School Name: _____

Previous School Address: _____

Dates of Attendance: _____

Printed Parent/Guardian Name _____ Parent/Guardian Signature _____ Relationship to Student _____ OLV Staff Member _____ Date _____

Under Public Law 93-380, amended in Section 99.32, PL 93-568, no Parent signature is req'd for educational records sent to another educational agency. 05/1980

Student's Name	Other Name(s)	Date of Birth	Grade	Previous School Attended	Date Withdrawn

RECORDS FOR SCHOOL USE:

- Basic State Mandated Cumulative Records
- Health Records
- Grades and/or Credits
- Standardized Test Results
- Attendance Records
- Vocational Interest Inventory and Aptitude Test Results
- Activities Records
- Awards and Scholarships
- All of the Above**

SPECIAL EDUCATION AND PSYCHOLOGICAL SERVICES:

- Medical Records
- Psychological Records and Other Assessment Data
- Speech and Hearing Records
- Student's Individual Education Program (IEP)

Signature of Previous School Official _____ Position _____ Date _____

Please submit all records requests (scanned and e-mailed or regular mail) to:

Attention Karen Smith
Our Lady of the Valley Catholic School
1201 E. Bogard Rd., Wasilla, AK 99654

Phone: (907) 376-0883
E-Mail: ksmith@valleycatholicsschool.org