



**St. Gerard Majella School**

**2005 Dougherty Ferry Road**

**Kirkwood, MO 63122**

**GRADES 1-8 APPLICATION  
FOR ADMISSIONS  
2021-2022**



**National Blue Ribbon School  
2012**

## WELCOME TO ST. GERARD MAJELLA!

### Included in this application packet is:

- Principal Letter
- Application Information Packet (**return today**)
- Letter from Fr. Skillman concerning financial obligations for the 2021-2022 school year
- A copy of "APT Green/Gold Weekly Raffle" fundraiser expectations
- Gerard Care (After School Child Care) information (available upon request)

Start date for K-8 will be August 18, 2021.

- St. Louis Archdiocesan Safe Environment Program "Protecting God's Children" Information  
**EACH PARENT WHO WISHES TO VOLUNTEER MUST REGISTER ONLINE.**  
The website is <https://www.preventandprotectstl.org>. In order to register, you will need your social security number and a valid credit card. The fee is \$8.00 per person. Each applicant is responsible for the \$8.00.

**Once you have completed these steps you will be in compliance for all SGM activities involving children. If you think you are already in compliance, you may call the parish office to verify your compliance status.**

### **Registration process**

- **Interview with principal**
- **Registration/technology fee, and APT student fees are paid**
- **Parish registration complete**
- **Tuition agreement read (available on the [sgmschool.org](http://sgmschool.org) website, Parent/Student Handbook, page 9)**

If you have any questions or concerns during the above stated process, do not hesitate to call the school office.  
(314-822-8844, press 2)



St. Gerard Majella School 2005 Dougherty Ferry Road Kirkwood, MO 63122

February 7, 2021

Dear Parents,

St. Gerard Majella School is committed to providing a solid religious foundation that is consistent with the tenets of the Catholic faith and which is directly linked to the St. Gerard Majella parish mission statement. St. Gerard Majella School is also committed to providing an academic program that is rigorous and enriching...ever responsive to the potential and needs of the individual student within a general classroom setting.

The success of a child's experience in a Catholic school is built around mutual respect, support, and communication between parents and the school/parish staff.

In the area of faith and living, parents are the strongest influence and example for their children. Consistent participation in the sacramental life of the Church is crucial to a child's faith development. Family participation in weekly Sunday liturgy, sharing of time and talent, responsible financial stewardship, and participating in parish service/outreach projects is expected.

Parental interest in and support of the educational endeavors of their children are a strength and an asset in helping children develop an appropriate and positive attitude toward education. Parents of children enrolled in our school are expected to support the Archdiocesan Parent Witness Statement and the school's policies/procedures as outlined in the Parent Handbook. Parents are also expected to participate in parent/teacher conferences and attend scheduled parent meetings.

By applying for admittance into St. Gerard Majella School, you have elected to place your child in an environment of faith and learning where values, attitudes, and skills acquired and practiced today will serve your child well into their future.

Sincerely,

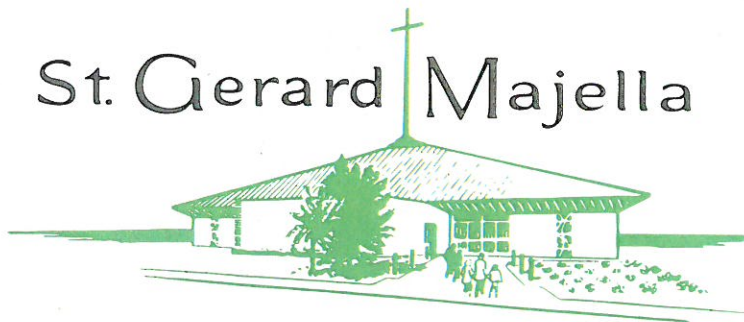
Ms. Chrisell M. Guthrie, Ed.S.  
Principal



National Blue Ribbon School  
2012



# St. Gerard Majella



1969 Dougherty Ferry Road, Kirkwood, MO 63122-3538 (314) 965-3985  
Fax (314) 965-7650

February 7, 2021

Dear Parents,

Enclosed is preliminary tuition information for the coming school year. Exact tuition numbers will be finalized and published soon. We expect a modest increase to account for the cost to educate our students. Our school is supported by every parishioner who contributes to the parish. This is why it is so important that we all participate in the Sunday Offertory Collection as well. We all need to support the work and ministry of Catholic Education.

At registration, one check per child for \$175.00 covers the following:

- \$100.00 Registration fee (unchanged for several years)
- \$50.00 Technology fee (unchanged for three years – licenses, student programs, etc.)
- \$25.00 APT annual fee (moved to registration time instead of August)

Every family, through the APT (Alliance of Parents and Teachers), is expected to sell at least 8 *Green and Gold* raffle tickets at \$25.00 a ticket to help fund the APT activities. This raffle has been very successful, especially with the on-line purchasing option. Every child in the school benefits from the proceeds of this raffle, so everyone needs to join in supporting this raffle. The APT continues to invite families to sell their tickets after Mass if they are unable to find other outlets to sell the tickets. If you prefer not to sell tickets, a \$200.00 donation may be offered directly to the APT.

Our parish community is committed to educating every child of the parish that wants a Catholic education. There are resources available to those families that need some assistance to keep their children in school. If financial circumstances make you question sending your child(ren) to SGM, please contact me to discuss some options. Tuition can be negotiated for those that demonstrate a need for tuition assistance.

***In the end, tuition is strongly impacted by the enrollment.*** A full school helps to increase the levels of interaction among the students, it provides opportunities for greater social interaction and keeps down the cost of education by sharing it among a larger pool of families. Have you invited someone to consider SGM? How have you shared the good that happens at SGM school every day? Have you invited someone to take a tour of the school and learn more about what we offer?

As in the past, we will continue with the "Early Payment Discount." If you are able to pay your entire tuition by August 15, 2021, you will receive a 2% discount. Additionally, many companies make matching gifts to elementary schools...check with your company and call the office to inquire how we can help with this as well.

Be assured of my daily prayers for your family. It is a privilege to cooperate with you in the Catholic formation of your child(ren).

Sincerely yours in Christ,

Rev. David P. Skillman  
Pastor

# ST. GERARD MAJELLA GRADE 1-8 SCHOOL APPLICATION PACKET 2021-2022

Date of Registration into SGM Parish (Month/Year) \_\_\_\_\_ N/A

FAMILY NAME (last name only): \_\_\_\_\_

\_\_\_\_\_ My child/children will be attending St. Gerard Majella School for the 2021-22 school year.

Registration Fee: \$175.00 registration fee per child (\$100.00 registration, \$50.00 technology fee and \$25.00 APT student fee)

Date \_\_\_\_\_ Amt. Pd. \_\_\_\_\_ Ck# \_\_\_\_\_

Student's First Name

Grade in 2021-22

1. _____	1	2	3	4	5	6	7	8
2. _____	1	2	3	4	5	6	7	8
3. _____	1	2	3	4	5	6	7	8
4. _____	1	2	3	4	5	6	7	8
5. _____	1	2	3	4	5	6	7	8

Need afterschool childcare: YES NO  
(offered from 3:10-6:00pm by Gerard Care)

## By registering my child/ren at St. Gerard Majella School:

- I acknowledge that I will be required to abide by the SGM policies/procedures and the Archdiocesan Parent Witness Statement explained in the SGM Parent/Student School handbook.
  - The SGM school handbook contains not only general information about the school, but also the policies that apply to all students. It is important that each family read the handbook and familiarize itself with these policies. The school parent/student handbook is published online. You can access it at [www.sgmschool.org](http://www.sgmschool.org).
- I agree to fulfill the financial obligations set forth in the SGM School Board tuition policy and procedures.
- I understand that I am expected to work 3 times a year in the cafeteria or submit a \$150.00 buyout fee.
  - Cafeteria scheduling forms are sent home in April.
- I understand that participation in the "APT Green/Gold Weekly Raffle" initiative will run from July 23 – August 6, 2021. Please contact Mrs. Amanda Wolf if you have any questions, [wolfamanda2015@gmail.com](mailto:wolfamanda2015@gmail.com)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_ I am interested in receiving information on tuition assistance.

\_\_\_\_\_ I am interested in receiving information on contributing to assist a family unable to pay full tuition.

Registration is complete when this signed form is submitted to the School Office, \$175.00 per child (registration \$100.00, \$50.00 technology fee, \$25.00 student fee) are paid and appropriate birth/baptismal certificates are certificates are on file in the School Office.

**STUDENT INFORMATION**

Date of Application \_\_\_\_\_ Grade Entering \_\_\_\_\_

School District student resides in \_\_\_\_\_

Local Public School Attendance Area:

Parkway

Barretts \_\_\_\_\_

Hannah Woods \_\_\_\_\_

Wren Hollow \_\_\_\_\_

Carmen Trails \_\_\_\_\_

South Middle \_\_\_\_\_

West Middle \_\_\_\_\_

Southwest Middle \_\_\_\_\_

Kirkwood

Keysor \_\_\_\_\_

North Glendale \_\_\_\_\_

Robinson \_\_\_\_\_

Tillman \_\_\_\_\_

Westchester \_\_\_\_\_

Nipher Middle \_\_\_\_\_

North Kirkwood Middle \_\_\_\_\_

Kirkwood High \_\_\_\_\_

Other District

School \_\_\_\_\_

**STUDENT INFORMATION:**

Full Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Religion: Roman Catholic \_\_\_\_\_ Other \_\_\_\_\_ (please specify) \_\_\_\_\_

Baptism: Church \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Reconciliation: Church \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Eucharist: Church \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Confirmation: Church \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**PARENT MARITAL STATUS:**MARRIEDWIDOWEDDIVORCED\*SEPARATED\*SINGLEStudent resides with: Both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_  
Guardian \_\_\_\_\_ Father only \_\_\_\_\_ Father/Stepmother \_\_\_\_\_\* If divorced/separated, indicate custody status: Joint Legal \_\_\_\_\_ Mother Only Legal \_\_\_\_\_ Father Only Legal \_\_\_\_\_  
Joint Physical \_\_\_\_\_ Mother Only Physical \_\_\_\_\_ Father Only Physical \_\_\_\_\_

\* If divorced/separated, financially responsible part: \_\_\_\_\_

**A COPY OF THE DIVORCE DECREE MUST BE ON FILE IN THE SCHOOL OFFICE PRIOR TO THE FIRST DAY OF SCHOOL.**

Total number of children in family \_\_\_\_\_ Number of Boys \_\_\_\_\_ Number of Girls \_\_\_\_\_

Students rank in family (first, second, third, etc.) \_\_\_\_\_

Names of other children in family:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

## STUDENT BACKGROUND INFORMATION

Schools/Preschools previously attended:

Name of School/Address

Dates Attended:

---

---

---

---

---

---

---

---

Has the applicant been diagnosed with a special need or condition that impacts learning or the learning environment? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

---

---

---

---

Are services currently being received for any of the above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list provider of services, minutes of support services received weekly, and any other pertinent information \_\_\_\_\_

---

---

---

---

*PLEASE NOTE:* If a special learning need or condition exists, a copy of the diagnostic evaluation and recommended accommodations must be provided to St. Gerard Majella School before registration will be finalized.

Are there any other learning considerations needed for this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

---

---

---

Does the applicant have any medical issue the school needs to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

---

---

---

---

Is the applicant currently on any medication that the school needs to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list medication and possible side effects \_\_\_\_\_

---

---

---

---



## PARENT INFORMATION

### FATHER

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Remarried \_\_\_\_\_ If married, name of spouse \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address (Please Print) \_\_\_\_\_

Religion: Roman Catholic \_\_\_\_\_ Other \_\_\_\_\_ (please specify) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Business Telephone \_\_\_\_\_

### MOTHER

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Remarried \_\_\_\_\_ If remarried, name of spouse \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address (Please Print) \_\_\_\_\_

Religion: Roman Catholic \_\_\_\_\_ Other \_\_\_\_\_ (please specify) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Business Telephone \_\_\_\_\_

**These statements are true and accurate to the best of my knowledge.**

**Parent Signature** \_\_\_\_\_

\_\_\_\_\_



## Request for Student Records

### STUDENT INFORMATION

DATE OF REQUEST \_\_\_\_\_

STUDENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH - CITY \_\_\_\_\_ STATE \_\_\_\_\_

CURRENT ADDRESS - STREET NUMBER AND NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

CURRENT ADDRESS - STREET NUMBER AND NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

CURRENT ADDRESS - STREET NUMBER AND NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

### RECORDS REQUESTED FROM:

SCHOOL NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SEND RECORDS TO:

SCHOOL NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.

# St. Gerard Majella Parish Registration

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Print	Adult #1	Adult #2
Title (circle one)	Mr. Mrs. Miss Ms. Dr. Other _____	Mr. Mrs. Miss Ms. Dr. Other _____
Name (first middle last)		
Perferred/Nickname		
Maiden Name		
Gender	Male _____ Female _____	Male _____ Female _____
Birthday	Date ____/____/____	Date ____/____/____
Street Address		
City, State Zip		
Preferred Email Address		
Marital Status (circle one)	Single Married Divorced Widowed Separated Cohabiting	
Date Married	Date ____/____/____	
Home Phone	( ) - _____ unlisted? Y _____ N _____	
Cell Phone	( ) - _____ unlisted? Y _____ N _____	( ) - _____ unlisted? Y _____ N _____
Work Phone	( ) - _____	( ) - _____
Occupation		
Employer		
Religion		
Baptism	Yes _____ No _____	Yes _____ No _____
First Communion	Yes _____ No _____	Yes _____ No _____
Confirmation	Yes _____ No _____	Yes _____ No _____
Marriage blessed by the Catholic Church	Yes _____ No _____	

Are you interested in automatic withdrawal contributions?	Yes _____ No _____
Do you want Information about our full-time School?	Yes _____ No _____
Do you want information about our parish school of religion?	Yes _____ No _____
Do you have a household member living with you who would benefit from a visit from one of the priests?	Yes _____ No _____

Previous Parish \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Continue other side

### Dependent Children

<b>Child #1</b>				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			
<b>Child #2</b>				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			
<b>Child #3</b>				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			
<b>Child #4</b>				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			

<b>Adult #3 -- Relationship to you</b> _____	
Name (first last)	
Gender	Male _____ Female _____
Birthday	Date: ___/___/___
Marital Status	Single   Married   Divorce   Widow   Separated
Religion	
Baptism	Yes _____ No _____
First Communion	Yes _____ No _____
Confirmation	Yes _____ No _____

Additional needs or comments:



## **APT - GREEN/GOLD Weekly Raffle – 2021/22**

As an alternative way to raise additional funds to secure school programs and to help keep tuition at a minimum, the Alliance of Parents and Teachers (APT) organizes a raffle each spring. This APT fundraising initiative **replaces** the multiple, door to door Innisbrook Wrapping Paper sales, magazine drives, and Entertainment book sales that families used to be responsible for. The raffle has been very successful. Over \$55,000.00 is raised each year to assist in funding school activities and improvements to the school campus that directly enhance the learning experience of our students.

- **All new & returning registering families** are required to participate.

### **2021/22 RAFFLE SPECIFICS:**

- **ALL PROCEEDS BENEFIT THE SCHOOL!**
- **Every SGM school family is responsible for selling a minimum of eight (8) \$25 raffle tickets.**
- **Sales will start Friday July 23, 2021 and will end at on Friday, August 6, 2021.**
  - The raffle drawings begin the first week of the new school year and continue through the last Monday that school is in session in May.
  - The first Monday of each month the raffle committee will pick a winner and that winner will receive a cash prize of \$250. Each subsequent Monday in the month a different winner will receive a cash prize of \$75.

**BONUS:** If you win the cash prize for the week your ticket is automatically reentered for the following Mondays!!!!



## **GOAL:**

**2,200 tickets sold = \$55,000**

- Tickets will be sold via GoRaiseDough.com, an organization that administers online raffle ticket sales. **Tickets may be purchased with credit cards!**
- All families will receive an email from GoRaiseDough.com explaining how to register along with an email format to send to potential buyers.
- Paper tickets will be available by request only for those who have buyers not on the Internet. Please contact Amanda Wolf for paper tickets [wolfamanda2015@gmail.com](mailto:wolfamanda2015@gmail.com)



## SAFE ENVIRONMENT USER REGISTRATION

Got to <https://www.preventandprotectstl.org>

Click "Register" below the LOG IN button (image at right).

Enter the passcode **stlprotect** when prompted.

Select the type of location where you are a volunteer or employee

- Parish or Parish School
- Non-Parish School or Program
- Archdiocesan Agency
- Non-Archdiocesan Organization

Select the specific location by name.

Click the roles associated with your employment/service at that location.

If you are active at only one location, this will be your "primary" location.

If you are active at more than one location, click the ADD PARISH/LOCATION button and repeat the steps above. With more than one location, please click the "This is my main/primary location" circle to indicate where you are employed or, if you are a volunteer, where most of your ministry or service is performed.

Complete your personal information. Please enter your **legal first name** for the purposes of the background screening.

Create a username, password and password clue.

Agree to the Terms of Use and click SUBMIT.

You will then be prompted to submit information for a background screening, register for a Protecting God's Children workshop\*, view two online training modules, and agree to the Code of Ethical Conduct.

\*If you have previously attended a PGC workshop, the system will find and ask you to confirm your previous record of attendance. You will not be prompted to register for an upcoming workshop.

You may use the links in your approval checklist to access these requirements. These steps may be completed all at once or may be completed separately at your convenience. You will receive an automated email weekly to remind you which requirements are outstanding. When all compliance requirements have been completed, your account will be approved and you will be clear to work with minors and vulnerable adults.

- ☒ Register onto the site
- ☐ [Submit New Background Check](#)
- ☐ Complete "[Protecting God's Children](#)" training
- ☐ Complete "[Mandated Reporter](#)" training
- ☐ Complete "[Code of Conduct](#)" training
- ☐ Sign "[Code of Conduct](#)"

LOG IN

Username

Password

☐ Remember this account

LOG IN

[Forgot Password](#) [Register](#)

Grade Entering \_\_\_\_\_

School Year: 2021 -- 2022

List Dates (month – day – year)

Type of vaccine	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTaP/DTP</b> (Diphtheria, Tetanus, Pertussis)					
<b>DT</b>					
<b>Td</b>					
<b>OPV/IPV</b> (polio)					
<b>MMR</b> (Measles, Mumps, Rubella)					
<b>Measles</b>					
<b>Mumps</b>					
<b>Rubella</b>					
<b>HIB</b>					
<b>TB Test</b> (type & result)					
<b>Hepatitis B</b>					
<b>Varicella</b> (chicken pox vaccine)					
<b>Other:</b>					

Follow-Up Notes:

\_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE BY:**

Physical Examination Form

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

**To Parent/Legal Guardian:**

In accordance with the recommendations of the St. Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to kindergarten, 3<sup>rd</sup> grade, 6<sup>th</sup> grade, 9<sup>th</sup> grade, and all newly enrolled students who have not had a physical examination within the past 12 months.

This form is provided for the convenience of your child's physician. At the time of the examination please have your physician complete and sign this form. ***It is expected that each student have this form on file at school by the first day of school.***

School Name: St. Gerard Majella

School Address: 2005 Dougherty Ferry Road, Kirkwood MO 63122

School Phone: (314) 822-8844

# Physical Examination Form – St. Gerard Majella

## Medical History (to be completed by parent)

Eyes: Glasses \_\_\_\_ (reading \_\_\_\_ distance \_\_\_\_ ) Contacts \_\_\_\_  
Other \_\_\_\_  
Ears: Frequent infections \_\_\_\_  
Hearing Difficulty (explain) \_\_\_\_  
Hearing Aid: right \_\_\_\_ left \_\_\_\_ wear at school \_\_\_\_  
Allergies: (drugs, food, insects, pollens)  
Please list: \_\_\_\_  
Has the allergy ever required emergency action? (explain) \_\_\_\_

Asthma: Yes \_\_\_\_ No \_\_\_\_ Triggered by: \_\_\_\_  
Treatments/Medications: \_\_\_\_  
Diagnosed by physician (date): \_\_\_\_

Seizures: Yes \_\_\_\_ No \_\_\_\_ Date of last seizure: \_\_\_\_  
Describe Seizure: \_\_\_\_  
Medication: \_\_\_\_

Other Medication/Inhaler: \_\_\_\_

Reasons for taking: \_\_\_\_

## Other Health Concerns:

<input type="checkbox"/> yes	<input type="checkbox"/> no	Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no	heart problems
<input type="checkbox"/> yes	<input type="checkbox"/> no	bleeding	<input type="checkbox"/> yes	<input type="checkbox"/> no	eating
<input type="checkbox"/> yes	<input type="checkbox"/> no	sleeping	<input type="checkbox"/> yes	<input type="checkbox"/> no	bowel
<input type="checkbox"/> yes	<input type="checkbox"/> no	bladder	<input type="checkbox"/> yes	<input type="checkbox"/> no	bed wetting
<input type="checkbox"/> yes	<input type="checkbox"/> no	dental	<input type="checkbox"/> yes	<input type="checkbox"/> no	skin
<input type="checkbox"/> yes	<input type="checkbox"/> no	menstrual history	<input type="checkbox"/> yes	<input type="checkbox"/> no	phobias(fears)
<input type="checkbox"/> yes	<input type="checkbox"/> no	blood pressure	<input type="checkbox"/> yes	<input type="checkbox"/> no	orthopedic
<input type="checkbox"/> yes	<input type="checkbox"/> no	neurological	<input type="checkbox"/> yes	<input type="checkbox"/> no	head aches
<input type="checkbox"/> yes	<input type="checkbox"/> no	blood disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no	lungs
<input type="checkbox"/> yes	<input type="checkbox"/> no	sickle cell anemia	<input type="checkbox"/> yes	<input type="checkbox"/> no	TB exposure
<input type="checkbox"/> yes	<input type="checkbox"/> no	bee allergy			

Explain: \_\_\_\_

Other illness, injury, or health problem that might affect performance at school: \_\_\_\_

## Physical Examination (to be completed by physician)

Growth Measurements:  
Height: \_\_\_\_ Weight: \_\_\_\_  
Dietary restrictions: \_\_\_\_

Physiologic Measurements:  
Temperature: \_\_\_\_ Pulse: \_\_\_\_ Respiration: \_\_\_\_  
Blood pressure: \_\_\_\_ Urinalysis: \_\_\_\_

Physical Exam:  
General Appearance: \_\_\_\_  
Skin: \_\_\_\_  
Head: \_\_\_\_  
Neck: \_\_\_\_  
Eyes: \_\_\_\_  
Vision Test: Both \_\_\_\_ Right \_\_\_\_ Left \_\_\_\_

Ears: \_\_\_\_  
Hearing Test: Pass \_\_\_\_ Fail \_\_\_\_

Nose/Mouth/Throat: \_\_\_\_  
Chest: \_\_\_\_

Abdomen: \_\_\_\_

Genitalia: \_\_\_\_

Back & Extremities: \_\_\_\_

Neurological Exam: \_\_\_\_

Chronic conditions and treatment: \_\_\_\_

Should physical activity be restricted? Yes \_\_\_\_ No \_\_\_\_  
If yes, specify degree: \_\_\_\_  
Other restrictions: \_\_\_\_  
Preferential Seating: \_\_\_\_

Signature: \_\_\_\_  
Date: \_\_\_\_ Date of Exam: \_\_\_\_