



A Brighter World One Child at a Time
PRE-K 3 - GRADE 3

Our Lady of the Blessed Sacrament School

20 French Rd.

Depew, NY 14043

Phone: 716-685-2544

Fax: 716-685-9103

Email: info@school.olbsdepew.org

Website: [www. School.olbsdepew.org](http://www.School.olbsdepew.org)

Our Lady of the Blessed Sacrament School

2023 – 2024

**Admission Application for
New Family/Students Enrolling in:**

Pre-K 3, Pre-K 4

Kindergarten

and/or

Grades 1 - 3

Admission Process:

The following are required for admission to Our Lady of the Blessed Sacrament School:

- Completed Application for Enrollment
- Non-Refundable Student Registration Fee
- Copy of Birth Certificate
- Copy of Baptismal Certificate, if Baptized

Missing or incomplete documentation or fees will delay your application process.

Transfer Students:

Students applying for admission in grades 1 - 3 and transferring from another school must also provide:

- A copy of their most recent report card
- An entrance interview with our Principal

Tuition and Enrollment Rate Information

Student Registration Fee:

Non-Refundable and Non-Creditable towards tuition

\$175.00 per student

Registration cannot be processed without the accompanying registration fee.

Registrations will be taken until each grade or class is full. When that occurs, families will be given the option of being placed on a waiting list.

This fee will hold your child's place in a class. It is also used towards the following; technology licenses, purchase of student workbooks and some supplies.

The annual tuition to attend Our Lady of the Blessed Sacrament School is determined after much prayer and consideration by the finance committee, pastor, administration and school board. Every effort is made to keep the financial obligations of families reasonable while affording them a quality Catholic education from highly qualified teachers and staff. That said it is becoming increasingly more expensive to provide the quality education that our school is known for. **The actual cost per pupil to educate a child at Our Lady of the Blessed Sacrament School in 2023-24 is currently estimated at \$8,000.00.** A generous parish subsidy greatly reduces the actual per student tuition cost to the amounts listed below.

Tuition Grades K – 3 Per Student

	Enrollment/Supply Fee	1 Yearly Payment In-Full	10 Monthly Payments of	Breakdown of Weekly Cost
1st Child	\$175.00	\$4,200.00	\$420.00	\$105.00
2nd Child	\$350.00	\$6,800.00	\$680.00	\$170.00
3rd Child	\$525.00	\$9,000.00	\$900.00	\$225.00
More than 3 Children	\$175.00 Each	\$10,750.00	\$1,075.00	\$268.75

4 Year Old Pre-Kindergarten Tuition*

Full Day - 5X per week	Monday – Friday	\$5,500.00 per student
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3 Year Old Pre-Kindergarten Tuition* Options

Full Day - 5X per week	Monday – Friday	\$5,500.00 per student
Full Day - 3X per week	Monday, Wednesday, Friday Only	\$3,600.00 per student
Full Day - 2X per week	Tuesday, Thursday Only	\$3,000.00 per student

**You may be able to either use a dependent care FSA to pay for eligible dependent expenses or claim the Child and Dependent Care Credit on your income tax return if you pay expenses for the care of a qualifying individual to enable you (and your spouse if filing a joint return) to work, actively look for work or attend school full time. Please refer to IRS Publication 503, Child and Dependent Care Expenses, for additional explanation and requirements.*

Tuition and Enrollment Rate Information

Tuition and enrollment fees are payable through the **FACTS Tuition Management Program**. Once your enrollment application is received, you will be contacted by the school to set up your FACTS account. Information about the FACTS program is included in this packet.

Tuition Discounts & Assistance

BISON - The BISON Children's Scholarship Fund is a privately funded organization whose mission is to broaden the educational opportunities for Western New York children by helping low-income families afford the cost of private K-12 education.

- **Families new to BISON:** Parents should visit the BISON website at www.bisonfund.com to complete a pre-application for the 2023-2024 school year. **The pre-application form is only for families NEW to BISON.** The application deadline is March 15, 2023.
- **OUR LADY of the BLESSED SACRAMENT TUITION ASSISTANCE** - Families are required to complete a BISON Fund Application before submitting a request for Our Lady of the Blessed Sacrament Tuition Assistance. Information regarding tuition assistance opportunities is available in the school office. The OLBS Tuition Assistance program is made possible by parishioner donations and there may be limited availability to funds annually.
- **VOLUNTEER:** The sharing of your time, talents and treasures promotes unity in our school community. Any money raised in our optional fundraisers helps to provide "extras" for our students such as field trip discounts, Catholic Schools Week Activities, Field Day and other special events.

TUITION ENFORCEMENT POLICY **Effective for the 2023-2024 School Year**

Our tuition policy exists to maintain the financial viability of the school and ensure that each school family meets their financial commitment on a timely basis. The school's operating expenses are planned for the school year based upon this financial commitment and when it is not met, a direct deficit results. Therefore, all families with students enrolled at Our Lady of the Blessed Sacrament School are expected to meet their commitment.

It is the policy of the school tuition committee to collect payment of tuition at the agreed upon interval(s) through the **FACTS Tuition Management Program**. At any time, should a family's financial condition change that would necessitate leniency, that condition must be discussed in person with the Pastor and Principal. Any and all tuition assistance programs available to school families must be applied for to demonstrate commitment to making the school whole in their contract with the family to provide a quality education.

This policy is administered by the Our Lady of the Blessed Sacrament School Finance Committee under the direction of the Pastor and Principal.

*Please note: Grades, reports, and other mailings will be sent to both parents at the address or addresses identified in this packet unless the custodial parent or legal guardian of the applicant directs Our Lady of the Blessed Sacrament School IN WRITING to do otherwise.



Our Lady of the Blessed Sacrament School

at St. Martha Parish

20 French Road

Depew, New York 14043

(716)685-2544 / (716)685-9103 (fax)

For Office Use Only

Date of Registration: _____

Rec'd by: _____

2023-2024 NEW FAMILY REGISTRATION APPLICATION (PK 3 – Grade 3)

Family Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Public School District (ie. Lancaster, Depew, Maryvale, etc.): _____

PK 3 Class: Please select weekly attendance pattern: _____ 5X (M-F) _____ 3X (M, W, F) _____ 2X (T, Th)

Family Religious Affiliation: _____

Saint Martha Parishioners YES NO

If not St. Martha's parishioners, please specify parish affiliation: _____

Student Last Name	Student First Name	Grade entering 9/2023	DOB mo./day/yr.	Race *	Ethnicity *
				<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Two or more races	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
				<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Two or more races	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
				<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Two or more races	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

* Data collected for NYS reporting purposes

PARENT/GUARDIAN INFORMATION

MOTHER	FATHER
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Maiden Name: _____	
Cell Phone: _____	Cell Phone: _____
*Email Address: _____	*Email Address: _____
Home Address: _____ <i>(only if different from student)</i>	Home Address: _____ <i>(only if different from student)</i>
Occupation: _____	Occupation: _____
Place of Employment: _____	Place of Employment: _____
Business Phone: _____	Business Phone: _____
VIRTUS Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO	VIRTUS Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO

Parent(s) are: Married Separated Divorced Single Widowed

Child(ren) reside(s) with: Mother & Father Mother Father Other (Specify): _____

***Please note:** Grades, reports and other mailings will be sent to both parents at the address or addresses identified in this packet unless the custodial parent or legal guardian of the student applicant directs Our Lady of the Blessed Sacrament School IN WRITING to do otherwise. Court documents may be requested by OLBS School.

Parent/Guardian Emails will be used for school to home communications by the main office, faculty, and the Home School Association Officers. They will not be sold or shared outside of the OLBS School Community.

PUBLICITY & MEDIA AGREEMENT

I give Our Lady of the Blessed Sacrament School permission to use my child(ren)'s picture and/or name(s) for: *(check all that apply)*

- Newspaper Television Facebook/Instagram/Social Media School/Teacher Website
- YouTube TV Station & Websites Diocesan Catholic Schools Publications Teacher's Apps(Remind)

I do **NOT** give OLBS School permission to use my child(ren)'s picture and/or name(s) for any publicity purpose.

EMERGENCY CONTACTS (OTHER THAN PARENT(S)/LEGAL GUARDIAN(S))

Name	Phone Number	Alternate Phone Number	Relationship to Child(ren)



Our Lady of the Blessed Sacrament School Tuition/Enrollment Agreement

I (We) agree to make tuition payments for the 2023 – 2024 school year through the FACTS Tuition Management Program. Once you have chosen a payment plan to fit your family's needs, you will be expected to make payments on the chosen schedule. Late fees may be added to each month that your payment is in arrears.

We agree as a condition for our child/children to attend Our Lady of the Blessed Sacrament School that tuition and fees will be paid according to the FACTS schedule. We understand that these fees are due and payable in order for our child/children to remain in the school.

We understand there is an early withdrawal fee of one month's tuition if you un-enroll from the school before the end of the school's academic year. The Student Enrollment Fee is non-refundable and non-creditable towards tuition.

New students to Our Lady of the Blessed Sacrament are accepted for up to 20 weeks. If behavior and academics are at a level which is commensurate with our standards, then permanent student status occurs.

We understand that the school shall have the right to legal action for non-payment of tuition and fees, and the parents will be responsible for the cost of collection. We agree to reimburse Our Lady of the Blessed Sacrament School the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses including reasonable attorney's fees the school would incur in such collection efforts.

We understand that this registration and/or enrollment application will be voided if any outstanding balance from the previous school year's tuition remains unaddressed.

Our Lady of the Blessed Sacrament School's duties and obligations under this Agreement may be suspended immediately without notice during all periods in which the School is closed due to any force majeure event including, but not limited to war, acts of terrorism, epidemics, pandemics, plagues, acts of governmental authorities, such as expropriation, condemnation, and changes in laws and regulations, strikes, labor disputes, states of emergency, acts of God, such as severe acts of nature or weather events including floods, fires, earthquakes, hurricanes or explosions, or any other similar causes beyond the control of Our Lady of the Blessed Sacrament School. If such an event occurs, Our Lady of the Blessed Sacrament School's duties and obligations in this Agreement may be suspended or postponed until such time as the School, in its sole discretion, may safely reopen. In the event Our Lady of the Blessed Sacrament School cannot reopen or is unable to provide class instruction due to a force majeure event, the undersigned further acknowledge(s) and agree(s) that the School is under no obligation to refund any portion of the tuition paid, and that any failure or delay in the School's performance because of a force majeure event will not relieve the undersigned of his/her/their obligation to pay amounts owed under this Agreement.

**I, (We) understand and agree to all terms as stated in this Enrollment Agreement.
I, (We) have read the school policy regarding tuition and agree to abide by this policy.**

Who will be financially responsible: Both Parents _____ Mother _____ Father _____ Guardian _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



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TEXTBOOK REQUEST FORM 2023-2024 ACADEMIC YEAR

New York State Textbook Loan Law

Family Name: _____

Family's Address:

School District Student(s) Resides In: _____

Loan of Textbooks

I hereby request the Loan of Textbooks in the name of (Please list each student on a separate line):

(Student's Name - please print)

(Student's Name - please print)

(Student's Name - please print)

I authorize Our Lady of the Blessed Sacrament School, Depew, NY, to act on behalf of this student/these students in identifying and ordering books loaned to the student(s) identified above, and residing in the district above. The above named student(s) must maintain in good condition each book received. If a book is damaged or lost, that student(s) will be responsible for replacing the book as new.

Signature of Parent or Guardian

Date

This form is to be kept on file in the individual non-public school for the duration of enrollment.



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January 2023

TO: **Parents of Pre-K, Kindergarten, First and Third Graders**

FROM: Heidi Indelicato, School Nurse

RE: **Student Physicals**

New York State Law requires that all **Pre-K, Kindergarten, First and Third graders** have a health examination (**physical**) by a physician. New York also requests a dental exam at these grade levels. Enclosed please find a **Health Examination Form and Dental Certificate**, which can be filled out by your child's private physician/dentist and returned to the school nurse **no later than September 29, 2023**. If your child is scheduled to see his/her private physician prior to this date, please have the physician complete this form and return this to the school nurse. These health forms do not need to be turned in at the time of registration.

According to state law, all children that have not been examined by their private physician will have a complete physical exam done by the school physician. Therefore, if any reason, be it time constraints, monetary concerns, or physician availability, prevents you from having this form completed, please be assured that your child will be examined in a timely manner by the school physician.

Physical exams submitted to the school nurse should be current and up-to-date. If you have any questions, please notify your school nurse. Students will not be allowed to participate in school sports without a current physical.



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January 2023

TO: **Parents of Students Entering School**

FROM: Heidi Indelicato, School Nurse

RE: **Immunization Requirement for Students Entering School**

New York State Law Section 2164 requires the following immunizations when entering school. Please check with your health care provider as soon as possible to make sure that your child is up to date with the required immunizations and quantity for their age. They are listed below:

- Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP or Tdap)
- Hepatitis B vaccine
- Measles, Mumps and Rubella vaccine (MMR)
- Polio vaccine
- Varicella (Chickenpox) vaccine

Immunizations must be provided to the school **within 14 days** of the first day of school **OR** documentation from the student's physician with a **valid medical exemption**.

In order to attend or remain in school, children who are **unvaccinated** or **overdue** must receive at least the **first dose** of all required vaccines within the **first 14 days**. They also must receive subsequent vaccines in the series within a **14-day period** of when they are due to complete the immunization series.

Any questions regarding immunizations please contact the health office.

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Preschool Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental
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Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____
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Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached <input type="checkbox"/> Type: _____ Date of last seizure: _____
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Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached Risk Factors for Diabetes or Pre-Diabetes: <i>Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.</i>
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: Weight: BP: Pulse: Respirations:

TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle <input type="checkbox"/> Concussion: Last Occurrence: _____ <input type="checkbox"/> Mental Health _____ <input type="checkbox"/> Other:
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated >10 µg/dL				

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

- HEENT Lymph nodes Abdomen Extremities Speech Dental Cardiovascular
 Back/Spine Skin Social Emotional Neck Lungs Genitourinary Neurological Musculoskeletal

Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list) ICD-10

Code _____

Additional Information Attached

Name:

DOB:

SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision –Near Vision	20/	20/		
Vision –Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9	Negative	Positive	Referral	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

- Full Activity** without restrictions including Physical Education and Athletics.
- Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications
No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- No Non-Contact Sports Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- Other Restrictions:**

- Developmental Stage for Athletic Placement Process ONLY**
Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
Student is at **Tanner Stage:** I II III IV V

- Accommodations:** Use additional space below to explain
 - Brace*/Orthotic Colostomy Appliance* Hearing Aids Insulin Pump/Insulin Sensor*
 - Medical/Prosthetic Device* Pacemaker/Defibrillator* Protective Equipment Sport Safety Goggles
 - Other: *Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

Explain: _____

MEDICATIONS

- Order Form for Medication(s) Needed at School attached**

List medications taken at home:

IMMUNIZATIONS

- Record Attached Reported in NYSIIS Received Today: Yes No

HEALTH CARE PROVIDER

Medical Provider Signature:

Date:

Provider Name: *(please print)*

Stamp:

Provider Address:

Phone:

Fax:

Please Return This Form To Your Child's School When Entirely Completed.

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / /
 Month Day Year

Sex: Male
 Female

Will this be your child's first visit to a dentist?
 Yes No

School: Name

Grade:

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature: _____ Date: _____

Section 2. To be completed by the Dentist

The Dental Health condition of _____ on _____ (date of exam)

The date of the exam needs to be within 12 months of the start of the school year in which it is requested.

Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
 No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)

Dentist's Signature: _____

Optional Sections - If you agree to release this information to your child's school, please initial here.: _____

II. Oral Health Status (check all that apply).

- No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits 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 **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Health Office Information: The Health office is staffed part-time, daily, by a Registered Professional Nurse provided by the Lancaster School District. The Health Office phone number is **(716) 685-2544 ext. 212**. School fax is **(716) 685-9103**.

Physicals: NYS Law requires that all new students and students in grades Pre-K, K, **1, 3, 5, and 7** have a health exam(physical) by a physician. A current physical exam is one that has been completed within 12 months of the start of the school year and is due by **September 29, 2023**. If a current physical is not provided by this date or for any reason you are unable to see your own private physician a physical can be done by our school physician and will be scheduled. Current physicals are also required for **participation in sports** and must be handed in prior to the start of the season. Students who do not provide a physical will **not be permitted to play. No exceptions.**

- **Immunizations:** All students must have the proper NYS Mandated Immunizations prior to starting the school year. A copy of your child's immunizations is required at time of registration. Please contact me or your physician if you **have any questions.**
- **Medications:** Must be brought to the health office by the parent/guardian (unless a specific self-carry/self-administration form is completed). All medications, including prescription and OTC meds-such as Tyleno/Motrin/Cough drops, must have written doctor's orders and signed parental medication consent form in order to dispense medication to your child while at school.

Health questionnaire emergency form: Every student is required to have this form completed and kept on file in the health office.

Phys Ed notes: If your child can not participate in PE for any reason, they must turn in a **note to the nurse. A parent may excuse a child from PE 3 times** throughout the year, otherwise the note must be from a physician. If the child is not participating in PE, they will also be automatically excused from participation in any sport and lunch recess time. If your child is coming to school with any broken bone, cast, sling, ace bandage, etc. please let me know ahead of time so any accommodations can be made if necessary.

During the school year **NYS mandated screenings will be completed. Vision and Hearing screening is mandated** for all new registrants and students in grades **K,1,3,5, and 7th. Scoliosis screening** is required for girls in grades **5th and 7th and boys in grade 9**. Parents/Guardians will be notified of any deficits.

Please inform the nurse if your child has any special health care needs and/or any **medical conditions**. (Allergies, Diabetes, Asthma, etc.)

If your child is sent home from school due to a fever over 100.0, please be aware that your child needs to be **fever free for 24 hours without the use of medication** prior to returning to school. Your child will also be sent home if they have any symptoms along with fever. Only those on the emergency form may pick up a child.

If you have any questions or concerns throughout the school year please don't hesitate to contact me at the number provided above or email me at hindelicato@school.olbsdepew.org. Communication is very important in keeping our students safe.

Thank you!

Mrs. Heidi Indelicato RN, BSN
Healthy Children Learn Better

