

SACRED HEART APOSTOLIC SCHOOL

Packet Index



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SACRED HEART APOSTOLIC SCHOOL

Summer Program Reference Guide



The summer program is for boys who are open to the priesthood and interested in attending Sacred Heart Apostolic School for the upcoming school year. This intensive orientation program gives them an opportunity to experience many aspects of student life at the school, combining elements of daily life—prayer, study, sports—with summer fun and the companionship of other boys with similar interests. Legionary priests and seminarians direct the program.

REQUIREMENTS

- Open to a priestly vocation.
- Interest in entering the school in the fall.
- Parental consent.

PROGRAM OF ACTIVITIES

- Daily activities include Mass, directed prayer, Rosary, Eucharistic benediction, sports, swimming, studies, and indoor games.
- Weekly activities include time at the dunes at Lake Michigan, cookouts, and documentaries.
- Special events such as Marian Pilgrimage, tournaments and other outings.

DATES

- Application Due Date: *Postmarked by June 17, 2024*
 - Please call the admissions office if you need to send it after June 17.
- Arrival for Summer Program: Saturday, July 20, 2024
- End of Summer Program (departure): Saturday, August 10, 2024
- Return Date for New Students: Friday, August 16, 2024

COSTS

- \$500 for the program expenses (Boys doing three full weeks of summer program.)
- \$60 for personal spending money
- Make all checks payable to Sacred Heart Apostolic School

MAILING ADDRESS:

**Sacred Heart Apostolic School
c/o Admissions Office
5901 N. 500 E.
Rolling Prairie, IN 46371**

Travel Plans

FLYING

- All flights should be arranged with round-trip tickets to and from Chicago-Midway (MDW) airport or South Bend International Airport.
- We will provide transportation to and from the airport if the following conditions are met:
 - All flights arriving into Chicago or must arrive between 10am and 6pm.
 - All flights departing Chicago must depart after 10am.
 - All flights must be scheduled for the correct arrival, departure, and return dates.
 - Please contact the admissions office before purchasing any tickets which do not fulfill the above criteria.
 - Some airlines require an unaccompanied minor fee. When booking flights, please be attentive to this fee in both the departure and return flights. Southwest Airlines have no unaccompanied minor fee and allow 2 large bags for free.

DRIVING

Participants may arrive or depart by car at any time on the arrival, departure, and return dates. Parents are encouraged to take a tour of the school and speak with the faculty and staff.

Clothing List

CLOTHES NEEDED FOR THE SUMMER

Summer Program uniform:

- 4 white polo shirts (no emblem/logo)
- 3 tan color dress pants (not cargo pants)
- 6 pairs of solid black dress socks (minimum)
- 1 pair of black dress shoes
- 1 black belt

Other clothing items needed:

- 6 or more white undershirts
- 6 or more underwear
- 6 pairs of white socks for sports
- 3 pairs of shorts for sports
- 3 color polo shirts
- 3 color hike pants
- 1 casual belt
- 2 swim trunks
- 2 pairs of pajamas
- Jacket or windbreaker
- 6 mesh laundry “sock bags”
- 2 sets of XL-twin sheets and pillowcases
- 2 bath towels
- Toiletry kit
 - Soap, shampoo, deodorant, comb, gel, toothbrush, toothpaste, mesh shower ball (scrubbie), razor and shaving cream (if needed)
- 2 pairs of sneakers (1 indoor gym/1 outdoor)
- 1 pair of soccer cleats
- 1 pair of flip-flops or shower sandals
- black shoe polish
- backpack for outings
- (optional) water bottle and hat

LAUNDRY RECOMMENDATIONS

Your son will be assigned a laundry number in the acceptance letter for the summer program. To avoid losing any articles of clothing, it is best to have all clothing well marked before he arrives.

1. Your son will receive a laundry number upon acceptance.
 - a. To apply the number to the clothing you can use a **Sharpie permanent marker**. Mark the clothing items as needed in a discreet location so the number is not visible when worn. Be careful when marking white clothing as the numbers can bleed through to the other side and be seen; avoid using a thick Sharpie marker especially on white shirts or white polo shirts. The numbers should be applied to the inside of the clothing items, in the collar for shirts and in the inside waist area of pants and under garments and should not be placed on the outside of clothing.
 - b. The number should be easy to locate after removing from the dryer since there are many clothes to distribute daily. If the number is not found quickly and easily, the clothing item usually goes in an unmarked bin and given to charity later in the year.
2. Exclusively for socks, you can buy a **Zipper Mesh Sock Bag** and mark the sock bag with your son's laundry number and then you don't need to worry about marking each individual sock. It would be good to have several on hand since they may not come back daily from the laundry, and the boys change clothes several times a day.

Reference Guide for filling out the Application

1. **Parents** should fill out **all** the documents included in the application packet except for the two handwritten essays.
2. **Immunization Permissions:** Authority to decide if your son does or does not receive further immunization is competence of the state of Indiana; the school is located in the state of Indiana and must abide by Indiana immunization law.
3. **Filling out the Vaccine Record:** the Vaccine Record must be filled out in its entirety.

SACRED HEART APOSTOLIC SCHOOL

2024 Application for Admission



Attach a recent photo
of yourself here

For Admission Office Use Only:
This application is:
 Complete
 Incomplete
NB:

1. Name of Applicant

First _____ Middle _____ Last _____
Age _____ Date of Birth (mm/dd/yyyy) ____/____/____ Grade for 2023-2024 Academic Year _____

2. Address & Phone

Home Address

Street _____
City _____, State ____ Zip Code _____
Country _____

Mailing Address (if different)

Street _____
City _____, State ____ Zip Code _____
Country _____

Home Phone Number _____

3. Personal Information

Social Security Number ____ - ____ - ____ Height _____ Weight _____

4. ECYD participation

Member of ECYD? YES NO

Active participation in Conquest? YES NO

5. Father's Information

First _____ Middle _____ Last _____

Age _____ Date of Birth (mm/dd/yyyy) ____/____/____ Social Security Number ____ - ____ - ____

Member of Regnum Christi? YES NO

Email _____

Cell phone number _____

Occupation _____

RELATION TO BOY (Please check one): Biological father Step-father Adoptive father Other (Please specify): _____

6. Mother's Information

First _____ Middle _____ Last _____

Age _____ Date of Birth (mm/dd/yyyy) ____/____/____ Social Security Number ____ - ____ - ____

Member of Regnum Christi? YES NO

Email _____

Cell phone number _____

Occupation _____

RELATION TO BOY (Please check one): Biological mother Step-mother Adoptive mother Other (Please specify): _____

If different from son's address:

Street _____

City _____, State ____ Zip Code _____

7. Names and ages of brothers and sisters

8. Legionary who interviewed you and your family. _____

13. Emergency Contact Information

*Please provide the names of **two close friends or relatives** who can be contacted in case of emergency.*

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Relation to Son _____

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Relation to Son _____

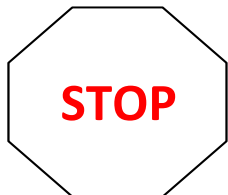
14. Signatures

Signature of Applicant _____ Date _____

I hereby apply for a place for my son, _____, at Sacred Heart Apostolic School.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____



ALL signatures are required for the application to be considered complete.

SACRED HEART APOSTOLIC SCHOOL

Consent Forms

Activity Consent Form

Boys who attend the summer program and attend the regular school year will have a multitude of outdoor activities which take advantage of the area's natural beauty. The activities are normal for their age group and for a median athletic ability. Signing this document affirms that you are aware of the activities that your son will participate in and are giving your consent to his participation in these events:

1. Water activities. You affirm that your son has a median or above average swimming ability and give him consent to participate in all water activities, whether it be in a swimming pool, lake, river, ocean or other body of water. I allow him to participate in all swimming activities, canoeing, water tubing, diving and all other activities that the school's officials choose for the boys to participate in.

Permission is granted to participate in these activities: YES / NO If "no", please specify why:

2. Sports, hiking and climbing. I give permission to the school for my son to participate in all sports, including skiing and skating, and in any hiking or climbing activity that is proper and safe for his age group. I affirm that my/our son does not suffer from any fainting spells, especially during climbing, or fear of heights, and has not had any episodes of light-headedness. He is of average or above average athletic ability.

Permission is granted to participate in these activities: YES / NO If "no", please specify why:

3. Transportation to and from activities. I give permission to the school to transport my/our son to and from all activities (both in-state and out-of-state) during his stay at the Sacred Heart Apostolic School, whether the journey be an activity that begins and ends on the same day or whether it be a multi-day journey. I understand that the driver of the vehicle may or may not be a member of the Legion of Christ, but also that my/our son will always be accompanied by a school official.

Permission is granted to participate in these activities: YES / NO If "no", please specify why:

X

Signature of father/guardian

Date

X

Signature of mother/guardian

Date

Photo Release Form for Minors

Sacred Heart Apostolic School and their staff has my permission to use my or my child's photograph publicly for school communication and promotion. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Consent Form for Communication with Students

The teaching, religious and business administration staff of Sacred Heart Apostolic School have my permission to contact my son via phone call, text message, email or social media in order to communicate or request necessary information pertaining to school related topics, be they administrative, educational or organizational.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Release and Medical Waiver

I/We hereby release Sacred Heart Apostolic School, including but not limited to the school's directors, officers, members, employees, assistants, drivers, third parties that provide transportation, contractors, servants, volunteers and helpers, and the Legionaries of Christ, including but not limited to its officers, members, employees, drivers, third parties that provide transportation, assistants, contractors, servants, volunteers and helpers, from any and all liability for damage or injury to my/our son, _____ or to myself/ourselves, or to any person or property during the time of my/our son's attendance at the Sacred Heart Summer Program and School Year or during travel to or from that Summer Program and throughout the School Year, whether or not such damages or injuries were sustained in connection with the Summer Program and School Year or its activities. I/We further agree to indemnify and save harmless the Legionaries of Christ and Sacred Heart Apostolic School from all further claims and demands, cost or expense arising out of injuries or damage sustained by my/our son or by me/us.

I warrant and hereby agree that there is no limitation in time or amount on this waiver.

I/We also hereby waive any right to trial by jury I/we may have in any case or claim brought by or on behalf of me/us against the Legionaries of Christ and Sacred Heart Apostolic School (as defined above) in connection with my/our son's attendance at the Sacred Heart Summer Program and School Year or travel to or from that Sacred Heart Summer Program or throughout the School Year.

I/We also hereby grant permission to the representatives of the Sacred Heart Apostolic School to decide, in case of emergency, what steps should be taken in the care of my/our son according to the prudent judgment of the attending physician. I/We furthermore accept full responsibility for any and all medical expenses incurred in the treatment and care of my/our son while under the care of the Sacred Heart Apostolic School.

I/We release and waive, and further agree to indemnify, hold harmless or reimburse Sacred Heart Apostolic School, the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as all agents from and against, any claim which I, any other parent or guardian, any sibling, the above-named person or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Sacred Heart Apostolic School or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision without limitation in time or amount), damages or injuries arising out of, during, or in connection with the child's participation in the activities, the travel to and therefrom, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my child's participation in the activities referenced on this form.

Son's Information

First	Middle	Last
Date of birth	SSN	

Contact Information

Home Address	City	State	Zip
Home phone number	Mom's cell phone number	Dad's cell phone number	

Emergency Information

Please provide the names of two close friends or relatives who can be contacted in case of emergency phone number/cell phone

X
Signature of father/guardian Date

X
Signature of mother/guardian Date

Medical Insurance Information

Name of guarantor Relationship to patient

Date of birth SSN

Name of employer Address of employer City State Zip

Insurance Company Group number Identification number

Address of insurance company City State Zip

Check here if you have no medical insurance policy.

Medications:

Please list medications being taken and any known allergies to medicines.

Allergies:

Please list any known allergies to medicines.

*Please attach a copy of the insurance card.

SACRED HEART APOSTOLIC SCHOOL

Academic History



All applicants must have:

- ***Completed 7th grade***
- ***Be at least 13 years of age at the beginning of September of the upcoming school year.***

Since each boy comes from a different academic background, the students will be evaluated during the summer to discover their personal strengths and challenges. It is helpful, then, to have a thorough history of the applicant's academic progress.

School Transcript Requirements

- 1) An official record of academic achievement must be obtained from the school records office.
- 2) Boys entering must produce a transcript for each year starting from 7th grade to the present.
- 3) Home school students must produce a report card and a general evaluation from the 7th grade to the present.

1.) What type of school is he presently attending? (Please mark the correct box.)

public private home school other (please indicate):

2.) Breakdown of School History:

	Name of Institution	State	Academic Years Attended	Grade Levels Completed
Public				
Private				
Home School				

3.) Did he skip a year? YES / NO *If Yes, please specify:*

Which grades?	At what age?	Reasons

4.) Was he held back a year? YES / NO *If Yes, please specify:*

Which grades?	At what age?	Reasons

5.) Does he have any special needs as regards his studies?

6.) Were there any disciplinary issues at school regarding students or staff? How were they resolved?

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Medical Information



Guidelines for the Examining Doctor

(This page is to be presented to physician with Medical History forms)

1. Please fill in **Form B** beginning with the corresponding information in the box labeled “Doctor’s Information.”
2. The applicant should fill in **Form A**, providing the “personal and family information,” before the exam so that the doctor will have them on hand during the interview, and will have a general vision that will help him to guide the anamnesis and the physical exam. He should also have access to any clinical exams that have been done.
3. In the spaces reserved for the doctor in the section on personal and medical data, the doctor should clearly indicate the objectivity of the applicant’s responses. That is:
 - In the family anamnesis section, to indicate the relative risk of sickness, specifying the degree of kinship for positive answers.
 - In the “Personal Anamnesis” section referring to sicknesses (question 1), to indicate everything that could be helpful for a future record: when it began, length, gravity, associated disorders, etc.
 - In question 2, whenever the answer to the question is positive, always make a note on the objectivity of the response, and specify the useful data.
4. In the section reserved for the “Physical Examination,” abnormalities should be indicated in a clear manner, with as much detail as possible.
5. The same should be done with medical exams that should accompany the report in the form of annexes.
6. In the diagnostic sections, if the anamnesis, the physical exam, and the laboratory exams are normal, mark the chart “Normal”. If it is not, indicate the diagnosis in the most detailed way possible and indicate the treatments and studies suggested in the section “Observations”.

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(to be filled out by applicant, will be kept confidential by school)

2024 Medical History Report

A.) Patient Information			
		/ /	
Last name	First name	Date of birth	Birth place (city, state, country)
Current residence (city, state, country)	Insurance Provider	Policy number	

B.) Family Information			
Father living?	Yes <input type="checkbox"/>	Age:	Physician may add comments
	No <input type="checkbox"/>	Cause of death:	
Mother living?	Yes <input type="checkbox"/>	Age:	
	No <input type="checkbox"/>	Cause of death:	
Has any of your immediate family (including grandparents, aunts & uncles) suffered from these illnesses?			
	Yes	No	Physician may add comments
High blood pressure			
Heart disease			
Diabetes			
Tuberculosis			
Kidney failure			
Obesity			
Anemia			
Hemorrhage			
Cancer			
Alcoholism			
Mental illness			

C.) Personal Medical Information			
1.) Are you taking medication?			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, specify: which, for what & duration?

e.g. <i>Zanax, Paxil, Dexedrine, Prozac, Ritalin...etc.</i>			
2.) Do you follow a special diet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, specify: of what does it consist?
E.g. Allergic reaction to milk, shellfish, peanuts...etc			
3.) Any behavior anomalies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, specify: since when & duration?
E.g. Bipolar, anxiety attacks, depression, hyperactivity, ...etc.			
4.) Any physiological learning difficulties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, specify gravity and treatment.
E.g. Dyslexia, attention deficit (ADD / ADH), stuttering...etc.			

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(To be filled out by a State-licensed physician)

Medical History Report

For use of the SG/ST Ref.				
Doctor's Information				
				/ /
Physician name	License #	Country	State/Province	Date
		()	()	
Place of examination (suite, address, city, state/ province, country)		Office Phone number	Office Fax number	

Personal Anamnesis			
1.) Have you ever had, have you now, or do you experience the following?			
	Yes	No	Physician Comments
Adverse reaction to medicine			
High blood pressure			
Heart palpitations			
Any heart disease			
Anemia			
Hemorrhage			
Diabetes			
Thyroid disease			
Scarlet Fever, Erysipelas			
Asthma			
Tuberculosis			
Bronchitis			
Gastritis or stomach ulcer			
Jaundice or Hepatitis			
Typhoid fever			
Rheumatic fever			
Neuritis			
Urinary infections			
Urinated a stone			

Rupture, Hernia			
Kidney failure			
Tumor, growth, cyst			
Hemorrhoids			
Varicose veins			
Allergies			
Sinus infection			
Psoriasis or skin disease			
Arthritis or rheumatism			
Epilepsy or seizures			
Locked elbow or shoulder			
Locked knee			
Swollen or painful joints			

2.) Have you now or at any time did you have one of the following?

	Yes	No	<i>(space reserved for doctor)</i>
Frequent headaches			
A strong blow to the head			
Sometimes shake involuntarily			
Ever lost consciousness			
Loss of memory or amnesia			
Any type of paralysis			
Chronic leg cramps			
Problems with your vision			
Tiredness from reading			
Use glasses or contact lenses			
Pain or discharge in your ears			
Frequent dizzy spells			
Chronic tonsillitis or pharyngitis (sore throat)			
More than one cold per year			
Chronic cough			
Missing any teeth			
Severe tooth or gum trouble			
Use a prosthesis			
Ever spit blood			
Easily get tired			
Pressure in the chest			
Gall bladder trouble			
Frequent indigestion			
Stomach/intestinal problems			
Diarrhea several times a month			
Frequently get constipation			
Frequently vomiting or feel nausea			

Car, train, sea or air sickness			
Difficulty urinating			
Need to urinate many times a day			
Bedwetting after age 12			
Hearing loss			
Wear a hearing aid			
Missing a finger or toe			
Difficulties with walking or exercise			
Any bone deformities			
Any fractures			
Pains in your knees or back			
Suffer from anxiety			
Insomnia			
Sleepwalk			
Easily get distracted			
Have you ever been in psychological treatment?			
Have you ever suffered from depression?			
Have you missed any required vaccines?			
Have you lost weight in the last few months?			
Are you presently taking any medication?			

Physical Examination							
Height		Weight		Bodily constitution			
Blood pressure		Pulse		Breathing frequency		Temperature	
<i>Indicate whether it is normal or abnormal, marking off any abnormalities.</i>							
			N	A	Observations		
Posture, walking							
Balance							
Skin (color, moisture, scars), lymphatic							
Sensation							
Varicose anomalies							
Edema, Adiposo textura							
Lymph nodes							
Muscle tone							
Joints (appearance, mobility)							
Spinal cord							
Upper extremities (<i>strength, range of motion</i>)							
Lower extremities (<i>strength, range of motion</i>)							
Head and face							

Eyes (<i>general</i>)			
Ophthalmoscopic			
Pupils (<i>equality and reaction</i>)			
Ocular motion (<i>parallel motion, nystagmus</i>)			
Nose			
Sinuses			
Ears (external, middle, internal)			
Hearing			
Mouth and throat			
Teeth			
Neck			
Thorax (inspection)			
Lungs			
Heart (size, rhythm, sounds)			
Vascular system (varicosities, etc.)			
Abdomen (liver, spleen, hernias)			
Genital-urinary system			
Hands			
Feet			
Spine, musculoskeletal, scoliosis?			
Endocrine system			
Other			

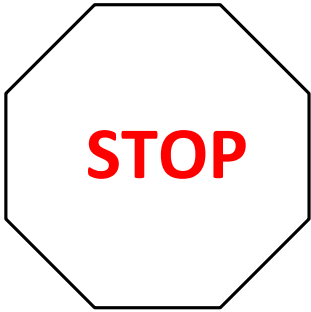
Describe every abnormality in detail:

Observations (*treatments, recommendation, direction to a specialist, etc.*)

I certify that the above diagnoses correspond to _____
Applicant

Doctor's signature and stamp

Date of examination



Doctor's signature and stamp must be included for the medical history to be considered valid. If not, the medical history will be returned to you for completion.

SUPPLEMENTAL MEDICAL HISTORY

(To be filled out by the parents)

1.) Is there any special medical attention the school should be made aware of? (E.g., ingrown toenail, athlete's foot, sensitivity to sun, ...etc.)

2.) Is there any medication that the school should be made aware of? IMPORTANT: any medication to be taken during the Summer Program must be indicated: *specify dosages, manner to be administered and frequency.*

3.) Has he ever been treated for ADD, ADHD, or is currently on any medication? Does he need to continue any treatment while participating in the summer program?

4.) Please tell us about any allergy or allergic reaction that your son has been experiencing (bee stings, pollen, grass, milk products, peanuts, wheat, any food products, dogs, cats, etc.)

5.) Does your son experience light-headedness or fainting spells during vigorous physical activity? Does he get dehydrated quickly? Would you like to make the school aware of any symptoms that they should keep an eye on? Does your son need extra supervision while hiking or climbing? Why?

6.) Is your son a good swimmer? Can he handle himself well in the water?

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INDIANA IMMUNIZATION REQUIREMENTS: SECTION 3

The State of Indiana requires all schools to have on file **an official record of each student's immunization history**. This information must be included with your son's application to the Sacred Heart Apostolic School and **must be** filled out on the **official Sacred Heart Apostolic School Vaccine Record** included in the admission packet. If the doctor cannot transcribe the immunization record, please neatly transcribe each vaccination exactly as written and then have the doctor sign to verify that the information is correct.

An immunization chart published by the Indiana Department of Public Health is included to help your physician evaluate whether all the immunizations required by Indiana state law have been administered before your son attends the summer introductory course.

In addition, the Sacred Heart Apostolic School is required to have a permission form allowing the administration of further immunizations if needed and as required by law.

For this reason, three permission forms are included. The Apostolic School must receive **only one** of the following documents:

Document A Full parental consent for immunizations.

Document A grants parental consent to the Sacred Heart Apostolic School to conduct any and all needed immunizations.

Document B Partial (medical) exemption from immunizations.

A student receives a **medical** exemption upon filling out the included partial exemption form and **by presenting a letter signed by a licensed physician on his/her stationery** stating briefly the reason for the exemption, whether it is a temporary or permanent exemption and to which vaccination(s) does the exemption apply.

Document C Total (religious) exemption

A student receives a **religious** exemption upon presenting a notarized form (the form does not need to be notarized in the State of Indiana) stating that the child should not receive immunization(s) because of conflicts with his religious beliefs.

COST OF EACH VACCINE:

Depending on your health plan and the additional discounts available through your health carrier, the vaccines that are required may require little or no additional costs on your part. In any case, the school will contact you at the time of the application of any vaccine(s) regarding any payments required in order to cover the vaccination expenses. An effort will be made to keep the costs as low as possible.

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Indiana Immunization Requirements

AGE	Hep- B Hepatitis B	DtaP/DTP Diphtheria, *Tetanus, Pertussis	Hib Haemophilus Influenzae Type b	IPV/OPV Polio	MMR Measles, Mumps, Rubella	Chicken- Pox Varicella
Birth	Shot (1) Birth - 2 months					
1 month	Shot (1) 1 - 4 months					
2 months		Shot	Shot	Shot Or Liquid		
4 months		Shot	Shot	Shot Or Liquid		
6 months	Shot (1) 6 - 18 months	Shot	Shot (2)			
12 months			Shot (1) 12 - 15 months	Shot Or Liquid (1,3) 12 - 18 months	Shot (1) 12 - 15 months	Shot (1) 12 - 18 months
15 months		Shot (1,4) 12 - 18 months				
4 - 6 years		Shot		Shot Or Liquid	Shot	Children who are 12 months of age through 12 years of age (who have not had chicken pox) need to be vaccinated with one dose.
11 - 12 years	Shots	Shot			Give 4 - 6 years of age or at 11 - 12 years of age.	Children 13 years of age & older (who have not had chicken pox or been previously vaccinated) need 2 doses.
13 - 16 years	All teens need 3 hepatitis B shots if they haven't already Received.	This is a TD*5 Shot. It does not contain Pertussis vaccine.				
<p>Were you or your child born in a country where hepatitis B is a common disease? If so, your child, no matter what his or her age, should be vaccinated against hepatitis B. Don't wait until your child reaches a certain age. Your child is at increased risk for this disease and needs protection now.</p>						

1. This is the age range in which the vaccine should be given.
 2. Depending on the brand of Hib vaccine used for the 1st and 2nd doses, a dose at 6 months of age may not be needed.
 3. If an all- OPV schedule is used, the 3rd dose can be given at 6 - 18 months.
 4. May be given as early as 12 months of age if 6 months have elapsed since the previous dose and if you think the child might not return on time.
 - *5. **This TD (Tetanus toxoid) shot must be updated every 10 years.**
- Talk to your health care provider about whether or not your child needs to receive shots for hepatitis A, influenza, or pneumococcal disease. Certain children are at risk for these diseases and need to be immunized against them.

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VACCINE RECORD

(No other immunization record will be accepted; please fill this out and give it to your doctor's office for them to review it, sign it and place the doctor's stamp at the bottom)

Patient name _____ Date of birth _____
 Chart number _____

Before administering any vaccines, give the parent/guardian all appropriate copies of Vaccine Information Statements (VISs) and make sure they understand the risks and benefit(s). Update the Patient's personal record card or provide a new one whenever you administer vaccine.

Vaccine	Type of vaccine * (genetic abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine lot #	Vaccine mfr.	Vaccine information Statement Date of VIS	Vaccine information Statement Date given	Signature/ initials of vaccinator
Hepatitis B			IM						
(e.g., Hep B, Hip-HepB, DTaP-HepB-IPV)			IM						
Diphtheria, Tetanus, Pertussis, (e.g., DTaP, DT, DTaP-Hiv, DTaP-HepB-IPV, Td)			IM						
Haemophilus,			IM						
Influenzae type B (e.g., Hib, Hib-HepB,			IM						
			IM						

DTaP-Hib)			IM						
Polio (e.g., IPV, DTaPHepB-IPV)			IM-SC						
			IM-SC						
			IM-SC						
			IM-SC						
Pneumococcal Conjugate (PCV)			IM						
			IM						
			IM						
			IM						
Measles, Mumps Rubella (MMR)			SC						
			SC						
Varicella (Var)			SC						
			SC						
Hepatitis A**			IM						
			IM						
Influenza** (Flu)			IM						
			IM						
			IM						
			IM						
			IM						
Other**									
Other**									

I hereby certify the above record to be accurate and up to date in accordance with the information that is currently held at our office.

Physician **x** _____ Date _____
signature

Stamp (place to the right or below):

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(Please fill out only one of the following: A, B or C)

COMPLETE PARENTAL CONSENT FORM:

Document A Full parental consent for immunizations

I(We), _____, parent(s)/guardian(s) of _____, give

Sacred Heart Apostolic School permission to give my child, _____,

any **required and recommended** vaccines* due now and during the next twelve months.

X _____
parent (guardian) signature

X _____
parent (guardian) signature

date

student's date of birth

*Vaccinations may involve a cost to the parents of the student.

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Document B Partial medical exemption from immunizations

A student receives a **medical exemption** upon presenting a letter signed by a licensed physician on his/her stationery stating the reason for the exemption, whether it is a temporary or permanent exemption and to which vaccination(s) does the exemption apply:

PARENTAL CONSENT: the following consent form is to be filled out in case you wish to grant partial consent for your son to be immunized while claiming exemption to particular immunization based on medical reasons.

Please list which immunization(s) this exemption applies to:

1. _____
2. _____
3. _____

I(We), _____, parent(s)/guardian(s) of _____, give the Sacred Heart Apostolic School partial consent to give my child, _____, any State of Indiana required and recommended vaccines* due now and during the next twelve months except for those listed above. I (we) are presenting a letter **signed by a licensed physician** on his/her stationery stating the reason for the exemption(s).

X _____

parent (guardian) signature

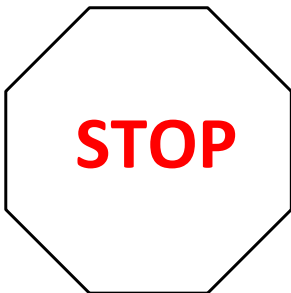
X _____

parent (guardian) signature

date

student's date of birth

*Vaccinations may involve a cost to the parents of the student.



The partial medical exemption from immunizations must include the physician letter, on his or her letterhead stationery, to be considered valid according to Indiana law.

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Document C Total exemption from Immunization

RELIGIOUS EXEMPTION

To Whom It May Concern:

As the parent(s)/guardian(s) of _____, I/we hereby assert that the immunization of this student would be contrary to the religious beliefs of this child. Therefore, this child shall be exempt from the required immunization(s) under Indiana immunization law.

X _____
parent (guardian) signature

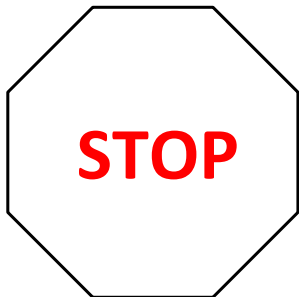
X _____
parent (guardian) signature

X _____
signature of notary/Justice of the Peace

Seal of notary (please place in box below):

name of student (please print)

date of birth



The notary's seal and signature must be applied for this total exemption from immunizations to be considered valid according to Indiana law.

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Travel Information – Summer Program



COMMUNICATION

- Please inform us of your son’s travel plans by mail, email or phone **before July 16th**.
- Please make flights into and out of **Chicago Midway (MDW)** or **South Bend International (SBN)** airport.
- Send a copy of flight itinerary to: admissions@shaschool.com.

Arrival Information: July 20th

AIRLINE:	FLT #	DPT CITY	DPT TIME	AM/PM	ARR CITY	ARR TIME
						After 1:00 pm Before 6:00 pm

Is your son an unaccompanied minor? yes no

If so, has the unaccompanied minor fee been paid? yes no

Departure Information: August 10th

AIRLINE:	FLT #	DPT CITY	DPT TIME	ARR CITY	ARR TIME	AM/PM
			After 10:00 am Before 2:00 pm			

Is your son an unaccompanied minor? yes no

If so, has the unaccompanied minor fee been paid? yes no

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Document Orientation



- Sacred Heart Apostolic School is recognized as an educational institution by the Indiana State Secretary of Education. The school is required to have on record documents for each student.
- If your son does not enroll for the school year, all of his documents will be returned.

Check List for Documents requested (photocopies are sufficient, save for academic and medical):

- ✓ **Birth Certificate**
- ✓ **Baptismal Certificate**
- ✓ **First Holy Communion Certificate**
- ✓ **Confirmation Certificate** (if applicable)
- ✓ **Parent's Church Marriage Certificate** (otherwise, please specify in writing and include relevant documents)
- ✓ **Medical History form** completed by a State licensed physician
- ✓ **Immunization Status Record** from office of a State licensed physician
- ✓ **School Transcripts** (see Academic history for details)