



SHS Student Forms Checklist

Name of Student _____

- ☐ Application for Admission or Re-Enrollment Form
- ☐ Medical Form (to be signed by a physician) including:
 - A copy of the child's Immunization Record
 - A copy of the child's Physical Exam/Health Record
- ☐ Consent Form to Release Child
- ☐ Field Trip Permission Form
- ☐ Field Trip Emergency Medical Release Form
- ☐ Code of Conduct Form
- ☐ Media Release Form
- ☐ Parent/Guardian Volunteer Form



Re-Enrollment Form

I hereby request the re-enrollment of the following student(s) for the upcoming academic year.

Student 1: _____ Date of Birth: _____

Student 2: _____ Date of Birth: _____

Student 3: _____ Date of Birth: _____

Student 4: _____ Date of Birth: _____

Parent signature: _____ Date: _____

A nonrefundable **registration fee** of **\$50** and a **\$250 deposit** must be paid by **April 30**, for each child to ensure placement for September.

I will pay the registration fee and deposit by:

- Check: _____

**Make checks payable to “Holy Resurrection Orthodox Church”
and indicate “Saint Herman School” in the memo line.**

- Cash: _____

Do not send cash through regular mail.

Cash payments must be deposited in the locked boxes located within the school building.



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Father's Information (circle one) Married Single Separated Divorced Deceased

Name: _____ Job/Title: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell phone: _____

Religion: _____ Email: _____

Mother's Information (please circle) Married Single Separated Divorced Deceased

Name: _____ Job/Title: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell phone: _____

Religion: _____ Email: _____

Church attended by your family (if any): _____

Primary language(s) spoken at home: _____

This form should be submitted by email to
administrator@sainthermanschool.org
or by mail to

*Saint Herman School
62 Harvard Ave.
Allston, MA 02134*



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Medical Form (To Be Signed by A Physician)

The information requested on this form is necessary to complete your child's school health record file. This permission form is essential in order to respond to any and all medical emergencies which may involve your child. The information is strictly confidential and is restricted to school staff and emergency personnel.

Student's Name: _____ Age: _____ Birth Date: _____

Address: _____

Home phone: _____ Email Address: _____

Father's Name: _____ Work phone: _____ Cell: _____

Mother's Name: _____ Work phone: _____ Cell: _____

In case of serious illness or injury at school and parent(s) cannot be reached, whom should we call?

Child's doctor: _____ Phone: _____

Other responsible adult: _____ Relationship: _____

Phone numbers where this individual can be reached: _____ / _____

Health Insurance:

Group or I.D. No.: _____

Please explain in full if there is a specific procedure required by your health insurer/HMO in order for your child to receive urgent care treatment. For example, must a primary care physician (PCP) be notified to authorize emergency care; are there specific hospitals that must be utilized to comply with your plan?

I hereby grant permission for my child, _____, to be given appropriate medical care in case of emergency. I will assume responsibility for payment of physician's or hospital care which is not covered by my insurance or medical plan. I understand that the school staff will make every effort to contact a parent, family doctor or responsible adult as listed above in an emergency situation.

Parent's signature: _____ Date: _____



Student name: _____

Medical Profile:

This portion of the health form must be completed by the child's physician.

Does this child have any allergies (food, medications, bees/insects, other)? _____ If so, please describe reactions and treatment.

Is this child presently under medical or psychiatric treatment? _____ Please explain how or if this might impact the child's participation in school activities.

Does this child wear glasses or contacts? _____ If so, always or just during certain activities (i.e. reading)?

Does this child have any other existing conditions at present (recurring headaches, nosebleeds, behavioral problems, etc.) which might occur at school? Please explain how we could best minister to the child in these situations. (Attach additional sheet if necessary.)

Date of most recent physical exam: _____ Weight: _____ Height: _____

Medical History (note age at onset):

Asthma _____ Heart Disease _____ Pneumonia _____
Chicken Pox _____ Measles (type) _____
Rheumatic Fever _____ Convulsions _____ Scarlet Fever _____
Diabetes _____ Whooping Cough _____ Diphtheria _____ Mumps _____
_____ Discharging Ears _____ Polio _____
Other conditions _____

Previous surgeries or hospitalizations: _____



Student name: _____

In compliance with the Department of Public Health Law of the Commonwealth of Massachusetts, it is required of all private and public schools to have a record of the immunizations of each student enrolled.

Immunizations (enter dates administered)

DPT/DT/TT (dates): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Polio: 1. _____ 2. _____ 3. _____ Booster: _____

Tetanus: 1. _____ Booster: _____

Varicella: 1. _____ 2. _____ MMR: 1. _____ 2. _____

HIB: 1. _____ 2. _____ 3. _____ 4. _____

Other:

Hep B: 1. _____ 2. _____ 3. _____

☐ Non-immunization waiver attached

TB status: _____ (optional) Lead screening: _____

Any restrictions for physical activities? _____

Please note here the name, dosage, and purpose of any medications which this child may require during normal school days:

Physician's signature: _____ Date: _____

Physician's name (print/type/stamp): _____

Physician's Address: _____

Physician's Phone: _____

All of the above information is accurate to the best of my knowledge.

Signature of Parent: _____ Date: _____



Consent Form to Release Child

Please include the names of EVERY PERSON to whom you permit your child to be released.

YOUR CHILD WILL NOT BE RELEASED TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS FORM WITHOUT PRIOR AUTHORIZATION FROM YOU.

Please add any additional names to the back of the sheet.

.....

I give permission for my child, _____
to be released to the following people:

name	relationship	cell phone
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name	relationship	cell phone
------	--------------	------------

name	relationship	cell phone
------	--------------	------------

name	relationship	cell phone
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I understand that if my child is to be released to a person other than his/her parent/guardian, or names mentioned on this sheet, that I am required to notify the school in writing, or through a phone call, which will then be verified and documented through the school office.

Parent/Guardian Signature_____

Daytime Phone Number_____

Date_____



Field Trip Permission Form

Occasionally, Saint Herman of Alaska Christian School will take “Field Trips” to local places such as museums, courthouses, the library, parks, West End House (gym), cafes, playgrounds, etc. The class may walk or drive to the location during the course of the school year. Since such activities involve leaving the school grounds, we ask permission for your child to participate in these events. This general permission form covers all the local trips taken throughout the school year.

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I give permission for my child, _____
to participate in the “Field Trips” taken during the school year, under the supervision of classroom teachers and/or other staff.

Parent/Guardian Signature

Date



Field Trip Emergency Medical Release Form

I hereby acknowledge and grant permission for my child to be given appropriate medical care in case of an emergency. I will assume responsibility for payment of a physician's and/or hospital care which is not covered by my insurance or medical plan. I understand that in the event of an emergency, the school staff will make every effort to contact a parent, family doctor, or responsible adult as listed below.

Student's Name: _____ Age: _____ DOB: _____

Address: _____

Home phone: _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

In case of serious illness or injury and the parents/guardians cannot be reached, please contact the following emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Info

Child's PCP: _____ Phone: _____

Health Insurance: _____

Group or I.D. Number: _____



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Please explain in full if there is a specific procedure required by your health insurer/HMO for your child to receive urgent care treatment. For example, if your child's primary care physician (PCP) must be notified to authorize emergency care; if there are specific hospitals that must be utilized to comply with your plan, etc. Please explain the procedure clearly.

Please list any allergies or health conditions which may be important in an emergency situation.

Parent/Guardian Signature

Date



SHS Code of Conduct

1. I will strive to be attentive during prayers and lessons.
2. I will obey my teachers and treat them with respect for the responsibility they have been given to guide and instruct me.
3. I will strive to act in a kind, considerate, and respectful way towards my classmates without teasing or making fun of anyone.
4. I will strive to forgive others and seek their forgiveness in return.
5. I will raise my hand, speak in turn, and not interrupt my teachers or classmates when they are speaking.
6. I will responsibly complete all class work and homework in a timely manner.
7. I will not physically harm any other person before, during, or after school.
8. I will strive to speak of others and to them in a way that is pleasing to God. (Profanity will not be tolerated in any form.)
9. I will tell the truth with the awareness of standing before God at all times.
10. I will treat all clergy and adults with reverence and respect during the school day.

.....

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Media Release Form

I, the undersigned, do hereby grant permission to St. Herman of Alaska Christian School to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or videos taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures, newsletters, promotional materials, videos, and digital images such as those on St. Herman School's website.

☐ I grant SHS permission to use my child's image in print, video, and digital media without restriction. I agree that these images may be used by St. Herman School for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

☐ I grant SHS permission to use my child's image with restriction. It may be released to the immediate community (SHS/HROC community, donors and friends of SHS), but not for anything public, internet, social media, and promotion without my being notified beforehand.

Parent/Guardian Signature _____ Date _____



Parent/Guardian Volunteer Form

Our school relies on the prayers, commitment, loving care and energy given to it by the parents. Much of what makes St. Herman of Alaska Christian School unique has to do with the volunteer participation of the school community. We expect and encourage parental involvement in many areas. It is requested that both parents give thoughtful consideration to the list below by generously noting your skills or areas of expertise and interest. You will not be expected to contribute in every area you note, but it will help us in determining our areas of strength and the breadth of experience and expertise open for us to draw upon.

.....

AVAILABLE TIMES TO VOLUNTEER (circle all that apply)

Parent/Guardian Name: _____

Monday	Moring	Afternoon	Evening	Specific Times: _____
Tuesday	Moring	Afternoon	Evening	Specific Times: _____
Wednesday	Moring	Afternoon	Evening	Specific Times: _____
Thursday	Moring	Afternoon	Evening	Specific Times: _____
Friday	Moring	Afternoon	Evening	Specific Times: _____
Saturday	Moring	Afternoon	Evening	Specific Times: _____

Parent/Guardian Name: _____

Monday	Moring	Afternoon	Evening	Specific Times: _____
Tuesday	Moring	Afternoon	Evening	Specific Times: _____
Wednesday	Moring	Afternoon	Evening	Specific Times: _____



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Thursday	Moring	Afternoon	Evening	Specific Times: _____
Friday	Moring	Afternoon	Evening	Specific Times: _____
Saturday	Moring	Afternoon	Evening	Specific Times: _____

CLASSROOM HELP

SHS always welcomes the help of at least one parent per class to coordinate closely with the teacher for various tasks.

Check one or more:

- ☐ KG (Kindergarten: grades K-1)
- ☐ Class II (grades 2-5)
- ☐ MS (Middle School: grades 6-8)

Other areas of need:

- ☐ Decorate school areas seasonally
- ☐ Tutor under teacher supervision

Assist staff lunch monitor one day a week (check all that apply):

- ☐ Mondays (12noon-1pm)
- ☐ Tuesdays (12noon-1pm)
- ☐ Wednesdays (12noon-1pm)
- ☐ Thursdays (12noon-1pm)

OFF-CAMPUS EVENTS

Please check the box of each item you are willing to assist with:

- ☐ Serve as P.E. assistant to cover transportation and sports activities (Class II & M.S. 1:00pm-2:30pm) day of the week is decided at the beginning of the school year.
- ☐ Provide transportation for field trips
- ☐ Chaperone field trips
- ☐ Volunteer Teach an ENRICHMENT CLASS
 - Please note which classes: _____



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- Specialty classes could include but are not limited to: Photography, Biology, Horticulture, Middle Ages, Specific Music Traditions, Grammar, etc.)

Other ideas: _____

REPAIRS / MAINTENANCE / CLEANING

Periodically, various areas of the physical school grounds will require attention. Below is a list of the various tasks that volunteer parents have aided us with in previous years. (Check all that you are willing to help with)

- ☐ Paint school rooms
- ☐ Clean school areas periodically
- ☐ Help with clean-up of grounds in Fall and Spring
- ☐ Light repairs
- ☐ Assess ongoing maintenance concerns
- ☐ Clean carpets periodically
- ☐ Small carpentry jobs

SCHOOL EVENTS

Many of the school sponsored events will offer hospitality to the parents and families who attend. It is hoped every family will contribute to our gatherings (please check all areas you are willing to help with).

- ☐ Set-up
- ☐ Decorate
- ☐ Make phone calls
- ☐ Purchase paper goods, food, etc.
- ☐ Provide food
- ☐ Take photos/videotape
- ☐ Clean-up

FUNDRAISING-PROMOTION

- ☐ Serve on a committee for planning yearly fund-raising events
- ☐ Assist with Santa Lucia Festival (mid-December) raffle and craft workshop
- ☐ Other promotional ideas _____



MISCELLANEOUS

- ☐ Babysitting for volunteer enrichment teachers, on or off site
 - Available times: _____
- ☐ Spearhead an effort to obtain or rent a 15-seater van or small bus for school and church transportation

OTHER IDEAS, INTERESTS OR SKILLS YOU WOULD LIKE TO OFFER?
