



***Persevere \* Innovate \* Serve***

570 Parsons Avenue, Chillicothe, OH 45601

740-774-2970 • [www.bishopflaget.org](http://www.bishopflaget.org)

Principal Laura Corcoran

Email: [lcocora@cducation.org](mailto:lcocora@cducation.org)

## **WELCOME!**

I am pleased that you are interested in Bishop Flaget School for your child's educational needs. Since 1837, Catholic education in Chillicothe has strived to meet the continuing educational needs of the community. At Bishop Flaget, we focus on the development of the full potential of your child - spiritually, intellectually, emotionally, physically, and socially - within the context of a Catholic community. As a Catholic school, we are unique in our ability to encourage your child's spiritual growth and development while at the same time providing a stellar education. As the only state-designated STEM school in the area, we offer an education that is unparalleled in preparing our students for their futures.

In addition to the high standards for academics and religious education, Bishop Flaget also offers many extracurricular opportunities including athletics, band, private music lessons, scouts, STEM, robotics, and various other special activities from year to year.

Finally, Bishop Flaget is unique in that our school is a family. Because we have smaller classes, you will find that your family and other families will interact with one another more often and form an extended family. It is comforting to know that your child is learning in such a comfortable, loving, Christ-centered environment.

I welcome your family to join us in our faith journey. Together, all of our children build values that will help them face the challenges of a lifetime. You will find that Bishop Flaget offers your family the best education around. Please feel free to contact me for more information or to have your questions answered. You can contact me at the school at 740-774-2970 or on my cell at 740-253-0433. I look forward to meeting with you.

Yours in Christ,

Mrs. Laura Corcoran

*Principal*



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### **KINDERGARTEN PROGRAM REGISTRATION**

Thank you for your interest in the Kindergarten program at Bishop Flaget School. This is your registration packet for the upcoming school year. We look forward to having your child at Bishop Flaget next year.

Bishop Flaget School specifies the following requirements of age or prior enrollment be met in order to register a student in our school. **A child must be five years of age on or before September 30th of the year of the admittance to be eligible for entrance into Kindergarten.**

**\*\*Ohio Law requires the successful completion of Kindergarten before a child is admitted to first grade.**

Kindergarten students will be screened at Bishop Flaget in April. Please return your enrollment forms as soon as possible. We will contact you to schedule a Kindergarten screening. Current Pre-Kindergarten students will be screened during class. You must bring a current copy of your child's immunization record to the screening. Students **MUST** be screened before they enter school.

**Please provide the information below and return to Bishop Flaget. Enrollment is first come, first enrolled.**

	<b>Application</b>
	<b>\$100</b> Registration Fee (non-refundable)
	BFS Early Learning Program Medical Statement ( <b>Must be turned in by the first day of school to complete registration</b> ; however, to be in compliance with state law the entire school year, physical should be performed between June 1 <sup>st</sup> -August 30 <sup>th</sup> )
	Authorization Form for obtaining Immunization Information
	Confidential Medical & Family History Form (2 pages)
	Preliminary Emergency Medical Authorization Form
	Copy of Birth Certificate
	Copy of your child's social security card
	Copy of Baptismal Certificate (if Catholic)
	<b>**Custody Records:</b> Parents who are legally separated or divorced or legal guardians must present custody records at the time of enrollment.

Once registration is completed and final plans are made for the upcoming school year, we will send more information concerning supplies needed, calendar, tuition collection, etc. If you have any questions, do not hesitate to call the office (774-2970). We will be happy to assist you in any way we can. We are looking forward to meeting you and your child and to having your family join our school family!

*Bishop Flaget School challenges learners to persevere, innovate, and serve the community by following the model of Christ.*



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## Authorization to Disclose Immunization Information

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I, \_\_\_\_\_, as the parent or guardian of the above named child, hereby authorize (Name of Providers):

\_\_\_\_\_ to disclose the specific and individually identifiable immunization records of the above named child to (Name of School):

### Bishop Flaget School

\_\_\_\_\_ for the specific purpose of presenting written evidence, satisfactory to the person in charge of admission, that the above named child has been immunized by a method of immunization approved by the department of health as required by section 3313.671 of the Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with section 3313.671 of the Ohio Revised Code for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing, at any time, and that I may be asked to sign the Revocation Section on the bottom of this form. I further understand that any action taken by the above named Provider(s) of School in accordance to this authorization prior to it being revoked is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information unless otherwise provided for by state or federal law. Please note: medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act (FERPA).

I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g. insurance company) for the sole purpose of creating health information (e.g. physical exam), service may be denied if authorization is not given.

I also understand that my refusal to sign this authorization may prevent the school from verifying that the above named child has been immunized. I further understand that if the school cannot verify and I cannot provide satisfactory written evidence that above named child has been immunized, the child may be excluded from school pursuant to section 3313.671 of the Ohio Revised Code.

I further understand that I may request a copy of this signed authorization.

\_\_\_\_\_  
 (Signature of Personal Representative) (Date) (Relationship/Authority)

Note: This authorization was revoked on: \_\_\_\_\_  
 (Date) (Signature of Staff)