



Get Ready For School

www.stab.org/connect/get-ready-for-school

We are so excited to welcome you to St. Anne's-Belfield for the 2021-22 school year! This packet contains helpful information to get ready for school. We have also compiled everything for you on one webpage with more details (address and QR code above). Please reach out to communicate@stab.org if you need assistance, including translations or help completing any of the included documents.



Child Registration Form

Complete this form and return to divisional assistants with proof of identification. (Required for PS - Grade 8 only)



Health and Other Required School Entrance Forms

The **Virginia School Entrance form** is included in this packet. Please bring it to your doctor and scan the completed form back into Magnus Health.
All other required forms can be completed in Magnus Health.



Major Dates Calendar

Find all important dates in the Major Dates Calendar.
Orientation Programming: Aug. 16-19 (*Saints After School Available, see the Get Ready for School Page for details.*)
First Day of School: Aug. 24 for Grades 1-12 (1/2 day Aug. 23-24 for PS-K)*
*Look out for Staggered Start Information for PS and K



Purchase Supplies, Uniforms, Books, and Devices

Find all information about supplies, uniforms, device requirements, and textbooks on the Get Ready For School Page (linked above).



Prepararse Para la Escuela

www.stab.org/connect/get-ready-for-school

¡Estamos muy emocionados de darle la bienvenida a St. Anne's-Belfield para el año escolar 2021-22! Este paquete contiene información útil para prepararse para la escuela. También hemos recopilado todo para usted en una página web con más detalles (dirección y código QR a arriba). Comuníquese con communications@stab.org si necesita ayuda, incluidas traducciones o ayuda para completar cualquiera de los documentos incluidos.



Formulario de registro de niños

Complete este formulario y devuélvalo a los asistentes de división con prueba de identificación. (Requerido para PS - Grado 8 solamente)



Formularios de ingreso a la escuela obligatorios para la salud y otros

El formulario de ingreso a la escuela de Virginia está incluido en este paquete. Llévelo a **SU** médico y vuelva a escanear el formulario completo en MagnusHealth.

Todos los demás formularios requeridos se pueden completar en MagnusHealth.



Calendario de fechas importantes

Encuentre todas las fechas importantes en el Calendario de fechas importantes.

Orientación Programación: 16-19 de agosto (*Saints After School disponible, consulte la página Prepárese para la escuela para obtener más detalles.*)

Primer día de clases: 24 de agosto para los grados 1-12 (1/2 día 23-24 de agosto para PS-K) Busque información de inicio escalonado para PS y K.



Compre suministros, uniformes, libros y dispositivos.

Encuentre toda la información sobre suministros, uniformes, requisitos de dispositivos y libros de texto en la página Prepárese para la escuela (vinculada arriba).

PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY

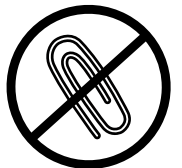


CHILD REGISTRATION FORM - PRE-SCHOOL- 8

This coversheet is **ONLY** for the form and student listed above
and **MUST BE RECEIVED** for processing.



DO NOT use staples or paperclips!



Please print and complete this form then
submit all pages including this coversheet via:

FAX		MAIL
(877) 447-9530 Outside of the United States? Please fax to (978) 244-8894	-OR-	Magnus Health Does Not Accept Mailed Forms

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY

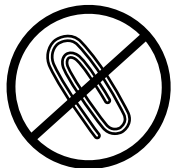


VIRGINIA SCHOOL ENTRANCE HEALTH FORM

This coversheet is **ONLY** for the form and student listed above
and **MUST BE RECEIVED** for processing.



DO NOT use staples or paperclips!



Please print and complete this form then
submit all pages including this coversheet via:

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(877) 447-9530 Outside of the United States? Please fax to (978) 244-8894	Magnus Health Does Not Accept Mailed Forms

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: ____/____/____ Last First Middle
 Sex: ____ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Name of Parent or Legal Guardian 2: _____ Phone: ____-____-____ Work or Cell: ____-____-____
 Emergency Contact: _____ Phone: ____-____-____ Work or Cell: ____-____-____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: ☐ None ☐ FAMIS Plus (Medicaid) ☐ FAMIS ☐ Private/Commercial/Employer sponsored

I, _____ (do ☐) (do not ☐) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Signature of person completing this form: _____ Date: ____/____/____

Signature of Interpreter: _____ Date: ____/____/____

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: ____/____/____ Sex: ☐ M ☐ F

Health Assessment	Date of Assessment: ____/____/____		Physical Examination																																																											
	Weight: ____ lbs. Height: ____ ft. ____ in.		1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment																																																											
	Body Mass Index (BMI): ____ BP ____		<table border="0"> <tr> <td></td><td>1</td><td>2</td><td>3</td><td></td><td>1</td><td>2</td><td>3</td><td></td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>HEENT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Neurological</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skin</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Abdomen</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Genital</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Extremities</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Urinary</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>													1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided																																																														
TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified Test for TB Infection: TST IGRA Date: ____ TST Reading ____ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: ____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																																																														
EPSTD Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																														

Developmental Screen	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ____ Left ____ Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)					Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
	Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested			
	Distance	Both	R	L	Test used:		
		20/	20/	20/			
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen							

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one):	
	<input type="checkbox"/> Well child; no conditions identified of concern to school program activities	
	<input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____	
	Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	Restricted Activity Specify: _____	
	Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	Special Diet Specify: _____	
	Special Needs Specify: _____	
Other Comments: _____		

Health Care Professional's Certification (Write legibly or stamp) ☐ By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: _____ Signature: _____ Date: ____/____/____

Practice/Clinic Name: _____ Address: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Email: _____



MAJOR DATES CALENDAR | 2021-22

JULY						
SUN	M	TU	W	TH	F	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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AUGUST						
SUN	M	TU	W	TH	F	SAT
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SEPTEMBER						
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AUGUST

16-19 (PS-12) Conferences & orientation programming
23-24 (PS/K) Half days, on campus. First full day on campus begins Aug. 25
24 (1-12) First day of School

SEPTEMBER

6 (PS-12) Labor Day, no classes
20 (PS-12) Virtual Curriculum Night
22 (9-12) Upper School Open House
23 (PS-8) Lower and Middle School Open Houses

OCTOBER

1 (PS-12) Alumni Weekend Begins
11 (PS-12) Fall break, no classes
12 (PS-12) Faculty professional day, no classes
13 (PS-12) Classes resume; PSAT day
15 Convocation and Head of School Installation, Fall Family Picnic, full day of school

NOVEMBER

12 (PS-12) Faculty professional day, no classes
22-26 (PS-12) Thanksgiving break, no classes
29 (PS-12) Classes resume

DECEMBER

3 (PS-8) Parent-teacher conferences, no PS-8 classes
20-31 (PS-12) Winter Break, no classes

JANUARY

3-4 (PS-12) Faculty professional days, no classes
5 (PS-12) Classes resume
17 (PS-12) MLK Day, no classes

FEBRUARY

21 (PS-12) Faculty professional day, no classes

MARCH

7-11 (PS-12) Spring Break, no classes
14 (PS-12) Faculty professional day, no classes
15 (PS-12) Classes resume
25 (PS-8) Parent-teacher conferences, no PS-8 classes

APRIL

15 (PS-12) Good Friday, no classes

MAY

27 (PS-12) Last day

JUNE

May 31 - June 2 (8-12) End-of-year events
3 (12) Commencement

TBD EVENTS

Lessons & Carols, Grandparents & Special Friends' Day;
Maroon & White Party

Last update 7/6/21. More events on the Veracross parent portal and weekly Belfield Bulletin emails.

— First/last day of School

— No classes, all grades — No classes, some grades

OCTOBER						
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NOVEMBER						
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DECEMBER						
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JANUARY						
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FEBRUARY						
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MARCH						
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MAY						
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JUNE						
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St. Anne's-Belfield School

Dear Parents/Guardians,

Please find a quick review of technology here at St. Anne's-Belfield School.

Two Names To Know: Google and Canvas

We are a Google Workspace for Education school. The IT department sets up and maintains all Google core applications and additional services.

Student accounts are activated beginning in Grade 3. Students in Grades 3 and 4 will use Google Docs for word processing and will not have access to email. In Grade 5, the full suite of core Google Apps is introduced, including email accounts.

We use Canvas as our Learning Management System (LMS) to support, enrich, extend, and document learning. Student engagement with Canvas increases as they progress through the grade levels. Canvas integrates seamlessly with many of the School's other tech services.

Access to Devices: Grades K - 6

In Grades K - 6, every student will be issued either a school-owned iPad or MacBook for their use during school hours. **This year, we intend for devices to remain at the school.** However, if your student needs to be out of school for an extended period, we will work with your family to send a device home.

- Grades K - 8 students have access to two computer labs outfitted with MacBook Air laptops and PCs.
- Grades K - 4 students are assigned a school-owned iPad. Grade 4 students also have access to a shared cart of 30 MacBook Airs.
- Grades 5 - 6 students are assigned a school-owned MacBook Air.

Access to Devices: Grades 7 - 12

Students in Grades 7 - 12 and use their personally-owned laptops at home and school. Families can find the recommended Bring Your Own Device (BYOD) computer requirements at www.stab.org/byod. Please contact the helpdesk (helpdesk@stab.org) if you have any questions regarding purchasing a new computer. St. Anne's-Belfield does not offer the purchase of devices through the School.

The School is committed to ensuring that every student has a device under the BYOD program and will work with any family concerned about affordability.

Required Forms for Signature

In Magnus Health, you will find two forms that require your electronic signature, depending on your student's grade: K-12 Online Learning Approval and K-6 Online Learning Device Usage Policy.

Thank you,

Mark Adair, Director of IT
helpdesk@stab.org