Kindergarten

Certainly one of the most exciting days in your child's life is the first day of kindergarten- the beginning of what we hope will be a rewarding formal education. We welcome you and look forward to educating your child in the Fairfield Area School District.

Our full-day kindergarten program eases children into the routines and structure of "real school," helping them feel comfortable in the school environment. The program strives to balance the best of traditional kindergarten, an atmosphere of play and nurturing, with the best new approaches to hands-on learning.

Daily activities are designed to take advantage of each child's natural curiosity and enthusiasm for learning. Activities such as shared reading of books, drawing, writing in journals, and solving math problems using hands-on materials are meant to help children develop skills in language, math and science. Poetry, music, crafts, dramatics, and field trips help bring their classroom lessons to life.

Fairfield kindergarten children also enjoy additional classes of art, music, physical education, library, and guidance.

Together we can create and maintain the nurturing environment that will lead to student success. By working together, we will help your child succeed. We look forward to this partnership with you as your child enters kindergarten at Fairfield Elementary.

Sincerely, The Kindergarten Teachers
Mrs. Linda McMullen
Mrs. Laura Spalding
Mrs. Terri Westfall
Mrs. Barbara Richwine, Principal

We look forward to seeing you on Thursday, March 23rd!

Coming To Kindergarten Should be Easy And Fun For Your Child! We Think <u>This</u> is Just What you May Be Looking For!

We want to offer a great opportunity to your incoming kindergartner to make the transition from home or preschool as easy as possible! To help in this endeavor we are planning some really fun activities and would like to have your child participate!

*****Friday, April 7: Teddy Bear Picnic – 9:30-10:30am**

*****Thursday, April 27: Hand in Hand (Which includes LUNCH in the Cafeteria!) – 9:30-11:20am (If your child is coming he/she is expected to buy lunch – $2.55. For hot dog, milk, etc. Check www.fairfieldpaschools.org for the complete menu for the day)**

<u>These activities require parents to drop off their Incoming Kindergartener and pick up PROMPTLY on time, please.</u>

You MUST R.S.V.P. if your child is coming so teachers can have enough supplies available. Please call the school 642-2016 and leave your response with Mrs. Luty, the school secretary. *****R.S.V.P. one week prior to each activity (March 31st and April 20th)**

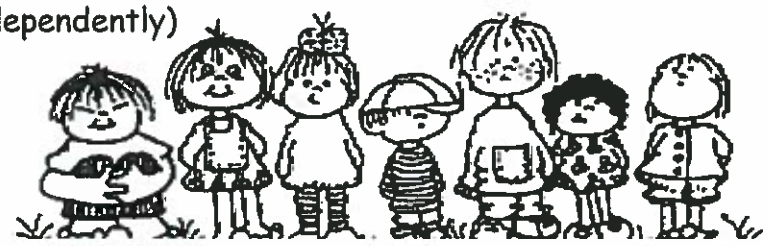
Please understand that we cannot accommodate parents for these activities as we have limited space in the classroom and cafeteria. Also, this is a time when your child needs to understand that school is a place where they will be independent of you and we believe it is important they understand that at the beginning…and we feel these FUN activities are a good place to start!

If you feel your child would <u>not</u> do well being without you, then keeping them home would be the other option. As much as we would love to have all the Incoming Kindergartners for this event, we teachers will be very busy with our own kindergarten class plus the Preschool children, so we are counting on you to know your child's limitations and expectations as far as independence is concerned! Thank you!!!

We are thrilled to begin this educational journey with your family and your child!

Readiness Skills

- Willingness to play and share
- Can work at a task without constant help
- Shows an interest in books
- Knows the ABC song
- Can name some of the letters of the alphabet
  (Children entering kindergarten knew an average of 15 capital letters, 11 lowercase)
- Can write his/her name (1st letter capital, the rest lower case)
- Can draw a person with body parts (head, legs, feet, trunk, face…)
- Name body parts
- Knows basic colors (red, blue, black, brown, purple, orange, yellow, green, white)
- Knows basic shapes (circle, square, rectangle, triangle, oval, rhombus, heart, star)
- Can sort/group objects according to color.
  (Ex. Put all the same color cars or M&M's together)
- Can count to 20.
- Can form a group of 10 objects or less
  (Ex. Show me 5 cars… Show me 9 Cheerios)
- Listens and follows directions
- Clap back a pattern
- Can recall what they've seen
  (Ex. Details in a picture, what they ate for a meal)
- Can manipulate materials such as pencils, crayons, scissors, paint brushes
- Can take care of self-help skills and toilet needs
  (Ex. Open lunch/snack items independently)
- Can dress self
  (Ex. Zip, button, snap)



Fairfield Area School District
Fairfield, Pennsylvania

REGISTRATION CHECKLIST-KINDERGARTEN

This checklist is provided to assist you in the registration process. Please present this checklist and the items requested at the time of your registration.

- ☐ **Certified Copy of Birth Certificate**
- ☐ **Proof of Residency- copy of mortgage or lease agreements, utility bills (also required for current residents to provide an audit record)**
- ☐ **Custody, Guardianship, Court Placement or Foster Care documentation**
- ☐ **Completed Registration Form**
- ☐ **Emergency/Medical Information Form**
- ☐ **Home Language Survey Form**
- ☐ **Parental Registration Statement**
- ☐ **Record Release Form**
- ☐ ***Record of Immunizations (shot record book, baby book, etc.)**
- ☐ **Physical Exam Form completed by physician**
- ☐ **Dental Exam Form completed by dentist**
- ☐ **Required Screening/PA State Mandated School Health Services Form**

*** Children of any grade level, K-12, must show proof of immunization before they can attend school in this Commonwealth.**

FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-2044 Fax (717) 642-2011

Karen Kugler
Superintendent
kuglerk@fairfield.k12.pa.us

Mary Beth Moore
Administrative Assistant
mooremb@fairfield.k12.pa.us

Fairfield Area School District

Pre-Registration Form

Student Name: _____ Grade:_____

Parent Name: _____

Address: _____

Telephone Number:_____ Alternate Number:_____

Is student living with: (please check one)

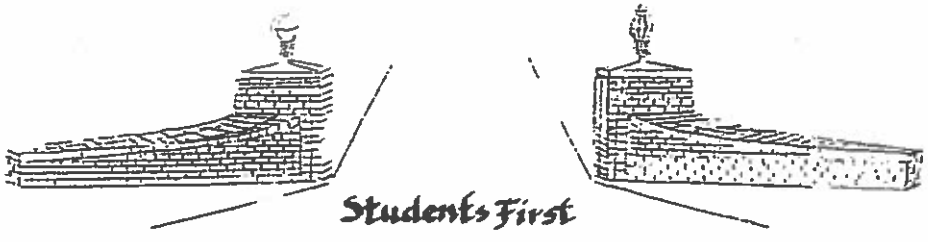
Biological Parent _____
Guardian _____
Court Placement _____
Foster Care _____

Does your child currently have an Individual Education Plan, Special Education placement or a 504 Plan?

_____ Yes _____ No

If yes, is Individual Education Plan, Special Education placement or 504 plan in the state of Pennsylvania?

_____ Yes _____ No



Fairfield Area School District

Please print all information clearly

☐ Check if previously registered in Fairfield School District

FAIRFIELD AREA SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Parent Signature _____ Date _____

STUDENT INFORMATION

Student Legal Name (Last) (First) (Middle) (Name used if other than legal name)				GENDER: Please check one ☐ Male ☐ Female
Street Address (Include apartment information)			Date of Birth	Place of Birth	Birth Certificate/Baptismal No.
Mailing Address (Include P.O. Box information)			Race: Please check only one ☐ W - White ☐ B - Black ☐ H - Hispanic ☐ A - Asian ☐ I - American Indian or Alaskan	
City	Zip	Phone Number (Unlisted Y/N)	Language spoken in home:	

Child Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Step _____ ☐ Guardian ☐ Affidavit ☐ Custody Papers

Did you child attend pre-school? Yes ☐ No ☐ If yes, what pre-school _____

If the child was placed in your custody by an agency, give name, contact, address, and phone number of agency.

Are there custody papers pertaining to this student? If yes, please furnish a copy of the custody papers to the registrar

Last School Attended & Grade	Address	List any grades repeated	Was the child identified as exceptional? ☐ Hearing ☐ Gifted ☐ Speech ☐ Learning Support
Family Physician	Address		Physician Phone Number

PARENT OR GUARDIAN INFORMATION - (Please list those guardians living with the student whether step-parent, biological, or foster)

Father's Name (Last, First, Middle)	Address (If different from student)			Marital Status ☐ Married ☐ Divorced ☐ Separated
Home Phone	Employer	Employer Phone	Occupation	Birth Date
Mother's Name (Last, First, Middle)	Address (If different from student)			Marital Status ☐ Married ☐ Divorced ☐ Separated
Home Phone	Employer	Employer Phone	Occupation	Birth Date
A. Type of Residence: ☐ House ☐ Apartment ☐ Mobile Home ☐ Owned ☐ Rented			If rented, owner's name	Previous occupants (if known)

B. Are there any residents under 21 years of age at this address with a physical or mental handicap which might make it advisable for them to have special help? Name:

C. Please list any additional children/residents at this address who are not listed above:

(Last, First, Middle)	Employer (if applicable)	Birth Date	Grade	School	Sex

IF PARENT CANNOT BE REACHED IN CASE OF EMERGENCY OR EARLY CLOSING OF SCHOOL, THE CHILD IS TO GO TO:

Name (Last, First)	Address	Phone Number	Relationship to Student

(TO BE COMPLETED BY OFFICE PERSONNEL)

Start Date		Student ID #	FASD School Attending	School Year	Grade	Effective Date of Transportation	Bus Number	Bus Stop

Copy Distribution: White - Building Copy; Canary - Central Registration; Pink - Nurse; Goldenrod - Transportation

FAIRFIELD AREA SCHOOL DISTRICT
STUDENT IDENTIFICATION

In order to complete records required by the Department of Education; please choose **only one** of the following racial/ethnic categories.

☐ **AMERICAN INDIAN/ALASKAN NATIVE** - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

☐ **ASIAN/PACIFIC ISLANDER** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India and Vietnam.

☐ **BLACK (NON-HISPANIC)** - A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).

☐ **HISPANIC** - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐ **WHITE** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (except those of Hispanic origin).

Student Name: _____

Grade: _____ **Building:** _____

Parent Signature: _____

FAIRFIELD AREA SCHOOL DISTRICT
HOME LANGUAGE SURVEY

The Fairfield Area School District is committed to ensuring that all students, regardless of their ethnic origin, or home language, receive equal opportunity to access a high quality education and that parents/guardians receive understandable information from school. To assist the District in accomplishing these goals, please complete one side of the HOME LANGUAGE SURVEY and return the survey as soon as possible. Thank you!

Child's name: _____
First Name Middle Name Last Name (Family Name)

		YES	NO
1.	Was English the first language your child learned to speak? If NO, what was the first language? _____	☐	☐
2.	Does your family speak English at home? If NO, what language is spoken in your home? _____	☐	☐
3.	When your child was learning to speak English, did he/she often hear another language? If YES, what was the other language? _____	☐	☐
4.	We, the parents/guardians, need to have the written information that is sent home from school translated into another language. If YES, which language? _____	☐	☐
5.	We, the parents/guardians, need to have an interpreter at conferences and meetings. If YES, which language? _____	☐	☐

El distrito Escolar de Fairfield Area se obliga a que todos los estudiantes, sin importar su origen étnico, o su idioma, reciban igual oportunidad de tener una educación de alta calidad y que los padres/tutores reciban información entendible de la escuela. Para ayudar al Distrito a cumplir estas metas, por favor llene esta forma, CUESTIONARIO SOBRE EL IDIOMA MATERNO y devuelva el cuestionario con su hijo(a) tan pronto como le sea posible. Gracias.

		SI	NO
1.	¿Fue Inglés el primer idioma que su hijo(a) aprendió? Si contesta NO, ¿cuál es el primer idioma que aprendió primero? _____	☐	☐
2.	¿Su familia habla Inglés en la casa? Si contesta NO, ¿cuál idioma se habla en su casa? _____	☐	☐
3.	Cuando su hijo(a) estaba aprendiendo Inglés, ¿el/ella oía seguido otro idioma? Si contestó SI ¿cuál idioma? _____	☐	☐
4.	Nosotros, los padres/tutores, necesitamos tener información escrita que la escuela envía traducida en otro idioma. Si contesta SI, ¿en cuál idioma? _____	☐	☐
5.	Nosotros, los padres/tutores, necesitamos un intérprete en conferencias y juntas. Si contesta SI, ¿en cuál idioma? _____	☐	☐

Other students in your family. Otros estudiantes en su familia	School/Grade Escuela/Año escolar
_____	_____
_____	_____
_____	_____

Name of Parent/Guardian _____
(Nombre del Padre/Tutor)
Signature/Firma _____ Date/Fecha _____

PARENTAL REGISTRATION STATEMENT
FAIRFIELD AREA SCHOOL DISTRICT
FAIRFIELD, PENNSYLVANIA

Student Name		
Date of Birth	Grade	School
Parent or Guardian Name		
Address		
Telephone Number		

Pennsylvania School Code 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, or for the willful infliction of injury to another person or for any act of violence committed on school property".

Please complete the following:
I hereby swear or affirm that my child....

☐ Was previously suspended	☐ Was previously expelled
☐ Was not previously suspended	☐ Was not previously expelled
☐ Is presently suspended	☐ Is presently expelled
☐ Is not presently suspended	☐ Is not presently expelled

From any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13-1304-A(b)and 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true

If this student has been or is presently suspended or expelled from another school, please complete:

Name of school from which student was suspended or expelled:
Dates of suspension or expulsion: _____
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)
Reason for suspension/expulsion (optional) _____

_____ _____
Signature of Parent or Guardian Date

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

White: Building Level Yellow: Child Accounting

FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-8228 Fax (717) 642-2036

SEPARATIONS/DIVORCE

It is the intent of the Fairfield Area School District to remain neutral toward families split by divorce or separation. We do not want to take sides with one parent against the other where there may be possible conflict over children attending school in this district. If you have a court decree that establishes you as legal guardian, please give us a copy of such a document for attachment to the child's permanent record. We will use this as a legal base for working with the custodial parent.

In the absence of such a document, you must be aware that we cannot deny either parent access to his/her child. We cannot withhold information or refuse to see or work with the other parent.

If the status of your court decree changes you as legal guardian we would need to be aware of the change. Please give us a copy of the changed document as soon as the change/changes have occurred.

The Fairfield Area School District wants to protect all children from emotionally upsetting situations. Whatever the parents can settle outside school to forestall these confrontations should be pursued. Our guidance counselors will work with you toward this end if you so desire.

I have read the above:

_____	_____
Parent Signature	Date
_____	_____
Name of Child/Children	Name of School
_____	_____
Name of Child/Children	Name of School
_____	_____
Name of Child/Children	Name of School

OFFICE USE:
Legal document on file

_____ Yes

_____ No

_____ Date

FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-2044 Fax (717) 642-2011

Karen Kugler
Superintendent
kuglerk@fairfield.k12.pa.us

Mary Beth Moore
Administrative Assistant
mooremb@fairfield.k12.pa.us

Dear Fairfield Resident:

According to Pennsylvania School Code 1302, a child can attend a school in the school district where his/her parent(s) resides. In addition, when a resident of the school district keeps a child in his/her home, supporting the child gratis as if the child were his/her own, the child may also attend the district's schools. However, before the child can attend the district's schools, the resident must provide documentation to show dependency or guardianship or a sworn statement that:

He/she is a resident of the district,
He/she is supporting the child gratis,
He/she assumes all personal obligations for the child relative to school requirements, and
He/she intends to keep and support the child continuously and not just through the school term.

A form to verify dependency or guardianship must be completed by the resident and can be obtained from Ms. Karen Kugler, Fairfield Area School District, 4840 Fairfield Road, Fairfield, PA 17320 (717-642-2044). Upon completion, the resident is to return the form to Ms. Kugler. The resident will receive written notification to confirm his/her compliance with the School Code and the child's enrollment in the Fairfield Area School District. Written notice will also be sent should the documentation fail to adequately substantiate guardianship in which case the child will not be enrolled in the school district.

If you have any questions, please feel free to contact me at (717) 642-2044.

Sincerely,

Karen Kugler
Director of Child Accounting

Students First
Fairfield Area School District

TRANSFER OF RECORDS
ACT 26 SECTION 1304 - A & 1305 - A

SECTION 1304 - A. SWORN STATEMENT

(A) Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously **OR IS PRESENTLY** suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property. The registration **SHALL INCLUDE THE NAME OF THE SCHOOL FROM WHICH THE STUDENT WAS EXPELLED OR SUSPENDED FOR THE ABOVE-LISTED REASONS WITH THE DATES OF EXPULSION OR SUSPENSION AND SHALL** be maintained as part of the student's disciplinary record.

(B) Any willful false statement made under this section shall be a misdemeanor of the third degree.

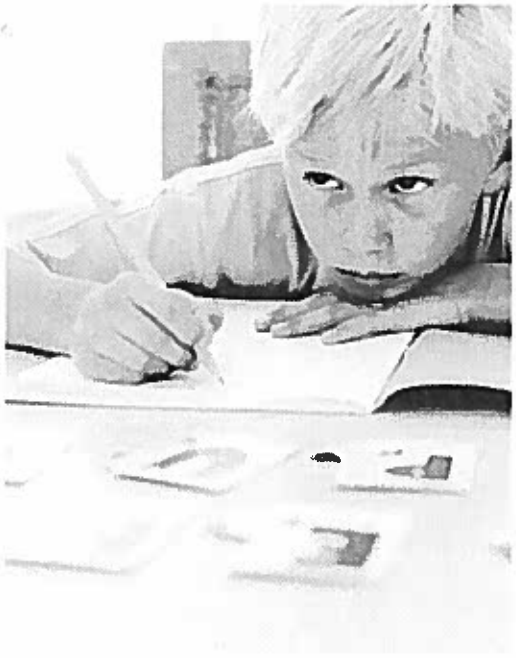
SECTION 1305 - A. TRANSFER OF RECORDS

Whenever a pupil transfers to another school entity, a certified copy of the student's disciplinary record shall be transmitted to the school entity to which the pupil has transferred. The school entity to which the student has transferred should request the record. The sending school entity shall have ten (10) days from the receipt of the request to supply a certified copy of the student's disciplinary record.

Attention Parents/Guardians

DON'T WAIT. VACCINATE.

FOR ATTENDANCE IN ALL GRADES children need the following:



- **4 doses of tetanus***
  (1 dose on or after the 4th birthday)
- **4 doses of diphtheria***
  (1 dose on or after the 4th birthday)
- **3 doses of polio**
- **2 doses of measles****
- **2 doses of mumps****
- **1 dose of rubella (German measles)****
- **3 doses of hepatitis B**
- **2 doses of varicella (chickenpox) vaccine or history of disease**

*Usually given as DTP or DTaP or DT or Td
**Usually given as MMR

Children **ATTENDING 7th** grade need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) if 5 years has elapsed since last tetanus immunization.
- 1 dose of meningococcal conjugate vaccine (MCV).

These requirements allow for the following exemptions:
Medical reason
Religious belief
Philosophical/strong moral or ethical conviction

If your child is exempt from immunizations, it may be recommended that he/she be excluded from school.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization).
Contact your healthcare provider or call 877 PA HEALTH for more information.

pennsylvania
DEPARTMENT OF HEALTH

FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-8228 Fax (717) 642-2029

Karen Kugler
Superintendent
kuglerk@fairfield.k12.pa.us

Crystal Pasquarello RN, CSN
District School Nurse
pasquarelloc@fairfield.k12.pa.us

Required Screenings/PA State Mandated School Health Services

The Pennsylvania School Health Law requires a variety of mandated screenings and immunizations. Necessary information and forms can be found on the district/school website by selecting the Services tab and then selecting the School Health Office tab. Medical and dental forms are available in each of the school offices or can be printed out.

Mandated Screenings completed by School Nurse/School Health Office Staff include:

- **Height & Weight:** All grades
- **Vision:** All grades
- **Hearing:** K, 1,2,3,7 & 11
- ***Scoliosis***: 6 & 7 (*6th grade physical exam includes the scoliosis screening)*

Mandated Examinations Include:

- ***Physical Exam***: K/Original Entry, 6, & 11
- ***Dental Exam***: K/Original Entry, 3 & 7

If you choose not to have a private Physical/Dental Exam, FASD will provide a free Physical/Dental Exam.
Parent Signature required for School Physical Exam, School Dental Exam and 7th grade Scoliosis Screening.

Immunizations required for 7th grade include the following:

- 1 dose of Tdap (tetanus, diphtheria, acellular pertussis)
- 1 dose of MCV (meningococcal conjugate vaccine)

___I will have a private ***Physical Exam*** done for my child. ***(K/1, 6 & 11th grades).***
___I give permission for the school physician to examine my child.
___I would like to accompany my child during the school physical exam. *(You will be notified prior to the exam date).*

___I will have a private ***Dental Exam*** done for my child. ***(K/1, 3 & 7th grades).***
___I give permission for the school dentist to examine my child.
___I would like to accompany my child during the school dental exam. *(You will be notified prior to the date).*

___I give permission for a ***Scoliosis Screening*** to be completed by the school nursing staff. ***(7th grade).***
___I would like to accompany my child during the Scoliosis Screening.

FAILURE TO HAVE A DOCUMENTED PHYSICAL EXAM/DENTAL EXAM FOR YOUR CHILD MAY RESULT IN THE CHILD'S EXCLUSION FROM SCHOOL.

_____ _____
Student Name Grade

_____ _____
Signature of Parent/Guardian Date

8/22/2016

pennsylvania
DEPARTMENT OF HEALTH
Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before student's exam. Take completed form to appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

_____

_____

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: *Has the student...*	YES	NO
1. Any ongoing medical conditions? If so, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infection Other_____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: *Has the student...*	**YES**	**NO**
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: *Has the student...*	**YES**	**NO**
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: ☐ Heart murmur or heart infection ☐ High blood pressure ☐ Kawasaki disease ☐ High cholesterol ☐ Other:_____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: *Has the student...*	**YES**	**NO**
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: *Has the student...*	**YES**	**NO**
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: *Has the student...*	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? ☐ Yes ☐ No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	**YES**	**NO**
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: ☐ less than 1 year ☐ 1-2 years ☐ greater than 2 years		
SOCIAL/LEARNING: *Has the student...*	**YES**	**NO**
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	**YES**	**NO**
42. Is there a family history of the following? If so, check all that apply: ☐ Anemia/blood disorders ☐ Asthma/lung problems ☐ Behavioral health issue ☐ Diabetes ☐ Inherited disease/syndrome ☐ Kidney problems ☐ Seizure disorder ☐ Sickle cell trait or disease Other_____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: ☐ Brugada syndrome ☐ Cardiomyopathy ☐ High blood pressure ☐ High cholesterol ☐ QT syndrome ☐ Marfan syndrome ☐ Ventricular tachycardia ☐ Other_____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	**YES**	**NO**
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFOMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 ☐ 6 ☐ 11 ☐ Other ☐	CHECK ONE: NORMAL	*ABNORMAL	DEFER	*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
Height: ( ) inches				
Weight: ( ) pounds				
BMI: ( )				
BMI-for-Age Percentile: ( ) %				
Pulse: ( )				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected ☐				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐

Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam_____ 20____

Print name of examiner _____

Print examiner's office address _____ **Phone** _____

Signature of examiner _____ **MD ☐ DO ☐ PAC ☐ CRNP ☐**

HEALTH CARE PROVIDERS: ***Please photocopy immunization history from student's record – OR – insert information below.***

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician ☐	Date:_____				
Varicella: Vaccine ☐ Disease ☐	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

 ADDITIONAL COMMENTS (PARENT / GUARDIAN / STUDENT / HEALTH CARE PROVIDER)

H514.027 (08/2011)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ___

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
Last First Middle		☐ M ☐ F		

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION

TOOTH CHART

	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment? Yes ☐ No ☐

Treatment Completed Yes ☐ No ☐

_____
Date of Dental Examination

_____ _____
Signature of Dental Examiner Print Name of Dental Examiner

_____
Address