

Fairfield Area School District
Fairfield, Pennsylvania

REGISTRATION CHECKLIST

YOUR CHILD WILL NOT BE REGISTERED UNLESS ALL OF THE INFORMATION REQUESTED IS WITH YOU AT REGISTRATION.

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
- Record of Immunization (shot record book, baby book, etc.)
- 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
- Copy of latest report card or transcript



FAIRFIELD AREA SCHOOL DISTRICT

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

Karen Kugler
Director of Curriculum & Special Programs
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

Please print all information clearly

FAIRFIELD AREA SCHOOL DISTRICT

Check if previously registered in Fairfield School District

STUDENT REGISTRATION FORM

Parent Signature _____

Date _____

STUDENT INFORMATION		(First)		(Middle)		(Name used if other than legal name)		GENDER: Please check one <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Legal Name (Last)								Birth Certificate/Baptismal No.	
Street Address (include apartment information)				Date of Birth		Place of Birth			
Mailing Address (include P.O. Box information)				Race: Please check only one <input type="checkbox"/> W - White <input type="checkbox"/> B - Black <input type="checkbox"/> H - Hispanic <input type="checkbox"/> A - Asian <input type="checkbox"/> I - American Indian or Alaskan		Language spoken in home:			
City		Zip		Phone Number		(Unlisted Y/N)			
Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Affidavit <input type="checkbox"/> Custody Papers									
Did you child attend pre-school? Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Hearing <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> 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 <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Birth Date			
Home Phone		Employer		Employer Phone		Occupation			
Mother's Name (Last, First, Middle)		Address (if different from student)		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Birth Date			
Home Phone		Employer		Employer Phone		Occupation		Previous occupants (if known)	
A. Type of Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Owned <input type="checkbox"/> Rented				If rented, owner's name					
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	
IF PARENT CANNOT BE REACHED IN CASE OF EMERGENCY OR EARLY CLOSING OF SCHOOL, THE CHILD IS TO GO TO:		Address		Phone Number		Relationship to Student			
(TO BE COMPLETED BY OFFICE PERSONNEL)		Student ID #		FASD School Attending		School Year		Grade	
Start Date								Effective Date of Transportation	
								Bus Number	
								Bus Stop	



EMERGENCY CARE INFORMATION

In the case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian or a designated emergency contact.
2017-2018

STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
			Bus # (AM)	Bus # (PM)	
<input type="checkbox"/> Student has medical alert information on file.					

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the resident parent/guardian. The resident parent/guardian is the natural or adoptive parent or legal guardian with whom the student lives the majority of the school week.

Enrolling Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language

Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Resides With <input type="checkbox"/> Yes	Email:
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Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language

Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Should contact receive mailings throughout the school year: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
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Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language

Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Email:
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Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Work:
			Cell:
City:	State:	Zip:	Language

Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Email:
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OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone

Please complete reverse side.

MEDICAL HISTORY (Your child's medical condition will be shared with necessary school personnel unless otherwise indicated). Please check any medical condition that pertains to your child and provide an explanation.

Condition	Yes	Comments	Condition	Yes	Comments
ADD/ADHD			Cardiovascular		
Allergy:			Diabetes		
<i>Bee Sting</i>			Gastrointestinal		
<i>Drug</i>			Hearing Disorder/Deafness		
<i>Food</i>			Migraines		
<i>Latex</i>			Orthopedic Disorder		
<i>Peanut</i>			Seizure Disorder		
<i>Seasonal</i>			Vision Disorder		
<i>Tree Nut</i>			Other		
Asthma			Other		

Additional Information:

Physician's Name	Telephone
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MEDICATIONS TAKEN AT HOME:

Please list the name and reason for any medication, *prescribed or over-the-counter*, that your child is receiving on a regular basis.

Name	Reason	Dose	Times

OVER-THE-COUNTER-MEDICATIONS AVAILABLE AT SCHOOL/CAMP per School Physician Order: Please note that any medication/s **NOT** on this list will require a physician's order to be given at school/camp.

My child may **NOT** be given any medications while at school: _____

My child may be given (please initial medications you authorize):

<u>Medication</u>	<u>Initial</u>	<u>Dose</u>
Acetaminophen (<i>Tylenol</i>)	_____	_____
Ibuprofen (<i>Advil</i>)	_____	_____
Antacid (<i>Tums</i>)	_____	_____
Benadryl (<i>Severe Allergic Reaction</i>)	_____	_____

If you do not indicate a dose, it will be administered according to the student's age/weight.

Parent/Guardians release the Fairfield Area School District, its officers, agents, and employees from all claims and liabilities of any kind arising out of the dispensing of medication to the student pursuant to the authorization granted herein.

In the event of an emergency which would require medical care and treatment to be administered to the student, I/we hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student.

The undersigned have read this Medical Authorization Consent Form and declare and affirm that I/we agree to the consents herein stated.

Parent/Guardian – Please Print	Signature	Date
Parent/Guardian – Please Print	Signature	Date
Student's Signature (only if student is 18 or older)	Date	



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Superintendent
kuglerk@fairfield.k12.pa.us

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

Authorization to Release or Obtain Information

I, _____, do hereby authorize Fairfield Area:

- Elementary
- Middle School
- High School

TO RELEASE TO:

TO OBTAIN FROM:

Information from the record of _____, born _____, grade _____
Please Print Student Name Current

Please forward the following selected information on this student:

- | | |
|--------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> PA Secure # (if within state of PA) | |

I have read the above and understand the nature of this release:

Signature of Parent/Guardian

Date

Signature of Witness

Date

.....
Sending school please complete and return with transcripts. Thank you.

Discipline records enclosed with transcript

Student has no discipline record

School Name

School Official's Signature



FAIRFIELD AREA SCHOOL DISTRICT

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Karen Kugler
Director of Curriculum & Special Programs
kuglerk@fairfield.k12.pa.us

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

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
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? _____ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your family speak English at home?
If NO, what language is spoken in your home? _____ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When your child was learning to speak English, did he/she often hear another language?
If YES, what was the other language? _____ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. We, the parents/guardians, need to have an interpreter at conferences and meetings.
If YES, which language? _____ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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?
_____ | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2. ¿Su familia habla Inglés en la casa?
Si contesta NO, ¿cuál idioma se habla en su casa?
_____ | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3. Cuando su hijo(a) estaba aprendiendo Inglés, ¿el/ella oía seguido otro idioma?
Si contestó SI ¿cuál idioma? _____ | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4. Nosotros, los padres/tutores, necesitamos tener información escrita que la escuela envía traducida en otro idioma.
Si contesta SI, ¿en cuál idioma? _____ | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 5. Nosotros, los padres/tutores, necesitamos un intérprete en conferencias y juntas.
Si contesta SI, ¿en cuál idioma? _____ | | | <input type="checkbox"/> | | <input type="checkbox"/> |

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....

<input type="checkbox"/> Was previously suspended	<input type="checkbox"/> Was previously expelled
<input type="checkbox"/> Was not previously suspended	<input type="checkbox"/> Was not previously expelled
<input type="checkbox"/> Is presently suspended	<input type="checkbox"/> Is presently expelled
<input type="checkbox"/> Is not presently suspended	<input type="checkbox"/> Is not presently expelled

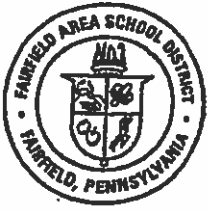
From any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 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.



FAIRFIELD AREA SCHOOL DISTRICT

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Karen Kugler
Director of Curriculum & Special Programs
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

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.



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



Bureau of Community Health Systems
 Division of School Health
 Room 628, Health & Welfare Building
 625 Forster Street
 Harrisburg, PA 17120
 Phone: (717) 787-2390
 Fax: (717) 783-4790

MANDATED SCHOOL HEALTH SERVICES

Every child of school age attending or who should attend a public or private/non-public school within the Commonwealth must receive the following health services. Private/non-public schools may request these services from their local public school district. Via submission of an annual school health report, the local school district is reimbursed by the Pennsylvania Department of Health for provision of the mandated services.

SERVICE	K	1	2	3	4	5	6	7	8	9	10	11	12	Special Education	Notes
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Maintenance of Health Record	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Immunization Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Medical Examination	*	*				X						X		Age Appropriate	*Required on original entry- K or 1st grade
Dental Examination	*	*		X										Age Appropriate	*Required on original entry- K or 1st grade

SERVICE	K	1	2	3	4	5	6	7	8	9	10	11	12	Special Education	Notes
Growth Screen	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Hearing Screen	X	X	X	X				X				X		X	
Scoliosis Screen							X	X							6th grade physical may be used in lieu of 6th grade screen
Tuberculin Test +	*	*								X				Age Appropriate	*Required on original entry- K or 1st grade. +Unless approved to discontinue
Vision Screen-Far Visual Acuity Test	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vision Screen-Near Visual Acuity Test	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vision Screen-Convex Lens Test (Plus Lens)		X												Age Appropriate & As Needed	1st grade students meeting criteria & new students (any gr) not previously screened
Vision Screen-Color Vision Test		*	*											Age Appropriate & As Needed	*1st or 2nd grade & new students (any gr) not previously screened
Vision Screen-Stereo/Depth Perception Test		*	*											Age Appropriate & As Needed	*1st or 2nd grade & new students (any gr) not previously screened