



Dear Families:

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, guidance and technology.

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. Justina Chamberlin

Mrs. Linda McMullen

Mrs. Laura Spalding

Mrs. Terri Westfall

Mrs. Barbara Richwine, Principal



We look forward to seeing you on Thursday, March 15th



Kindergarten 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
- ❖ 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 count to 20.
- ❖ Can form a group of 10 objects or less
(Ex. Show me 5 cars... Show me 9 Cheerios)
- ❖ Listens as well as talks
- ❖ 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
(zip, button, snap, tie)





**Coming To Kindergarten Should be Easy
And Fun For Your Child! We Think This 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 exciting activities and would like to have your child participate!

*****Friday, May 4: Teddy Bear Picnic – 9:30-10:30am**

*****Thursday, April 26: 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 chicken nuggets, milk, etc. Check www.fairfieldpaschools.org for the complete menu for the day)**

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

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 (April 27th and April 19th)**

Please be aware we cannot accommodate parents for these activities as we have limited space in the classroom and cafeteria. Also, this is a time when children need to know that school is a place where they will be independent of you and we believe it is important they understand that from the start. We feel these FUN activities are a good place to begin!

If you feel your child would not do well being without you, then keeping him/her 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!



Fairfield Elementary Kindergarten Registration and Screening

Registration for children, who will enter kindergarten or first grade in the Fairfield Area School District for the 2018-2019 school year, will be held **Thursday, March 15, 2018.**

Hours for registration:

8:15 AM – 11:15 AM and 1:00 PM – 3:30 PM

Registration is by appointment only. Please call (717) 642-2016 to schedule an appointment.

Please note that a child shall be admitted to kindergarten only if he or she reaches the age of five (5) years by September 1st. Chronological age shall be the sole criteria for admittance. A child who has not attended kindergarten but who seeks admission to first grade shall be so admitted only if he or she has attained the age of six (6) by September 1st. (District Policy 6210.1a, revised September 2006)

REQUIREMENTS FOR REGISTRATION:

Birth Certificate (bring original and one copy)

Immunization Record (copy)

Proof of Residency (copy)

Legal Custody Order (If applicable, copy)

Children must be accompanied by a parent or guardian for registration. The children will meet with several teachers to participate in a readiness screening. There are many forms that need to be completed by the parent. You may request a kindergarten registration packet prior to Thursday, March 15th or find all forms on the district website www.fairfieldpaschools.org and return the completed paperwork on the day of registration.

Please be reminded that all immunizations must be complete *before* the first day of school. Summer time immunizations may be necessary. No child will be admitted to kindergarten or first grade without proper immunization records on the first day of school.

Children already enrolled in kindergarten classes in the Fairfield Area School District need not register for first grade.

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

Date _____ Parent Signature _____

STUDENT INFORMATION		Date	
Student Legal Name (Last, First, Middle)		(Name used if other than legal name)	
Street Address (Include apartment information)		Place of Birth	
Mailing Address (Include P.O. Box information)		Race: Please check only one	
City		<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	
Zip		Language spoken in home:	
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		GENDER: Please check one	
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.		<input type="checkbox"/> Male <input type="checkbox"/> Female Birth Certificate/Baptismal No.	
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		List any grades repeated	
Address		Was the child identified as exceptional?	
Family Physician		<input type="checkbox"/> Hearing <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Learning Support 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)	
Home Phone		Occupation	
Employer		Employer Phone	
Mother's Name (Last, First, Middle)		Address (if different from student)	
Home Phone		Occupation	
Employer		Employer Phone	
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			
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	
Sex		School	
Relationship to Student		Previous occupants (if known)	
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		Effective Date of Transportation	
Grade		Bus Number	
School Year		Bus Stop	



FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 762-2002 Fax (717) 642-2011

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

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

SEPARATION/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 of 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



Students First

Fairfield Area School District

**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		
<p>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".</p>		

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

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



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.

FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320

Phone: 717-642-8228 / Fax 717-642-2036

2018

2018 - 2019 District Calendar

Board Approved January 15, 2018

2019

JULY 2018

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST 2018

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCTOBER 2018

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July

4 - Independence Day Vacation

August

16, 17, 20 - Teacher In-Service
16 - Kindergarten Orientation (6-7:30)
- 5th Grade Orientation (4-5:30)
- 9th Grade Orientation (5-6:30)
20 - Elem Back to School Night (6-7:30)
21 - First Student Day
21 - 22 - Kindergarten Staggered Start
30 - MS Back to School Night (4:30-6)
- HS Back to School Night (5-6:30)

September

3 - Labor Day Vacation (No School)
27 - MS Parent Conferences (3:30-7)
- HS Parent Conferences (3:30-7)

October

8-County Teacher In-Service (No School)

November

2 - Act 80 Day (No School)
- Data Day (7:25 - 10:25)
- Parent Conferences All Buildings (10:30 - 12:00 and 1:00 - 2:55)
8 - MS Parent Conferences (3:30 - 7)
15 - Elem Parent Conferences (4:30-8)
21 - Act 80 Day (No School) -Teachers Released from Duty
22 - 26 -Thanksgiving Vacation

December

21 - Early Dismissal Students (Secondary - 10:45; Elem - 11:45)
24 - Jan 2 - Winter Vacation

January

1 - Winter Vacation (District Closed)
2 - Winter Vacation
21 - MLK Day (No School)

February

15, 18 - President's Day Vacation (No School)
21- HS Parent Conferences (3:30-7)

March

18 - Vacation Day (No School)

April

18 - 23 - Spring Vacation (No School)

May

3 - Teacher In-Service (Trade-In Day)
24 - Act 80 Day (No School)
27 - Memorial Day Vacation
31 - Last Student Day/Graduation

June

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JANUARY 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY 2019

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

MARCH 2019

S	M	T	W	T	F	S
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY 2019

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE 2019

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

PSSA / KEYSTONE EXAM SCHEDULE

January 7 - 18	Keystone Exams: Algebra 1, Biology, Literature
April 1 - 5	PSSA Grades 3-8 English, Language Art
April 8 - 12	PSSA Grades 3-8 Math
April 29 - May 3	PSSA Grades 4 & 8 Science
May 6 - 10	PSSA Make-Up Day
May 13 - 24	Keystone Exams: Algebra 1, Biology, Literature

KEY:

	Early Dismissal
	First Day for Students
	Vacation (No School)
	Act 80 Day (No School)
	Teacher In-service (No School)
	End of Marking Period
	District Closed
	Last Day for Students / Graduation

Make-Up Days

Feb 15th	March 18th,
April 23rd, 18th, 22nd	
June 3rd, 4th...	
Marking Periods	
Oct. 24th	45
Jan. 11th	46
Mar. 22nd	46
May 31st	44

Elementary teachers need to schedule an additional 3.5 hours of parent conferences on their own.

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DTaP or if medically advisable, DT or Td

** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

***Usually given as MMR



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-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

Gina Johnson, BSN, RN, CPN
District School Nurse
johnsongi@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.

What does this mean for my Kindergarten student?

Kindergarten students are required to have physical and dental examinations completed. As soon as possible, please have the providers complete these forms based on the most recent (5 year old exam) and return them to the school along with an updated immunization record. Please note the required immunizations for entrance.

- If your Kindergarten student is in need of a physical or dental exam, our school doctor and dentist will visit during the 2018/2019 school year to complete the required assessments. (Note: The dental exam is a screening only- cleanings/treatments are not performed.)

Please select:

I will have/have had a private Physical Exam done for my Kindergarten student, and will return the completed paperwork.

Date of appointment _____ Practice/Physician name _____

I will have/have had a private Dental Exam done for my Kindergarten student, and will return the completed paperwork.

Date of appointment _____ Practice/Dentist name _____

OR

I give permission for the school doctor to examine my Kindergarten student (date TBD).

I give permission for the school dentist to examine my Kindergarten student (date TBD).

I would like to accompany my child during the school physical and/or dental exam. (You will be notified prior to the date).

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

PLEASE RETURN THIS FORM with the registration packet.

Student Name

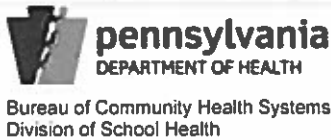
Teacher

Signature of Parent/Guardian

Date

*****Parent Signature required for School Physical and Dental Exam!!!*****

03/2018 GJ



**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: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> 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: <i>Has the student...</i>	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: <i>Has the student...</i>	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: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> 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: <i>Has the student...</i>	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: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	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: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> 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: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> 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 PERFORMING EXAMINATION: Yes No

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
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 <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	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)	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)					

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		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

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

REPORT OF EXAMINATION

		TOOTH CHART																
		RIGHT								LEFT								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER					A	B	C	D	E	F	G	H	I	J				Upper
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	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