

Academy of Dover Charter School

Kindergarten - 5th grade School
104 Saulsbury Road
Dover, Delaware 19904



Dear Parent/Guardian:

We are pleased to inform you that your child has been selected to attend The Academy of Dover for the upcoming school year. In order to complete the enrollment process, the next five steps in the enrollment process are as follows:

Note: By enrolling your students at the Academy of Dover, in accordance with Delaware Law, your child is required to attend the Academy for minimum of one school year.

1. Fill in the forms on this list:
(ENCLOSED WITH THIS LETTER)
 - Admissions Profile
 - Emergency Contact/Permission Form
 - Release of Student Records Form
 - Volunteer Form

2. Have your child's doctor fill in the documents on this list:
(ENCLOSED WITH THIS LETTER)
 - Child Health Assessment
 - Certificate Of Immunization

3. Ask your doctor for a copy of :
 - Your child's official immunization record (Kept in the doctor's office)

4. Bring in the documents on this list:
 - *Parent's or guardian's state/government ID or Driver's License
 - Your child's Birth Certificate
 - Your child's Social Security Card
 - Your child's last report card (grades 1-5)
 - Proof of Residency (utility bill, tax record, lease)
 - IEP (if your child has Special Education IEP from their old school)

5. Return all forms from the four lists above to Academy of Dover Charter School as soon as possible.

Failure to complete and return enrollment forms may cause you to lose your slot!

If you have any questions regarding this procedure or need assistance completing the forms please contact Academy of Dover at 302-674-0684.

Welcome to Academy of Dover. We all look forward to a successful school year!

8. Is Your Request for an Educational Option Related to Child Care Needs? No Yes (see below)

If YES, you MUST complete the following for your Child Care Provider:

Last name	First	MI
Street address		
City	State	ZIP
		Telephone

9. Please list any brothers or sisters CURRENTLY ATTENDING and EXPECTED TO CONTINUE TO ATTEND the REQUESTED EDUCATIONAL OPTION in Question #2 for the 2018 – 2019 and 2019-2020 School Years:

Last name	First	MI
Birth Date:	School:	Grade:

Last name	First	MI
Birth Date:	School:	Grade:

10. Please check your preferred language for all written correspondence: English Spanish

11. Is there a custody and/or court order in place for the child for whom this application is being submitted?

No Yes (see below)

If yes, are you the parent or legal guardian named in the custody and/or court order that can make educational decisions for the child for whom this application is being submitted?

Yes (a copy may be requested by the receiving local education agency) No

This application provided by the Delaware Department of Education (DDOE) MUST be submitted by the parent of a school age child on or after Monday, November 5, 2018 and on or before Wednesday, January 9, 2019, to the receiving local education agency or the DDOE and to the child's district of residence for enrollment during the 2019 - 2020 school year. Charter schools, vocational-technical school districts, and magnet schools may continue to accept applications after the January 9, 2019 deadline to fill remaining availability; however, only applications received by the January 9, 2019 deadline will be included in any lottery held by those institutions. This application provided by the Delaware Department of Education (DDOE) may be submitted by a parent enrolling their child in kindergarten to the receiving district up until the first day of the school year for enrollment in kindergarten during the 2019-2020 school year.

This application provided by the Delaware Department of Education (DDOE) may be submitted by the parent of a school age child after the January 9, 2019, deadline if "good cause" as defined in 14 Del.C., §402(2) exists. The receiving local education agency and district of residence shall accept and consider the application in the same manner as those applications submitted by the deadline. The board of the receiving local education agency shall take action to approve or disapprove the application filed in accordance with the provisions of 14 Del.C., §403(b) no later than 45 days after receipt thereof, unless the application is received prior to a lottery conducted as outlined in a local education agency's enrollment policy in the case of over-enrollment. Charter schools, vocational-technical school districts, and magnet schools may continue to accept applications after the January 9, 2019 deadline to fill remaining availability.

This application provided by the Delaware Department of Education (DDOE) may be withdrawn by the parent of a school age child any time prior to action taken by the receiving local education agency board. The parent shall give written notice to the board(s) of the receiving local education agency and the child's district of residence.

NOTE: Once this application is received, additional information may be requested.

I certify that I am a current resident of the State of Delaware and that all of the statements on this application made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand and acknowledge that any misstatements or omission of material facts in the application form may result in the rejection of the application form, disqualification from the lottery process if applicable, withdrawal of invitation offer, and/or termination of school choice by the receiving local education agency to which I applied.

Parent/Guardian/Relative Caregiver Signature:	Date:
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RD Use Only			
Date App. Rec'd: _____	Date App. Withdrawn: _____	Date Student Notified: _____	Date Invitation Accepted/Refused: _____
School: _____	Grade: _____	Good Cause App.: _____	

**TITLE 14
Education**

PART 1

FREE PUBLIC SCHOOLS

506. Restrictions.

(3) A charter school shall obtain a written confirmation, signed by a parent or guardian of each student in that student's initial year of attendance at the charter school, that the student will remain in the charter school for at least 1 school year. That confirmation shall include a statement reading:

"I understand that my child is required to remain in this charter school, in the absence of any condition constituting good cause, for a least 1 school year"

and shall be kept on file at the school and made available for inspection to Department of Education officials or representatives from the public school district in which the student resides. After a student's initial year of enrollment, it shall be presumed for school district planning purposes only that the student will continue to attend the charter school until completion of the school's highest grade level and no further written confirmation need be obtained by the charter school.

(d) A pupil accepted for enrollment in a charter school pursuant to this chapter shall remain enrolled therein for a minimum of 1 year unless, during that 1-year period, good cause exists for the failure to meet this requirement. For purposes of this section only, "good cause" shall be defined as a change in a child's residence due to a change in family residence, a change in the state in which the family residence is located, a change in the marital status of the child's parent's, a change caused by guardianship proceeding, placement of a child in foster care, adoption, participation in foreign exchange program, participation by a child in a substance abuse or mental health treatment program, mutual agreement by the board of directors of the charter school, the board of the receiving district and the parent or parents or guardian of such child to the termination of such enrollment, or a set of circumstances consistent with this definition of "good cause."

Certification of Intent to Enroll

I, the parent/guardian of (student's name) _____ intend to enroll my child at the Academy of Dover Charter School for the 2019-2020 school year, and acknowledge that I intend for my child to attend this school for the complete school year. I understand that I am permitted to withdraw my child from Academy of Dover for any "good cause" set forth in the Delaware Law.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Process Date: _____ Letter of Consent to Release School Record sent: _____
School Records Received: _____ Special Ed. Records Received: _____
Code of Conduct Acknowledgement Returned: _____
Evidence of Enrollment Received: _____

ACADEMY OF DOVER CHARTER SCHOOL

ADMISSIONS PROFILE

Applicant Information:

PLEASE PRINT

Grade (Academic year 2019-2020): _____

Last Name: _____ First Name: _____ M I: _____

Home Address: _____ Home Telephone: _____

City _____ County _____ State _____ Zip _____

Male Female Date of Birth: _____ Age: _____ Social Security # _____

****Must Provide Birth Certificate**

Ethnicity: (check one (1) only)

African American (Non-Hispanic): Hispanic/Latino: White (Non-Hispanic):

American Indian / Alaskan Native: Asian / Pacific Islander or Pacific Island:

Name of Former School: _____ Previous Grade: _____

Address of School: _____

Resident School District: _____

Was your child receiving Special Education services? No: Yes:

If yes, do you have your child's special education records (IEP)? No: Yes:

****If yes, copy must be attached**

Child lives with: (check one (1) only)

Legal Guardian: Both Biological Parents: Mother Only: Father Only:

Both Parents alternately: (If both Parents alternately please indicate Custodial Parent):

Custodial Parent's Name: _____ Home Telephone: _____

Parent/Guardian Information

Mother: _____ Occupation: _____

Mother's Date of Birth _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

Father: _____ Occupation: _____

Father's Date of Birth _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

.....
~~If the student is living with Legal Guardian(s) complete this section~~

Guardian: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Legal Guardian Date of Birth _____ Email: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

Number of Persons living in Household: _____

Annual Household Income: Check One: 0 to \$14,378: \$14,379 to 18,044: \$18,045 to \$21,710:
 \$21,711 to \$25,376: \$25,377 to 29,042: Over \$35,000:

.....
~~PLEASE DO NOT PUT PARENT'S INFORMATION IN THIS SECTION~~

EMERGENCY CONTACT: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

In the event emergency medical treatment is required, I give consent for my child(ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. ACADEMY OF DOVER will not transport my child(ren) to the nearest medical facility. In the event that I can not be contacted and if my designated emergency contact is not available, I understand and agree that ACADEMY OF DOVER will telephone 911 for emergency medical assistance.

Parent / Legal Guardian Signature

Date

ACADEMY OF DOVER CHARTER SCHOOL

Release of Student Records Form

Today's Date: ____ / ____ / ____

Child's Name (please print) _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Address _____

Tax Payer School District _____

***Check appropriate box and provide name of former school where indicated below**

Student Entering Grades 1st – 5th in 2019-2020

Whereas my child is currently enrolled in Academy of Dover for the 2019-20 academic year, I give my permission to: (School most recently attended by student) School Name: _____ to release my child's academic records to Academy of Dover. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions.

*Grade _____

School District Notification of Student Entering Kindergarten in 2019-2020

Whereas my child is currently enrolled in Academy of Dover for the 2019-2020 academic year, I hereby notify _____ (Taxpayer School District).

Disclosure of Student's Records:

Federal Law 99.31 "Parent signature is not required for educational records to be sent to another educational agency."

Please send the information to: Academy of Dover Charter School

104 Saulsbury Road

Dover, DE 19904

ATTN: Student Records

State Location Code: D107

302-674-0684 ~ 302-674-3894(fax)

Academy of Dover Charter School

104 Saulsbury Road
Dover, Delaware 19904

Photograph/Videotape Permission

Please return this permission form to Academy Dover As Soon As Possible

Dear Parent:

From time to time the Academy Of Dover records students' activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and /or videotapes may be used for advertising purposes to promote enrollment at Academy of Dover or as a backdrop to employment recruitment efforts.

In order for the school to product materials for both internal and external uses we need your permission to use photo and /or video of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I (do) give permission for my child to be photographed/videotaped and the resulting photographs /videotapes to used and displayed within school as well as, to be used for public display and/or published for the benefit of the school.
2. I (do not) give permission for my child to be photographed/videotaped or the photographs/videotape to be publicly displayed and or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child s used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____

Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____

Sign Below:

Parent/Guardian Signature

____/____/_____
Date Signed



Delaware McKinney-Vento Student Residency Questionnaire

This Student Residency Questionnaire is intended to address the McKinney-Vento Act. Your answers will help the school personnel determine residency documents necessary for enrollment of this student. Information provided on this form is confidential.

Name of Student: _____ D.O.B.: _____ Grade: _____ Male Female

Name of Current School: Academy of Dover
104 Saulsbury Road Name of Last School: _____

Is your current address a temporary living arrangement? Yes No

If you answered 'YES', please complete all questions on this form.

If you answered 'No', you may stop here. You do not need to complete this form.

1. Do you live in any of these following situations?

Sharing the housing of other persons due to: (check one)

Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)

Explain: _____

Long-term, cooperative living arrangement to save money or a similar reason

Other (please specify): _____

In a motel, hotel, campground or similar setting due to: (check one)

Lack of alternative adequate accommodations,

Explain: _____

A convenient living arrangement or waiting for apartment or house to be ready

Other (please specify): _____

In an emergency or transitional shelter such as a domestic violence shelter or a homeless shelter or transitional housing or other shelter

Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting

None of the above

2. How long do you anticipate living at this location? _____

3. The student lives with:

Parent(s) or legal guardian(s)

Relative(s), friend(s), or other adult(s) who are not the parent or the legal guardian

Alone with no adults

4. Please list the name and ages of any children living with you that you have guardianship of:

A. _____ C. _____

B. _____ D. _____

I am the parent/legal guardian of _____, who is of school age and who is seeking enrollment in the school district.

I understand that presenting a false record of falsifying records is an offense under Federal and state laws and enrollment of the child under false documents subjects the person to liability for tuition and other costs.

Printed Name: _____

Signature: _____ Date: _____ Email: _____

Address: _____

Phone Number with Area Code: _____ Emergency contact Phone Number with Area Code: _____



English/Spanish

DELAWARE DEPARTMENT OF EDUCATION
TITLE I, PART C
Agricultural Work Survey

Dear Parent/ Guardian,

Date: _____

In order to serve your child, _____, the Academy of Dover District/Charter School is helping the State of Delaware identify students who may qualify to receive additional education and support services.

The information provided below will be kept confidential with in the Department of Education and will be used for planning purposes only. Please answer the following questions and return this form to your child's school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

_____ YES _____ NO

If "NO," do not complete the remainder of this survey. If "YES," please continue.

2. Was the reason for this change to look for or to accept a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

_____ YES _____ NO

If "YES," please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- Farm, Dairy, Ranch, Cannery, Chicken house, Chicken processing plant, Processing meat/fish, Cranberry bogs, Fresh/frozen juices, Fishery, Dried or dehydrated fruits/spices, Sod farms, Meat or food packing plant, Mushrooms, Planting, picking, or packing fruits, vegetables, seeds, or nuts, Plant nursery/greenhouse, Tree growing or harvesting, Food processing, Pet food processing, Cleaning, weeding or preparing land for planting

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

Please list all children ages 3-21 years old in the home, including those not enrolled in school:

Table with 5 columns: First / Last name, Date of Birth, Age, Grade, School

Parent/Guardian: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education Title I, Part C Office within 10 days of the student's enrollment by State Mail Code D370B or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901. A COPY of this form must be retained in the student's file to document compliance with the Title I, Part C federal program requirements.

Academy of Dover Charter School
Student Data Collection Form

Student's Name _____

Student's Grade: _____

1. Please answer **BOTH** questions 1 and 2
NO: ___ (my child is not Hispanic or Latino)

YES: ___ (my child is Hispanic or Latino- a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is your child's race? (Select one or more)

___ American or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America) and maintains tribal affiliation or community attachment.

___ Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

___ Black or African American

A person having origins in any of the black racial groups of Africa

___ Native Hawaiian or Other Pacific
Islander

A person having origins in any of the original Hawaii, Guam, Samoa, or other Pacific Islands

___ White

A person having origins in any of the original Peoples of Europe, the Middle East or North America

Parent/Guardian Signature

Date



2019 – 2020 MILITARY-CONNECTED YOUTH STUDENT INFORMATION UPDATE FORM

All Delaware public schools starting with the 2016 – 2017 school year are required to annually identify enrolled students who are “military-connected youth” pursuant to 14 DE Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq. in order to possibly provide your student with additional supports and services if needed.

Please read the following statements and check the appropriate box below.

- If you are a parent or a step-parent, only check the box that specifically applies to you, your duty status and branch of the United States armed forces.
- If you are a parent or a step-parent meeting the definition of box one or two, and there is an immediate family member residing in the same household that meets the definition of box three, then both boxes should be checked.
- If your student is not a “military-connected youth”, please check the fourth box, “Non-Applicable”.

PARENTS OR STEP-PARENTS

“Active Duty” - I am a parent or step-parent who is an “active duty” member of the Armed Forces (United States Army, United States Navy, United States Air Force, United States Marine Corps, or United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq.

“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action” - A parent or step-parent *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 DE Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESIDING IN SAME HOUSEHOLD

“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action” - An immediate family member, including a sibling or any other person *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 DE Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

NON-APPLICABLE

Student Name: _____ Grade: _____

School Name: _____

Homeroom Teacher Name: _____

Please return this form to your student’s homeroom teacher on or before Monday, September 16, 2019.

DELAWARE STUDENT HEALTH FORM – CHILDREN

PreK- Grade 6

To be completed by licensed healthcare provider:

Physician (MD or DO), Clinical Nurse Specialist (APN), Advanced Practice Nurse (APN), or Physician's Assistant (PA)

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) and your health care provider (Parts I, II, and III). All students in Delaware public schools must provide documentation of current immunizations. Additionally, a current (within 2 years) health examination is required upon school entry.

Talk with your health care provider about important issues¹ regarding your child, such as:

- School (readiness or adaptation, after school, parent-teacher communication, maturity, performance, special services)
- Mental and Physical Activity (healthy weight, well-balanced diet, physical activity, limited screen time)
- Emotional Well-Being (family time, social interactions, self-esteem, resolving conflicts, friends)
- Physical Growth & Development (dental care, healthy eating, puberty)
- Injury & Illness Prevention & Safety (seat belt or booster seat, bicycle safety, swimming, abuse protection, guns, fire safety, supervision, sunscreen, internet, infection, disaster planning)
- Immunizations

Immunizations Required for Newly Enrolled Students at Delaware Schools

KINDERGARTEN²:

- DTaP/DTP: 4 or more doses. If the 4th dose was prior to the 4th birthday, a 5th dose is required.
- Polio: 3 or more doses. If the 3rd dose was prior to the 4th birthday, a 4th dose is required.
- MMR³: 2 doses. The 1st dose should be given on or after the 1st birthday. The 2nd dose should be given after the 4th birthday.
- Hep B³: 3 doses.
- Varicella⁴: 2 doses. The 1st dose should be given on or after the 1st birthday and the 2nd dose after the 4th birthday.

GRADES 1-6:

- DTaP/DTP: 4 or more doses. If the 4th dose was prior to the 4th birthday, a 5th dose is required. Students who start the series at age 7 or older only need a total of 3 doses. A booster dose of Td or Tdap is recommended by the Division of Public Health for all students at age 11 or five years after the last DTaP, DTP, or DT dose was administered—whichever is later.
- Polio: 3 or more doses. If the 3rd dose was prior to the 4th birthday, a 4th dose is required.
- MMR³: 2 doses. The 1st dose should be given on or after the 1st birthday. The 2nd dose should be given after the 4th birthday.
- Hep B³: 3 doses. For children 11 to 15 years old, two doses of a vaccine approved by CDC may be used.
- Varicella⁴: 2 doses. The 1st dose must be given on or after the 1st birthday and the 2nd dose after the 4th birthday.

Immunizations Strongly Recommended by the Delaware Division of Public Health

- Influenza (seasonal) vaccine: each year for all children (6 months and up).
- Tetanus-Diphtheria-Pertussis (Tdap): booster at age 11 or five years after the last dose
- Meningococcal (MCV4): all children at 11 or 12 years, and a booster dose at age 16
- Human papillomavirus vaccine (HPV): all girls and boys (ages 11 or 12)
- Pneumococcal vaccine (PCV13): children with specific risk factors
- Pneumococcal vaccine (PPSV): certain high risk groups
- Hepatitis A: unvaccinated children who are or will be at increased risk

¹ Clinicians refer to: Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, (3rd ed.) AAP, 2008

² Children who enter school prior to age four shall follow current Delaware Division of Public Health recommendations.

³ Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless serologically confirmed.

⁴ Varicella disease history must be verified by a health care provider to be exempted from vaccination.

CHILD'S NAME _____

PART I – HEALTH HISTORY

*To be completed by parent/guardian prior to exam
The healthcare provider should review and provide comments in the last column.*

Name: _____ Gender: _____ DOB: _____
Date: _____ Examiner: _____

	PARENT		HEALTHCARE PROVIDER COMMENT
	Yes	No	
Developmental delay (speech, ambulation, other)?			
Serious injury or illness?			
Medication?			
Hospitalizations?			
When? What for?			
Surgery? (List all)			
When? What for?			
Ear/Hearing problems?			
Heart problems/Shortness of breath?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	
Allergies (food, insect, other)?	Yes	No	
Family history of sudden death before age 50?	Yes	No	
Child wakes during the night coughing?	Yes	No	
Diagnosis of asthma?	Yes	No	
Blood disorders (hemophilia, sickle cell, other)?	Yes	No	
Excessive weight gain or loss?	Yes	No	
Diabetes?	Yes	No	
Loss of function of one or paired organs (eye, ear, kidney, testicle)?			
Seizures?	Yes	No	
Head injuries/Concussion/Passed out?	Yes	No	
Muscle, Bone, or Joint problem/Injury/Scoliosis?	Yes	No	
ADHD/ADD?	Yes	No	
Behavior concerns?	Yes	No	
Eye/Vision concerns?	Yes	No	
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts			
<input type="checkbox"/> Other _____			
Dental concerns?	Yes	No	
<input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other?			
Date of exam _____			
Other diagnoses?	Yes	No	
Does your child have health insurance?	Yes	No	
Does your child have dental insurance	Yes	No	
Information may be shared with appropriate personnel for health and educational purposes.			
Parent/Guardian Signature _____			Date _____

CHILD'S NAME _____

PART II – IMMUNIZATIONS

Entire section below to be completed by MD/DO/APN/NP/PA
 Printed VAR form may be attached in lieu of completion.

Immunizations – Shaded Vaccines Required. Regulations is located at Title 14 Section 804 Immunizations.

DTaP/DT / /	DTaP/DT / /	DTaP/DT / /	DTaP/DT / /	DTaP/DT / /
OPV/IPV / /	OPV/IPV / /	OPV/IPV / /	OPV/IPV / /	OPV/IPV / /
PCV7/PCV13 / /	PCV7/PCV13 / /	PCV7/PCV13 / /	PCV7/PCV13 / /	PCV7/PCV13 / /
Hib / /	Hib / /	Hib / /	Hib / /	
MMR / /	MMR / /	HepB/HepB-2 / /	HepB/HepB-2 / /	HepB / /
VAR / /	VAR / /	RV-2/ RV-3 / /	RV-2/ RV-3 / /	RV-3 / /
MCV4 / /	MCV4 / /	HPV / /	HPV / /	HPV / /
Hep A / /	Hep A / /	Td/Tdap / /	Td/Tdap / /	Td / /
Influenza / /	Influenza / /	PPSV23 / /	PPSV23 / /	
Other: / /	Other: / /	Other: / /	Other: / /	Other: / /

Child is fully immunized per DPH/CDC recommendations (refer to cover page) Yes No

PART III – SCREENING & TESTING

Entire section below to be completed by MD/DO/APN/NP/PA

Screen	Height: _____ Weight: _____ BMI: _____ BMI Percentile: _____ BP: _____ Pulse: _____ Other: _____ (inches) (pounds)
Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
Tuberculosis Screen	All new enterers must have TB test or TB Risk Assessment, which must be done within 12 months prior to school entry. Risk Assessment: Date _____ Results: <input type="checkbox"/> Test Required <input type="checkbox"/> Test Not Required Mantoux Skin Test: Date _____ Results: _____ MM Other: (type) _____ Date _____ Results: _____ MM
Lead Test	Blood lead test required for children age 6 months through 6 years Date: _____ Results: _____
Other Screen	Hearing: Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Vision: Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Other: Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date Date Date

CHILD'S NAME _____

PART IV – COMPREHENSIVE EXAM

Entire section below to be completed by MD/DO/APN/PA

PHYSICAL EXAMINATION	Check (✓)			HEALTHCARE PROVIDER COMMENT
	NORMAL	ABNORMAL	REFERRAL	
General Appearance				
Skin				
Eyes				
Ears				
Nose/Throat				
Mouth/Dental				
Cardiovascular				
Respiratory				
Thyroid				
Gastrointestinal				
Genito-Urinary				
Neurological				
Musculoskeletal				
Spinal examination				
Nutritional status				
Mental health status				

FOR CHRONIC & LIFE THREATENING CONDITIONS:

Children with life-threatening conditions need an emergency care plan for school.

Please attach care plan, protocols, and/or emergency care plan.

Recommendations or Referrals: _____

DIAGNOSIS	EMERGENCY PLAN ATTACHED		CARE PLAN OR PRESCRIPTION PLAN ATTACHED	
	YES	NO	YES	NO

Print Name: _____ Signature: _____ Date: _____

Physician (MD or DO) Clinical Nurse Specialist (APN) Advanced Practice Nurse (APN) Physician Assistant (PA)

Address: _____ Phone: _____