

To: All parents of students for the 2022-23 School Year

To simplify the forms and fees process, we have enclosed a packet of forms to be reviewed and completed for each student. **We ask that you bring this packet with you to FORMS AND FEES on Wednesday, August 17<sup>th</sup>. (Please note that forms and fees is only the one day, Wednesday, August 17<sup>th</sup> from 12:00 p.m. to 7:00 p.m. You may write one check for all accounts on this day ONLY.**

Enclosed in the packet you will find the following material:

Forms and Fees Payment Form (enrollment fees were paid last spring), we have the assignment books, catechism and bibles here for sale. 2<sup>nd</sup> grade needs a bible, 5<sup>th</sup> grade needs a catechism and all students 3<sup>rd</sup>-8<sup>th</sup> need an assignment book. Assignment books are already in the classroom.

Emergency Contact Form (each student needs this filled out with updated info)

School Class Supply List

2021-22 School Calendar

KFJ Registration Form (\$10 fee /one per family for anyone planning on KFJ after school)

Dept. of Health Vision Screening- All incoming 3<sup>rd</sup> grade students are required to have screening

Dept. of Health Dental Screening- All incoming Kindergartners are required to have screening

Dept of Health Immunization- We should have all updated immunization reports (the state visits us in the fall to confirm this)

Concussion and Sports Physical- anyone wishing to play sports at Central must have a current physical and concussion form on file. This includes all 3<sup>rd</sup> grade students who will be eligible for track in the spring

T-shirt order form for themed 2022-23 t-shirts

All incoming preschool students must have a copy of their birth certificate, updated physicals and updated immunizations report for their file.

Yearbooks ordered this past year will be handed out at Forms and Fees. This is the only day we can have parents write one check for all of the fees including any tuition payments.

Please bring the required completed form(s) to Forms and Fees on August 17<sup>th</sup>. If you are unable to attend, you may mail them into the school @ CLS, PO Box 190, Newhall, IA 52315. If you have any questions about any of the forms, please let us know.

Thanks-

Jackie Seeck



**Central Lutheran School**  
**Emergency Contact Information**  
(Fill out one form for each child enrolled)

**Student Info:**

Last name (legal)	First	MI	Birthdate
Street Address/PO Box	City		Zip

**Parent/Guardian Info:** Email for main contact \_\_\_\_\_

Father's Name	Mother's Name
Address <i>(if different than child)</i>	Address <i>(if different than child)</i>

In the event of emergency, parents/guardians will be contacted first.  
Please contact us using the following phone number. Use as many as apply to your family.

<b>Circle</b>	<b>Circle</b>	<b>Provide phone number</b>
Father/Mother	Home/Work/Cell	_____
Father/Mother	Home/Work/Cell	_____
Father/Mother	Home/Work/Cell	_____
Father/Mother	Home/Work/Cell	_____
Father/Mother	Home/Work/Cell	_____
Father/Mother	Home/Work/Cell	_____

**If custody is shared between parents, please provide custody sharing schedule:**  
\_\_\_\_\_  
\_\_\_\_\_

**Treaters:**  
Physician and phone: \_\_\_\_\_  
  
Dentist and phone: \_\_\_\_\_  
  
Hospital Preference \_\_\_\_\_  
  
Health Insurance Co: \_\_\_\_\_ Policy \_\_\_\_\_

**Permission To Treat:** In case of accident or serious illness, I request the school to contact me/us. If I/we cannot be reached, I/we authorize the school to make whatever arrangements it deems necessary to ensure the health and welfare of my/our child.

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**Emergency Contacts:** If parents/legal guardian are not available, I/we authorize the persons listed below to serve as emergency contacts for my/our child *(must provide at least 2 names)*:

Name	Relationship to child	Phone
_____	_____	_____
_____	_____	_____

**Important Health History:**

No    Yes

\_\_\_\_    \_\_\_\_ Allergies: If yes, please list \_\_\_\_\_

\_\_\_\_    \_\_\_\_ Chronic Illnesses: \_\_\_\_\_

\_\_\_\_    \_\_\_\_ Regular Medications: \_\_\_\_\_

Is there any other medical/emotional information the school may need to know about your child?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Permission to Administer OTC medications:**

I give Central Lutheran School and any of its representatives permission to administer the following meds, according to package directions. My signature below absolves the school of any responsibility/legal remedy in the event the child suffers ill effects due to the administration of the following meds:

	Yes	NO
Acetaminophen (generic or brand name)	_____	_____
Ibuprofen (generic or brand name)	_____	_____
Tums/Rolaids/Pepto Bismol	_____	_____
Antihistamine (generic or brand name)	_____	_____

\_\_\_\_\_  
**Parent signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**Central Lutheran School Class Supply List 2022-2023**

<b>4th Grade</b>	ESV Bible Bookbag (no wheels; must fit into locker) Assignment Notebook (purchased at Central) Headphones or earbuds 1 in. binder (heavy duty with plastic sleeve on the front) pencil bag with 3 holes to put in binder 1 pair tennis shoes (for gym, may be worn to and from Non-aerosol deodorant Watercolor paint	24 pkg of pencils 1 pkg washable markers 1 pkg 24 count crayons 1 pkg of highlighters 1 pkg. dry erase markers 1 pkg (12 count) colored pencils 1 red pen 1 pocket folder with 3 holes to put in binder 2 - folders (pocket)	2 large pink erasers 1 bottle of glue 2 large glue sticks 2 book covers (largest size) 12" ruler with inches and centimeters composition book (they can use the one from third grade) 2 pkg of wide line loose leaf paper 3 X 5 lined notecards 1 pair Fiskars scissors
<b>5th Grade</b>	Bookbag (no wheels; must fit into locker) Assignment Notebook (purchase from CLS) 1 folder # 2 Pencils (24 ct) mechanical pencils allowed 2 glue stick 1 package highlighters (multicolored)	2 book covers (largest size) 1 pkgs loose-leaf paper pencil bag with 3 holes to put in binder 2 large boxes tissues 1 pair scissors 2 large pink eraser Martin Luther Small Catechism (ESV)	1 bottle of hand soap trapper keeper 1 pkg colored pencils 1 pkg crayons (any brand) 1 pkg washable markers (any brand) Headphones or ear buds Deodorant (non-aerosol) dividers for trapper keeper-pockets
<b>5th Music Sem</b>	Notebook	Folder	
<b>5th Grade Band</b>	3-ring binder (1 in.)	Deodorant (non-aerosol)	
<b>5th Grade P.E.</b>	1 pair tennis shoes	Loose leaf paper available in your binder	3 x 5 lined notecards
<b>5th Science</b>	A section labeled science in your binder		
<b>6th Grade</b>	Bookbag (no wheels; must fit into locker) Martin Luther Small Catechism Pens (2 red, 2 black, 2 blue) Inexpensive calculator (optional) Headphones or ear buds Highlighters 2 spiral 3 subject notebooks, college-ruled 2 large boxes tissues	Assignment Notebook (purchase from CLS) # 2 Pencils (24 ct.) 2 book covers 1 pkg. washable markers (any brand) 1 pkg crayons (any brand) 1 pkg colored pencils 1 pkg loose-leaf paper college ruled 1 composition notebook	ESV Bible 2 large pink eraser 1 bottle glue 1 pair scissors 2 glue sticks Deodorant (non-aerosol) Binder or trapper & (5) tabbed dividers
<b>6th Music Sem.</b>	Notebook (non-band only)	Folder	
<b>6th Grade Band</b>	3-ring binder (1 in.)		
<b>6th Soc. Studies</b>			
<b>6th Science</b>	3"x5" lined notecards 1 pair tennis shoes	Deodorant (non-aerosol)	A section labeled in your binder with loose leaf paper

Central Lutheran School Class Supply List 2022-2023

Grade	Item	Quantity	Notes
PS 3 & 4s	Bookbag (label with child's name)	1	Folder (label with child's name)
	1 box tissues	1	1 roll paper towels
	1 Elmer's white school glue	1	1 Elmer's large glue stick
	AM: Gallon ziplock bags	PM: Quart ziplock bags	
Kindergarten	Bookbag	24-count Crayola crayons	Water bottle
	1 100-pg composition notebook	6 Elmer's glue sticks	Small plastic pencil box w/flip-top lid
	1 large pink eraser	headphones that go over the head	1 pkg Crayola washable markers (10-ct., classic colors)
	1 box tissues	zippered pencil pouch	1 pkg #2 pencils
1st Grade	1 pair scissors w/ plastic handle and metal blades	1 two-pocket vinyl folder	tennis shoes for gym/recess use... can be worn to and from school
	Bookbag	2-2 pocket folders (1 red, 1 blue) vinyl works best	1 spiral notebook (70 pgs. wide rule)
	water bottle	Crayola colored pencils (12 ct.)	Pencil box (large if possible)
	2 Elmer's glue sticks	1 pkg Crayola washable markers (8-ct. classic colors)	Pencil bag with zipper, approx. 10" x 7"
2nd Grade	1 tray Crayola watercolor paints	2 large box tissues	2 large pink erasers
	24 ct. Crayola crayons	1 pair scissors w/ plastic handle and metal blade	Composition notebook
	2 large erasers	1 single subject notebook	5, 2-pocket folders (1 red, 2 blue, 1 green, 1 choice)
	1 pair scissors	# 2 Pencils (24 ct.) I would recommend Triangleroga	1 large pencil box
3rd Grade	Paint Shirt	1 tray Crayola watercolor paints	12-ct. color pencils
	headphones or earbuds	1 pkg pencil top erasers	1 pkg Crayola broad line washable markers (10-ct., classic colors)
	Bookbag (no wheels; must fit into locker)	2 large glue sticks	1 yellow highlighter
	1 - 1 in binder	Pencil Bag (zippered pouch)	refillable water bottle (optional)
3rd Grade	3 folders with pockets	ESV Bible	2 large tissue boxes
	1 pair of scissors	Assignment Notebook (purchase from C.L.S.)	ESV Bible
	24-ct # 2 Pencils	1 Composition Notebook	2 book covers (largest size)
	2 large pink erasers	24-ct crayons	headphones or earbuds
3rd Grade	1 package highlighter multicolored	12-ct colored pencils	2 glue sticks
		1 pkg washable CLASSIC, BROAD LINE markers	2 large boxes of tissues
		1 tray (8-ct) watercolor paints	2 Expo Dry Erase Markers (thin tip)
		Pencil Bag (zippered pouch)	Pens (1 red, 1 blue or black)
3rd Grade		Boys - Quart size Ziplock Bags	Girls - Gallon size Ziplock Bags

**Central Lutheran School Class Supply List 2022-2023**

7th Grade	Assignment Notebook (purchase from CLS)	# 2 Pencils (12 ct.)	1 bottle glue and 1 glue stick
	Bookbag (no wheels; must fit into locker)	Pens (2 red, 2 black, 2 blue)	Ruler with centimeters and inches
	ESV Bible	1 yellow highlighter	Scissors
	Marthn Luther Small Catechism ESV (avail @ CLS)	Washable markers	1 pack Post-It Notes (3"x3")
	1 large-size binder for all subjects (except LA)	Crayons (24-ct.)	
	1 pkg page dividers	Colored pencils	
	2 pkgs loose-leaf paper	Mixed media spiral art paper at least 8x10 size	
	3 large boxes tissues	Inexpensive calculator	
	3 book covers	Headphones or ear buds	
	7th L.A.	1/2 or 1 inch binder	
7th Math	loose leaf paper 2 packs		
7th Soc. Studies			
7th Music Sem.	Folder		
7th Science	3"x5" lined notecards	A section labeled science in your binder	
7th P.E.	1 pair tennis shoes	Deodorant (non-aerosol)	
<b>DO NOT BRING: permanent markers, pencil sharpeners, body spray!</b>			
8th Grade	Bookbag (no wheels; must fit into locker)	Assignment Notebook (purchase from CLS)	ESV Bible
	Marthn Luther Small Catechism (available at CLS)	Pencils	Color Pencils
	Pens (2 red, 2 black, 2 blue)	2 book covers	Ruler with centimeters and inches
	Watercolor paints	Washable markers	Scissors
	3 highlighters: different colors	Inexpensive calculator	Headphones or ear buds
	QTY 1: 1 1/2 inch binder for math, science, and L.A.	compass (school provides)	
	1 package binder tab dividers	1 pkg loose-leaf paper	
	8th Math	3 pkg loose-leaf graph paper	1 folder or section for math in your binder
	8th Soc. Studies		
8th Music Sem.	Folder	Notebook	
8th Science	3"x5" lined notecards		
8th P.E.	1 pair tennis shoes	Deodorant (non-aerosol)	



dated 6/17/22

## 2022-2023 School Calendar - Central Lutheran School, Newhall

Assisting our families and congregations by preparing our children to be disciples for this life and for the life to come.

Start - Finish

August 23 - May 25

### Summary of Calendar

Days/Hours in Classroom:

First Quarter	43	307.45
Second Quarter	45	293.7
Third Quarter	45	310.8
Fourth Quarter	42	276.25

<b>TOTAL DAYS</b>	<b>175</b>	
<b>TOTAL HOURS</b>	<b>1188.20</b>	
over	108.2	

### CALENDAR LEGEND

Start/End	
PD Full Day	
PT Conf.	
PD Early Out	
Holidays	
Vacation Days	

### HOLIDAYS:

- Labor Day
- Thanksgiving Day
- Christmas Day
- New Year's Day
- President's Day
- Memorial Day

### Professional Development Days/Hours

August	11, 12, 15
October	6, 7
Half Days PD for Teachers	
September	21
October	26
November	2, 16, 22
December	7
January	11, 25
February	10
March	8, 24, 22
April	12
May	10

### Full Day PD

May	30, 31
June	1, 2

### TEC21 Dates

Sept. 15, Oct. 13, Nov. 10  
Jan. 19, Feb. 23, Mar. 23, Apr. 27

### Possible Dates for Make-Up:

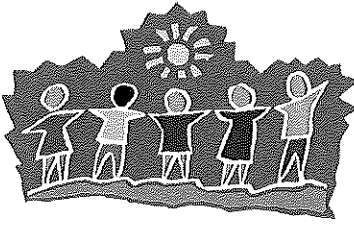
- Jan. 16
- April 10
- May 26
- After Memorial Day

August					Student	
M	T	W	Th	F	Days	Hrs
1	2	3	4	5		
8	9	10	11	12		
15	16	17	18	19		
22	23	24	25	26	4	28.00
29	30	31			3	21.00
September						
			1	2	2	14.00
5	6	7	8	9	4	28.00
12	13	14	15	16	5	35.00
19	20	21	22	23	5	31.45
26	27	28	29	30	5	35.00
October						
3	4	5	6	7	3	21.00
10	11	12	13	14	4	38.00
17	18	19	20	21	5	35.00
24	25	26	27	28	5	31.45
31					1	7.00
November						
	1	2	3	4	4	24.45
7	8	9	10	11	5	35.00
14	15	16	17	18	5	31.45
21	22	23	24	25	2	10.45
28	29	30			3	21.00
December						
			1	2	2	14.00
5	6	7	8	9	5	31.45
12	13	14	15	16	5	35.00
19	20	21	22	23	4	24.45
26	27	28	29	30		
January						
2	3	4	5	6	4	28.00
9	10	11	12	13	5	31.45
16	17	18	19	20	4	28.00
23	24	25	26	27	5	31.45
30	31				2	14.00
February						
		1	2	3	3	21.00
6	7	8	9	10	5	31.45
13	14	15	16	17	5	35.00
20	21	22	23	24	4	38.00
27	28				2	14.00
March						
		1	2	3	3	21.00
6	7	8	9	10	5	31.45
13	14	15	16	17	0	0.00
20	21	22	23	24	5	31.45
27	28	29	30	31	5	35.00
April						
3	4	5	6	7	4	24.45
10	11	12	13	14	4	24.45
17	18	19	20	21	5	35.00
24	25	26	27	28	5	31.45
May						
1	2	3	4	5	5	35.00
8	9	10	11	12	5	31.45
15	16	17	18	19	5	35.00
22	23	24	25	26	4	24.45
29	30	31				
June						
			1	2		
5	6	7	8	9		
10	11	12	13	14		
15	16	17	18	19	175	1188.20

180 Day/1080 hours Approved by Board - 2/20/2022

Date	Event
Aug. 5	IDE/IDW Principal Meeting In Des Moines
Aug. 11	8:30-4 Full staff meeting
Aug. 12	IDE/IDW Early childhood Meeting in Des Moines
Aug. 15	8:30-1 IDE Teacher Workshop @ Zion, Hiawatha
Aug. 16	1-3:30 ALICE training with Staff
Aug. 17	12-7 Forms and Fees
Aug. 23	1st day of school, 8:30am opening service at St. Stephen, Atkins
Sept. 5	Labor Day (No School)
Sept. 21	12:15 p.m. Dismiss/ 1-3:30 Teacher PD
Oct. 6,7	No School Teachers @National Lutheran Teachers Conference
Oct. 10	NO SCHOOL- 12-7 P/T Conferences
Oct. 12	4-7PM Parent/Teacher Conferences
Oct. 26	End 1st Qtr. (43 Days)
Oct. 26	12:15p.m. Dismiss/ 1-3:30 Teacher PD
Nov. 2	12:15 Dismiss/ 1-3:30 Teacher PD
Nov. 16	12:15 Dismiss/ 1-3:30 Teacher PD
Nov. 22	12:15 Dismiss/ 1-3:30 Teacher PD
Nov. 21 and 22	No PM buses - parents pick up students
Nov. 23-25	No School
Dec. 7	12:15 Dismiss/ 1-3:30 Teacher PD
Dec. 22	12:15 Dismiss
Dec. 23-30	No School
Jan. 2	No School
Jan. 11	End of 2nd quarter (45days)/1st Semester (88 Days)
Jan. 11	12:15 Dismiss/ 1-3:30 Teacher PD
Jan. 12	Begin 2nd Semester
Jan. 16	No School
Jan. 25	12:15 Dismiss/1-3:30 Teacher PD
Feb. 10	12:15 dismiss/ 1-3:30 Teacher PD /PS AM class only
Feb. 20	No School
Feb. 20	12-7 P/T Conferences
Feb. 23	4-7PM P/T conferences
March 8	12:15 Dismiss/ 1-3:30 Teacher PD
March 9	Full day, No PM Buses - parents pick up
March 13-17	Spring Break (No School)
March 24	End 3rd Quarter (45 Days)
March 24	12:15 Dismiss/ 1-3:30 Teacher PD
March 24	Preschool PM class in the AM/No AM Class
April 6	VIP Day/Abundant Thursday/12:15 Dismiss, no PM Buses
April 7	No School - Good Friday
April 10	No School - Easter Monday
April 12	12:15 Dismiss/ 1-3:30 Teacher PD
April 26	12:15 Dismiss/ 1-3:30 Teacher PD
May 10	12:15 Dismiss/ 1-3:30 Teacher PD
May 23	6:30PM Preschool Graduation
May 25	7PM 8th grade Graduation
May 25	1PM Closing Service at St. John, Newhall
May 25	End 4th Quarter (42 Days)
May 25	End 2nd Semester (87 Days)





# Central Lutheran School Extended Care Registration Form 2022-2023

(Complete one form per family- list all children  
on the one form)



**\*A non-refundable registration fee of \$10.00 PER FAMILY must accompany this form.**

<b>STUDENT INFORMATION</b>	Gender (please circle) M --- F	Grade student will enter in 2018-2019 _____
Name _____ / _____ / _____ (Last) (First) (Middle)		
Street _____ City _____ Zip _____		
Phone _____		Registration Paid: _____ Check # _____ Cash
STUDENT BIRTHDATE: _____		
Days needing the Extended Care program: M T W Th F Drop-in		
Time of pick-up (if known): _____		

<b>PARENT/GUARDIAN INFORMATION</b>	
FATHER _____	HOME PHONE (if different from student) # _____
ADDRESS IF DIFFERENT THAN STUDENT _____	
CELL NUMBER _____	
BUSINESS PHONE _____	E-MAIL ADDRESS _____
MOTHER _____	
HOME PHONE (if different from student) # _____	
ADDRESS IF DIFFERENT THAN STUDENT _____	
CELL NUMBER _____	
BUSINESS PHONE _____	E-MAIL ADDRESS _____

<b>OTHER INFORMATION</b>	
EMERGENCY CONTACTS:	
1.) _____	PHONE NUMBER _____
2.) _____	PHONE NUMBER _____
WHO HAS PERMISSION TO PICK UP THE CHILD FROM EXTENDED CARE (IN ADDITION TO PARENT/GUARDIAN):	
1.) _____	3. _____
2.) _____	4. _____

SIGNATURE: _____	DATE: _____
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# Iowa Department of Public Health Certificate of Immunization

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician, Physician Assistant, Nurse, or Certified Medical Assistant  
 A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap			<b>Varicella</b> Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
Polio IPV/OPV			<b>Pneumococcal</b> PCV/PPV		
Measles, Mumps, Rubella MMR			<b>Meningococcal</b> MCV4/MPSV4		
Haemophilus influenzae type b Hib			<b>Hepatitis A</b>		
Hepatitis B			<b>Rotavirus</b>		
			<b>Human Papilloma Virus HPV</b>		
			<b>Other</b>		

# IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
Polio		3 doses	
<i>haemophilus influenzae</i> type B		3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.	
Pneumococcal		4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. Pneumococcal vaccine is not indicated for persons 60 months of age or older.	
Measles/Rubella <sup>1</sup>		1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
Varicella		1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis <sup>4, 5</sup>	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 <sup>2</sup> ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003 <sup>2</sup> ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003 <sup>2, 3</sup> ; and 1 time dose of tetanus/ diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.
		Polio <sup>7</sup>	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. <sup>6</sup>
		Measles/Rubella <sup>1</sup>	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. <sup>8</sup>

<sup>1</sup> Mumps vaccine may be included in measles/rubella-containing vaccine.

<sup>2</sup> DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheria-containing vaccine should be used.

<sup>3</sup> The 5<sup>th</sup> dose of DTaP is not necessary if the 4<sup>th</sup> dose was administered on or after 4 years of age.

<sup>4</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

<sup>5</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

<sup>6</sup> If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was administered on or after 4 years of age.

<sup>7</sup> If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

<sup>8</sup> Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2<sup>nd</sup> dose if administered 28 days or greater from the 1<sup>st</sup> dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1<sup>st</sup> and 2<sup>nd</sup> dose of varicella for an applicant 13 years of age or older is 28 days.

# Central Lutheran School Preschool Health Exam Form

Last Name	First Name	Middle
Address	City	State
Zip	Birthdate	Age
Sex: M	F	
Parent/Guardian Name	Telephone	Cell Phone

**This section to be completed by Physician.**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

	Normal	Abnormal Findings (please comment)
Eyes		
Ears, Nose & Throat		
Mouth & Teeth		
Neck		
Cardiovascular		
Chest & Lungs		
Abdomen		
Skin		
Genitals-Hernia		
Neurological		
Musculoskeletal		

Allergies \_\_\_\_\_

Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participating in classroom and physical activity. YES      NO  
 Explain any limitations: \_\_\_\_\_

This child has had the immunizations required by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. (Please note exemptions). YES      NO  
 Exemptions: \_\_\_\_\_

Printed Name of Examining Physician \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_

Telephone Number \_\_\_\_\_

## A FACT SHEET FOR PARENTS AND STUDENTS

# HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:  
"Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.  
"Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
  - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
  - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

### What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

### STUDENTS:

If you think you have a concussion:

- Tell your coaches & parents – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- Get a medical check-up – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- Give yourself time to heal – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.**

### Signs Reported by Students:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

### PARENTS:

#### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's School

# IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

**ARTICLE VII 36.14(1) PHYSICAL EXAMINATION.** Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

## QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)**

	Yes	No	Does this student have / ever had?		Yes	No	Does this student have / ever had?
1.	_____	_____	Allergies to medication, pollen, stinging insects, food, etc.?	20.	_____	_____	Head injury, concussion, unconsciousness?
2.	_____	_____	Any illness lasting more than one (1) week?	21.	_____	_____	Headache; memory loss; or confusion with contact?
3.	_____	_____	Asthma or difficulty breathing during exercise?	22.	_____	_____	Numbness, tingling or weakness in arms or legs with contact?
4.	_____	_____	Chronic or recurrent illness or injury?	*****			
5.	_____	_____	Diabetes?	23.	_____	_____	Severe muscle cramps or illness when exercising in the heat?
6.	_____	_____	Epilepsy or other seizures?	*****			
7.	_____	_____	Eyeglasses or contacts?	24.	_____	_____	Fracture, stress fracture or dislocated joint(s)?
8.	_____	_____	Herpes or MRSA?	25.	_____	_____	Injuries requiring medical treatment?
9.	_____	_____	Hospitalizations (Overnight or longer)?	26.	_____	_____	Knee injury or surgery?
10.	_____	_____	Marfan Syndrome?	27.	_____	_____	Neck injury?
11.	_____	_____	Missing organ (eye, kidney, testicle)?	28.	_____	_____	Orthotics, braces, protective equipment?
12.	_____	_____	Mononucleosis or Rheumatic fever?	29.	_____	_____	Other serious joint injury?
13.	_____	_____	Seizures or frequent headaches?	30.	_____	_____	Painful bulge or hernia in the groin area?
14.	_____	_____	Surgery?	31.	_____	_____	X-rays, MRI, CT scan, physical therapy?
*****							
15.	_____	_____	Chest pressure, pain, or tightness with exercise?	32.	_____	_____	<b>Has a doctor ever denied or restricted your participation in sports for any reason?</b>
16.	_____	_____	Excessive shortness of breath with exercise?	33.	_____	_____	<b>Do you have any concerns you would like to discuss with your health care provider?</b>
17.	_____	_____	Headaches, dizziness or fainting during, or after, exercise?				
18.	_____	_____	Heart problems (Racing, skipped beats, murmur, infection, etc.?)				
19.	_____	_____	High blood pressure or high cholesterol?				
<b>Family History:</b>							
31.	_____	_____	Does anyone in your family have Marfan syndrome?				
32.	_____	_____	Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?				
33.	_____	_____	Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?				
34.	_____	_____	Has anyone in your family had unexplained fainting, seizures, or near drowning?				
35.	_____	_____	Does anyone your family have asthma?				

Use this space to explain any "YES" answers from above (questions #1-35) or to provide any additional information:

\_\_\_\_\_

\_\_\_\_\_

34. Are you allergic to any prescription or over-the-counter medications? If yes, list: \_\_\_\_\_

35. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

36. Year of last known: Tetanus (lockjaw) vaccination: \_\_\_\_\_ Meningitis vaccination: \_\_\_\_\_

37. What is the most and least you have weighed in the past year? **Most** \_\_\_\_\_ **Least** \_\_\_\_\_

38. Are you happy with your current weight? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If no**, how many pounds would you like to lose or gain?  
 Lose \_\_\_\_\_ Gain \_\_\_\_\_

**FOR FEMALES ONLY:**

1. How old were you when you had your first menstrual period? \_\_\_\_\_

2. How many periods have you had in the last 12 months? \_\_\_\_\_



## Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.  
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

### Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Screening Information (health care provider must complete this section)

Date of Dental Screening: \_\_\_\_\_

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.
- Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.  
<sup>2</sup> White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.  
<sup>3</sup> Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

DDS/DMD    RDH    MD/DO    PA    RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credentials of Provider or Recorder\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

**Iowa Department of Public Health  
 CERTIFICATE OF VISION SCREENING  
 RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

**Student Information** (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:	Student Address:	
Zip Code:		

**Screening Information** (vision screening provider must complete this section *or* parents may attach a copy of vision screening results given to them by a provider.)

Date of Vision Screening: _____	
Results (visual acuity):	
Right Eye _____	Left Eye _____
Overall Result (Please select one):	Referral to eye health professional (Please select one):
Pass or Fail <input type="radio"/> <input type="radio"/>	Yes or No <input type="radio"/> <input type="radio"/>

Screening Provider: \_\_\_\_\_

Provider Business Name/Source of Screening: (please print) \_\_\_\_\_

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature and Credentials of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3<sup>rd</sup> grade.

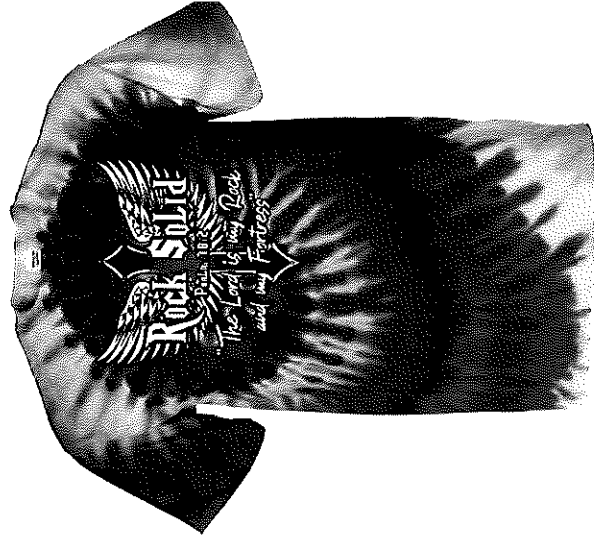
To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and no later than six months after the date of the child's enrollment in Kindergarten.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in 3<sup>rd</sup> grade and no later than six months after the date of the child's enrollment in 3<sup>rd</sup> grade.

**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**



# Central Lutheran School 2022



Ringspun Cotton

Deep Heather Grey Bella/Canvas T

+2.00 +3.00

YS	YM	YL	S	M	L	XL	2XL	3XL

\$15.00

Total \$ Due

Rainbow Swirl Tie Dye T

+2.00 +3.00

YS	YM	YL	S	M	L	XL	2XL	3XL

\$12.00

Name \_\_\_\_\_

# \_\_\_\_\_

Make Payments to Central Lutheran Schools

Due to office by August 25th - Completed orders will be delivered to the school

Office Info