



Dear Interested Parent/Guardian:

Thank you for your interest in Young Scholars Charter School. **Young Scholars Charter School prepares middle school students to attend and succeed academically in the best high schools and colleges, and provide students with a foundation of life skills required to become productive members of their communities.**

As a public charter school, we accept applications for any student in 6<sup>th</sup> and 7<sup>th</sup> grade that lives in Philadelphia. If we receive more applications than we have spots then we will hold a lottery containing all the names of submitted applications.

#### **APPLICATION PROCESS:**

- 1) Application for Admission** - Complete and submit the application in person or by mail by **5:00pm on Friday, March 9, 2012**
- 2) Information Sessions** - We recommend that families attend an information session to learn more about Young Scholars Charter School. Information sessions will be held on the following dates (RSVP Required):
  - **Saturday, January 14, 2012: 11-12:30PM**
  - **Saturday, January 28, 2012: 11-12:30PM**
  - **Saturday, February 4, 2012: 11-12:30PM**
  - **Saturday, February 18, 2012: 11-12:30PM**
- 3) Lottery** - Because we are not selective, if there are more applicants than spaces available, students will be entered into a lottery and chosen at random. **Entry into our lottery is contingent upon the application being submitted by Friday, March 9, 2012. Young Scholars' lottery will be held on Wednesday, March 14, 2012 at 6PM.** Students not selected in the lottery will be placed on our waitlist.
- 3) Enrollment** - Acceptance/Waitlist letters will be mailed on Friday, March 16, 2012. If a student is admitted, parents must submit all of the enrollment materials prior to the first day of school.

We look forward to receiving your application. If you have any questions or would like more information please email us: [admissions@phillyscholars.org](mailto:admissions@phillyscholars.org) or call 215-232-9727.

Sincerely,

John Amenda  
Principal/CEO

900 North Marshall Street  
Philadelphia, PA 19123  
215.232.9727, 215.232.4542 fax

REQUIRED FOR ENTRY INTO THE LOTTERY



**STUDENT APPLICATION**  
**2012-2013 School Year**

**Young Scholars is currently accepting applications for 6<sup>th</sup> and 7<sup>th</sup> grades for the 2012-2013 school year.**

Completion of this form demonstrates your desire to enroll your child at Young Scholars Charter School. Applications will be accepted from students who are (1) residents of Philadelphia and (2) have successfully completed the 5<sup>th</sup> or 6<sup>th</sup> Grade prior to August, 2012. If the amount of applications we receive outnumber the amount of open slots we have, a lottery will be held to determine who can enroll. If fewer apply, then we will continue to accept applications on a first-come, first-serve basis until slots are filled. **The application deadline is 5pm on March 2, 2012.**

Application for Grade 2012-13:  6<sup>th</sup>  7<sup>th</sup> Grade Level for 2011-12: \_\_\_\_\_

**Student Information:**

Student Name: \_\_\_\_\_  
First Middle Last

Child's Home address: \_\_\_\_\_  
Street number and name City State Zip code

Child's Home Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Family Information:**

Mother/Guardian Name: \_\_\_\_\_  Lives w/ child (please check)  
First Last

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  Lives w/ child (please check)  
First Last

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does the student have a sibling currently enrolled at Young Scholars Charter School? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the name of the sibling who attends Young Scholars CS? \_\_\_\_\_ Grade \_\_\_\_\_

**Agreement:**

I certify that all information in this application is accurate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit in person or by mail to the address below. Thank you.

Young Scholars Charter School  
900 N Marshall Street  
Philadelphia, PA 19123



## Enrollment at Young Scholars Charter School

Once accepted into Young Scholars Charter School you will need to provide the following documents to complete enrollment. **These documents are NOT required to be entered into the lottery.** However, you can submit them at the time of application to ensure all of paperwork is on file.

### Enrollment Checklist:

1) Submit complete enrollment packet

\_\_\_\_\_ (1) Enrollment Packet

- Student Questionnaire
- Family Questionnaire
- Enrollment Form
- Parental Registration Statement, Act 26
- Request for Student Records
- Emergency Contact Form
- Home Language Survey
- Picture Authorization Form
- McKinney-Vento Assistance Act
- Medial Information Permission
- Vision and Hearing Screening Permission
- Dental Examination Record
- Physical Examination Record
- Medical Administration Form

\_\_\_\_\_ (2) Proof of residency in Philadelphia (i.e. copy of a driver's license with current address, and/or gas bill, electric bill, telephone bill)

\_\_\_\_\_ (3) Copy of birth certificate

\_\_\_\_\_ (4) Copy of social security card

\_\_\_\_\_ (5) Last report card

\_\_\_\_\_ (6) Copy of your child's 2011 PSSA Parent Report (if applicable)

\_\_\_\_\_ (7) Immunization Records

\_\_\_\_\_ (8) *If Applicable*: Special Education Records, including the following:

- Permission to evaluate
- Evaluation Report (**E.R.**)
- Individualized Education Plan (**IEP**)
- Notice of Recommended Educational Placement (**NOREP**)

\_\_\_\_\_ (9) *If Applicable*: 504 Service Agreement

If you have any questions or would like more information please email us: [admissions@phillyscholars.org](mailto:admissions@phillyscholars.org) or call 215-232-9727.



### Student Questionnaire

**Directions:** The following questions must be answered in complete sentences.

**Social Inquiry:** Who are you as a person?

1) What do you like to do for fun, what are your hobbies and interests?

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2) What after school activities would you like to participate in?

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3) What is one thing that you would like every teacher to know about you?

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4) Describe a time when you were very proud of yourself:

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5) If you have a problem that you need to talk about, who do you go to?

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ENROLLMENT MATERIALS

6) Describe a time when you had a conflict with a teacher or peer. How did you solve the problem?

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**Academic Inquiry:** Who are you as a student?

1) Describe your academic performance at your current school. What grades do you receive? Be sure to explain how you have earned these grades:

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2) What subject(s) do you find the most difficult and why?

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3) Which subject do you feel you have done the best in and why?

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4) What do you hope to achieve academically at Young Scholars? How will you work to achieve your goals?

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## ENROLLMENT MATERIALS

**Goals Inquiry:** Who do you hope to become?

- 1) What would you like to do when you grow up? What do you need to do in middle school to help you make your dreams come true?

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- 2) How can Young Scholars help you achieve your dreams?

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### **Biographical Information (Optional):**

- 1) Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- No, not Hispanic or Latino  
 Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following, if applicable, by marking one or more boxes to indicate what you consider your race to be.

2. How would you describe yourself? (Choose one or more from the following racial groups)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a 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 including, for example, 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 – includes Caribbean Islanders and other of African origin.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of 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 Africa.)



### Family Questionnaire

**Directions:** The following questions must be answered in full.

1) How did you hear about Young Scholars?

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2) What have you heard about our school that makes you want to be a part of the Young Scholars community?

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3) Young Scholars is a highly structured environment with high expectations for academics and behavior. Our rules are very strict and our curriculum is extremely rigorous but our results are dramatic because of this approach. How will you support us in supporting your child and holding them accountable to meeting our standards?

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4) We see a strong relationship between school and home as fundamental to student success. In what ways are you currently contributing at your child's school and how do you hope to be involved at Young Scholars?

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# Charter School Student Enrollment Notification Form

For School Year 2012-2013

**Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.**

Name of Charter School: Young Scholars Charter School

Address: 900 N. Marshall Street  
Philadelphia, PA 19123

Charter School Contact Person: Operations Assistant, Kelle Castle

Telephone: 215-232-9727 Email Address: [admissions@phillyscholars.org](mailto:admissions@phillyscholars.org)

## I. Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (if Different From Home Address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## II. School District of Residence and Former School Information

School District of Residence: \_\_\_\_\_

Former School Information (Other Than Pre-School):  
\_\_\_\_\_ Public School \_\_\_\_\_ Charter School \_\_\_\_\_ Home School \_\_\_\_\_ Nonpublic School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:  
N/A \_\_\_\_\_ Entering Kindergarten \_\_\_\_\_ Re-Enrolling Dropout \_\_\_\_\_ Other \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

Previous Grade: \_\_\_\_\_

Was Your Child Receiving Special Education Services Based On An IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Do You Have The Child's Special Education Records (IEP)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**III. Parent/Guardian Information:**

Both Parents \_\_\_\_\_  
Alternately \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_  
Foster Parents \_\_\_\_\_ Other Adult \_\_\_\_\_

**Complete Parent/Guardian Name and Address Information As Applicable**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_ Work Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_ Work Telephone: \_\_\_\_\_

**If The Student Is Not Living With Parents, Please Complete This Section.**

Foster Parent's Name \_\_\_\_\_ Or \_\_\_\_\_ Other Adult Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. **My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IV. To Be Completed By Charter School:**

Birth Certificate \_\_\_\_\_ Other \_\_\_\_\_  
Lease \_\_\_\_\_ Utility Bill \_\_\_\_\_ Other \_\_\_\_\_  
Anticipated Date of Attendance \_\_\_\_\_



**PARENTAL REGISTRATION STATEMENT - ACT 26**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Please complete the following:**

I swear or affirm that my child **(circle one) was / was not** previously suspended or expelled, or **(circle one) is / is not** 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. 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 and correct to the best of my knowledge, information and belief.

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

Name of the school from which student was suspended or expelled:

\_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

Reason for suspension/expulsion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*Este paquete está disponible en español.



## REQUEST FOR STUDENT RECORDS

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Name of Previous School

Dear Admit/Dismiss Secretary:

We admitted \_\_\_\_\_ to our school for August, 2012.  
Name of Student

His/her date of birth is: \_\_\_\_\_. He/she is in grade: \_\_\_\_\_

Please forward as of his/her packet (and all special education records and IEPs, including education, psychological, psychiatric, and neurological reports, as applicable) to us by September 1, 2012 at the following address:

Young Scholars Charter School  
900 N. Marshall Street  
Philadelphia, PA 19123

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Authority from parent to release student records:

**Please release my child's packet to Young Scholars Charter School.**

\_\_\_\_\_  
Name of Child (Please print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



**Emergency Contact Form 2012-2013**

Student Name: (Last, First Middle)		
Parent / Guardian Name:		
Home Phone:	Cell Phone:	Work Phone:
Address:		
Important medical information about your child:		
Medical Assistance/ACCESS Number: _____ Health Insurance Plan Name: _____ Health Insurance ID Number: _____ Primary Care Physician's Name: _____ Primary Care Physician's Number: _____		

**Emergency Contact 1 (Other than parent/guardian listed above)**

Name:		Relationship:
Home Phone:	Work Phone:	Cell Phone:
Address:		

**Emergency Contact 2 (Other than parent/guardian listed above)**

Name:		Relationship:
Home Phone:	Work Phone:	Cell Phone:
Address:		

Parent Signature: \_\_\_\_\_

\*\*Este paquete está disponible en español.



## HOME LANGUAGE SURVEY

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedures requires school districts/charter schools to identify limited English proficient (LEP). Pennsylvania has selected the Home Language Survey as the method for the identification.

Date: \_\_\_\_\_

School Name: Young Scholars Charter School

Student's Name: \_\_\_\_\_

What was the student's first language? \_\_\_\_\_

Does the student speak a language other than English?      Y or N

If YES, please specify language: \_\_\_\_\_

What language(s) is/are spoken in your home?  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## PICTURE AUTHORIZATION FORM

I hereby authorize and give full consent to YOUNG SCHOLARS CHARTER SCHOOL to publish and copyright all photographs, original works, and projects of my child while enrolled as a student in any and all programs of YOUNG SCHOLARS. I further agree that YOUNG SCHOLARS may transfer, use or cause to be used, these photographs, original works or projects in school brochures, Internet WebPages, newsletters, advertising, posters, displays, slide shows, video tapes, catalogs, and like publications or literature without limitations or reservations.

Name of Student: \_\_\_\_\_

\_\_\_\_\_ My child has consent

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_ Decline to Give Consent

Reason: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date



### McKinney-Vento Assistance Act

#### CONFIDENTIAL INFORMATION

**COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD’S CURRENT LIVING SITUATION; OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) Check one box if you are living:**

- with relatives or others due to lack of housing
- in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing
- in a shelter
- at a train or bus station, park, or in a car
- in an abandoned apartment/building
- in foster care
- temporarily housed in a shelter awaiting Department of Social Services permanent foster care placement
- youth not living with a parent or guardian

**NONE OF THE ABOVE LIVING SITUATIONS APPLIES TO MY CHILD (If this box is checked, you do NOT need to complete this form).**

Date \_\_\_\_\_ School \_\_\_\_\_ School Contact \_\_\_\_\_ (Please Print Name)  
 Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)  
 Student Address \_\_\_\_\_

Does this student receive special education services? Yes \_\_\_\_ No \_\_\_\_ Current Grade \_\_\_\_\_ Gender \_\_\_\_\_  
 Is this student residing in this school zone? Yes \_\_\_\_ No \_\_\_\_ What is the student’s school of origin? \_\_\_\_\_  
 Are alternative transportation services needed? Yes \_\_\_\_ No \_\_\_\_ Student Ethnicity \_\_\_\_\_

Sibling \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_  
 Sibling \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Home Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Work  Cellular  Message

## ENROLLMENT MATERIALS



Dear Parent/Guardian,

In order to enroll in public school, students need to show that they have met several health requirements. Please contact the school health office at [215-232-9727](tel:215-232-9727) to address any questions or concerns regarding this matter.

Requirements:

1) **Immunizations\***: In order to enroll at Young Scholar Charter School we must have records of the following immunizations on file:

- 2 doses of MMR (measles, mumps and rubella)
- 3 doses of Hepatitis B
- 2 doses of Varicella (chicken pox) vaccine
- 4 doses of tetanus (1 dose on or after the 4<sup>th</sup> birthday)
- 4 doses of diphtheria (1 dose on or after the 4<sup>th</sup> birthday)

Students entering the 6<sup>th</sup> grade or 12 years old need:

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

2) **Physical Examination**: The Pennsylvania School Health Law requires that all children in grades Kindergarten, 1<sup>st</sup> and 6<sup>th</sup> have a current physical exam. Physical examines are current if dated after January 1, 2012. See attached physical form.

3) **Dental Examination**: The Pennsylvania School Health Law requires that all children in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup> and 7<sup>th</sup> grades have a current dental exam. A dental examination is current if dated after January 1, 2012. See attached dental form.

4) **Medication Administration Form (if applicable)**: Students must provide a Medication Administration form signed by parent/guardian and a physician for the school to administer prescription medications during school hours. This form is good for only one school year or until the prescription changes.

\*Exemption from the above immunization requirements for medical or religious reasons should have a written note from parent/guardian submitted to the Health Office. If your child is exempt from immunizations, he/she may be removed from school during an outbreak.

ENROLLMENT MATERIALS

\*\*Este paquete está disponible en español.



## REQUEST FOR MEDICAL/HEALTH INFORMATION AND PARENTAL MEDICAL PERMISSION RECORD

**STUDENT NAME:** \_\_\_\_\_

1. Is your child currently being treated by a doctor?      YES      NO  
If YES, for what condition (s) is your child being treated? \_\_\_\_\_  
\_\_\_\_\_

2. Is your child currently taking medication?      YES      NO  
If YES, which medication (s) does your child take? \_\_\_\_\_  
\_\_\_\_\_

3. Do we need to administer medication to your child during the day?      YES      NO  
If YES, when should the medication be administered? \_\_\_\_\_

4. Does your child have any allergies?      YES      NO  
If YES, what is your child allergic to? \_\_\_\_\_

5. Do we have blanket permission to administer pain relievers such as Tylenol for minor ailments (i.e. headaches)?

6. Please indicate any other medical or health related issues we need to know about:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Because your child is a minor, the law requires that parental permission be obtained before medical procedures may be performed on him or her. Therefore, we ask that a parent or guardian sign this permission form so that, if necessary, medical procedures may be promptly carried out on your child, and that no unnecessary delay will occur in getting your child necessary medical procedures. However, no major operation will be performed on your child without medical consultation with you, the parents or guardians.

**I GIVE PERMISSION FOR SUCH DIAGNOSTIC, THERAPUTIC, AND OPERATIVE PROCEDURES AS DEEMED NECESSARY FOR MY CHILD.**

\_\_\_\_\_  
Parent/Guardian Name (Print)      Relationship      Date

\_\_\_\_\_  
Parent/Guardian Signature



## PERMISSION TO CONDUCT VISION, HEARING, & DENTAL SCREENINGS

In order to provide your child with the best education possible, it is important that we know that he or she is in good health – and this, includes his or her vision and hearing. During your child’s time at Young Scholars, we will arrange for vision and hearing screenings. You will receive the results of the screenings, along with any recommendations for follow-up care.

Because your child is a minor, we need your permission to conduct these screenings.

**I GIVE PERMISSION FOR VISION, HEARING, & DENTAL SCREENINGS TO BE CONDUCTED ON MY CHILD.**

\_\_\_\_\_  
Student’s Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



ENROLLMENT MATERIALS

HS11.338 (Rev. 5/02)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE \_\_\_\_\_ 20 \_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD			DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
Last	First	Middle			

ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given				
	DOSES			BOOSTERS & DATES	
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 /	3 /	4 /	5 /
Measles, Mumps, Rubella	1 / /	2 /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /		Varicella Disease or Lab Evidence Date: _____	
Other _____					

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

**If Applicable:**

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:  
Parent/Guardian notified of significant findings on \_\_\_\_\_ Date \_\_\_\_\_

Result of Diagnostic Studies: \_\_\_\_\_ Date \_\_\_\_\_

Preventive Anti-Tuberculosis - Chemotherapy ordered.  No  Yes \_\_\_\_\_ Date \_\_\_\_\_

(Continued on Back)

ENROLLMENT MATERIALS

**Significant Medical Conditions**

	Yes	No	If Yes, Explain
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

**Report of Physical Examination**

• Height (inches)				
• Weight (pounds)      BMI				
• Pulse (      )				
• Blood Pressure      /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

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

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Print Name of Examiner

\_\_\_\_\_  
Address

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

SCHOOL HEALTH SERVICES

**REQUEST FOR ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF EQUIPMENT IN SCHOOL**

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

**PHYSICIAN, PLEASE NOTE:** Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication / treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT		ADDRESS/ZIP		ROOM/BOOK NO.
DATE OF BIRTH	SCHOOL/ORG.#	REGIONAL OFFICE	PID	
DIAGNOSIS:				
REASON MEDICATION MUST BE GIVEN IN SCHOOL:				
NAME OF MEDICATION/EQUIPMENT/TREATMENT:			DOSE:	
TIME(S) TO BE GIVEN IN SCHOOL:		TOTAL DOSAGE PER 24 HRS:		
DATE BEGIN:		DATE END:		
INSTRUCTION FOR ADMINISTRATION/UTILIZATION:				
CONTRAINDICATIONS:				
SIDE EFFECTS:				
TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:				
IS ANY RESTRICTION ON ACTIVITY NECESSARY: YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, DESCRIBE:				
IS STUDENT TAKING ANY OTHER MEDICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, NAME OF MEDICATIONS:				
IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>				
PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS			TELEPHONE	
ADDRESS			EMERGENCY NUMBER	
SIGNATURE OF HEALTH CARE PROVIDER			DATE SIGNED	

To The Principal

- I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.
- Medication is to be administered by the Certified School Nurse. In the absence of the Certified School Nurse, it may be administered by the Principal or his/her designees. Certified School Nurse will provide instruction for administration of medication or use of equipment to the Principal or his/her designees.
- My child may self-administer medication/equipment as determined appropriate by the school nurse.
- I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply, as needed, regarding this medication/ equipment and/or my child's response.

PARENT SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ EMERGENCY NUMBER \_\_\_\_\_

IN ACCORDANCE WITH CURRENT SCHOOL DISTRICT PROCEDURE

- I have assessed this student and he/she has demonstrated competency and may self administer this medication/treatment ( ) yes ( ) no
- The administration of this medication/treatment was approved on: \_\_\_\_\_ DATE

SIGNATURE OF SCHOOL NURSE \_\_\_\_\_

TELEPHONE NUMBER OF SCHOOL NURSE \_\_\_\_\_

**TO THE PHYSICIAN:**

Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for students who require medication/treatment during the school day in order to function in the classroom, School District Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication.

School District Policy also permits the use of equipment/machinery in those instances where similar equipment is kept by the child's family at home, and such equipment/machinery is necessary in order to enable the student to function in the classroom. Instruction for use and precautions should be spelled out in detail.

**(IF YOUR PATIENT'S MEDICATION OR TREATMENT SCHEDULE CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE - A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT).**

When the medication/treatment prescribed exceeds or differs from that approved by the FDA or recommended by the manufacturer, you and the child's parent will be required to submit written detailed information to the School Nurse. This must include a list of side effects and confirmation that all side-effects have been explained to and are understood by the parent. Any particularly dangerous conditions being experienced by the child should be spelled out in detail, with the procedure to follow should a reaction occur.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

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**DEAR PARENT/GUARDIAN:**

Some children need the administration of medication or special equipment in order to function in the classroom. Ideally, this should take place at home. If your child's medication/equipment schedule cannot be altered so that everything can be administered at home, you can request that they be given in school by seeing the school nurse or principal. When the medication/treatment prescribed for your child exceeds or differs from that approved by the FDA or the manufacturer, you and your health care provider will be required to submit additional written information to the School Nurse prior to approval.

Once the request has been approved by the School Nurse, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
- Pharmacy Address and Phone#
- Prescription Number
- Prescription Date (current)
- Name of medication, dosage form, expiration date (if relevant)
- Instructions for administration
- Name of prescribing health care provider

For special equipment, services in school will be provided only if you have such equipment in your home. You must provide the equipment as well as repair and replace it when necessary. After the request is approved, you will be asked to bring the equipment to school and to demonstrate its use to selected school staff. Operating instructions must accompany the equipment.

This procedure must be repeated each school year and/or each time there is a change in dosage.

If your child is bringing medication to school, including over the counter medicines, and takes it him/herself, you should notify the principal as to what it is and what it is for.

Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse or school principal.

Thank you .