

# Adaire School Registration 2021

Hi! Below are important dates and a checklist of required items to complete your child's registration packet. Incomplete packets **CANNOT** be accepted. Please be prepared with all items. Reach out if you have questions: msgrillo@philasd.org

## NOTES:

- **Required forms can change before registration opens, please make sure you have the most up to date checklist and forms.**
- **Visit our Kindergarten FAQ on the Adaire website - [Adaire.Philasd.org](http://Adaire.Philasd.org)**
- **Please do not wait to register. If you cannot bring your packet in for any reason please let us know. We are working to get a real estimate of total incoming students as early as possible so that we can best plan for classrooms.**

**Jan. 19th, 2021** Registration opens. **Completed** packets can be dropped off/emailed to Msgrillo@philasd.org. Packets cannot be accepted before 1/19/21. Dropping off or emailing a completed packet, on or after 1/19/21, will begin the process of entering your child into the district system. You will only hear from us if there is an issue.

**Spring 2021** Kindergarten Open House. This is for families who have yet to visit the school or need additional information. This will be a daytime event. Exact time to be announced in early spring.

**August 2021** Kindergarten interviews (family meetings with K teachers) will happen the week before school starts. The school will contact you to set up a time the week before.

## **Adaire School Registration Checklist 2021:**

**If registering for Kindergarten the student must be 5 years old on or before September 1 of the year entering Kindergarten. Pick up the forms in person, at the school main office, or find them at the [Adaire School](http://Adaire School) website under Parents-Registration or on the right side of the home page. Bring copies or we can make copies if needed.**

### **Needed to register**

- Completed 2 sided application document
- Completed Parental Registration Statement
- Completed 2 sided Student Medical Form (filled out by parent/guardian)
- Completed directory opt out form (**only** if you want to opt-out)
- Completed photo/video/media opt out form (only if you want to opt-out)
- Plan for Emergency Closings form
- Copy parent/guardian ID (**current** license)
- Copy child's ID - must be age 5 by Sept. 1 (birth certificate)
- Copy 2 Proofs of residency (**current** license, utility bill, lease, deed, phone bill)
- Parent Input Student Placement Form **AND** most recent report card for students entering 1st-8th grade
- Copy **up to date** [Immunization Record](#)
- [Medical Form](#) (filled out & signed by doctor)
- [Dental Form](#) (filled out & signed by dentist)



**SCHOOL DISTRICT OF PHILADELPHIA**  
**APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (EH-40)**  
**PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS**

**Please Print All**

**STUDENT INFORMATION - Section 1**

Last Name		First Name		M.I.	Date of Birth			STUDENT ID NUMBER
					MONTH	DAY	YEAR	
House No.	Dir	Street Name			St. Ave. Etc	Apt#	Zip Code	

Race Designation: Are you Hispanic  Yes or  No    Gender:  Male/ Female  
 White     Black/African American     Hispanic/Latino     American Indian/Alaska Native    Country of Birth: \_\_\_\_\_  
 Asian     Multiracial/Other\*     Native Hawaiian/Other Pacific Islander    Student Primary Language \_\_\_\_\_  
 \*If you select Multiracial/Other, you MUST select the races that apply.    Date child first enrolled into a U.S. School \_\_\_\_\_

**HOUSEHOLD INFORMATION - Section 2**

Student Resides With:

Both Parents (same address)     Mother     Father     Stepparent     Guardian / Other

Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____  Address: _____ _____  Phone: _____ (Home) (Cell) (Work) E-Mail: _____	Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____ <input type="checkbox"/> Please check this box if the address is the same  Address: _____ _____  Phone: _____ (Home) (Cell) (Work) E-Mail: _____
---	--

Please indicate this Guardian's Primary Language: \_\_\_\_\_

**SIBLING INFORMATION - Section 3**

Please list all school aged children (ages 5 and above)

Name	D.O.B.	Current School	Grade	Student ID# if available

**CONTACT INFORMATION - Section 4**

**\* Please list two LOCAL emergency contacts and their relationship to the child in the event a parent or guardian cannot be reached:**

**Primary**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

**Secondary**

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

SCHOOL DISTRICT OF PHILADELPHIA  
 APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (EH-40)  
 PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

STUDENT EDUCATION HISTORY - Section 5, Complete this section if the child has ever attended school					
Indicate city and type of school child last attended					
<input type="checkbox"/> Philadelphia		<input type="checkbox"/> Other City: _____		<input type="checkbox"/> Public School	<input type="checkbox"/> Non Public School
Date Last Attended	Grade Last Attended	Name of School	Address	City	State
If the student attended school outside of the United States, do you have his/her school records?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide a copy for the school.					
If no, please contact the school to obtain the records.					
Did the Child ever attend: <input type="checkbox"/> Pre-Kindergarten and/or <input type="checkbox"/> Kindergarten					
1) Has the child ever received Special Education Services in PA or another state?		<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which state: _____			
2) Does your child have a current IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3) Does your child have a current evaluation report?		<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what _____			
4) Was the child ever enrolled in an Early Intervention Program?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5) Has the child ever received ESOL/Bilingual services?		<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which state: _____			
6) Does your child have a 504		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7) Does your child have a Gifted IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

LANGUAGE SURVEY - Section 6			
	English	Other	Language
1) What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language does the child speak to her / his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) What other languages does the child speak?    1) _____ 2) _____ 3) _____			
* If the answer to these questions is other than English, the student must be given the English placement test (W-APT) by a certified administrator.			

By signing below, I am allowing the School District of Philadelphia to register my child as a student. I also certify the information provided on this application to be true and accurate and providing false or incomplete information that is required for registration may delay enrollment.

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

Date \_\_\_\_\_

**Parental Registration Statement\***  
**SCHOOL DISTRICT OF PHILADELPHIA**

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 of 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 hereby swear or affirm that my child was / was not (circle one) previously suspended or expelled, or is /is not (circle one) 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 another school, please complete:

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

\_\_\_\_\_

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

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

Any willful false statement made above shall be a misdemeanor of the third degree.  
This form shall be maintained as part of the student's disciplinary record.

\* Translated versions of this document are available at: [www.philasd.org/offices/translation](http://www.philasd.org/offices/translation).

THE SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT MEDICAL INFORMATION

This form is to be used for new students and capturing annual updates.

Last Name:	First Name	Date of Birth	Date:
Name of School:		Room/Section:	Grade:

Dear Parent/Guardian:

Pennsylvania law requires that all children must have a complete checkup when entering school for the first time and again in middle and high school.

The school nurse can help you with information regarding health insurance. There are free and low-cost insurance plans for which your family may qualify. Please take the attached form to your doctor or clinic when you take your child for this checkup and return the completed form to the school nurse by \_\_\_\_\_

**I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.**

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

---

**STUDENT'S MEDICAL HISTORY - TO BE COMPLETED BY PARENT/GUARDIAN**

1. Does your child have health insurance?  Yes  No Company? \_\_\_\_\_

2. Where do you take your child for checkups? \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Date of child's last physical examination? \_\_\_\_\_

4. Where do you take your child for dental care? \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Date of child's last dental examination? \_\_\_\_\_

**THE SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT MEDICAL INFORMATION**

6. Does your child take any medicine now?  Yes  No If yes, list below:

Medicine:	Dosage:	Frequency:	Reason:

7. Does your child have any allergies?  Yes  No If yes, to what? \_\_\_\_\_

8. Does your child have any activity restrictions?  Yes  No If yes, explain? \_\_\_\_\_

9. Does your child have any existing Health Conditions?  Yes  No If yes, list below:  
\_\_\_\_\_

10. Does your child receive treatment/therapy or undergo any testing procedures?  Yes  No

If yes, please indicate kind and how often taken: \_\_\_\_\_

11. Check this box if you do not want Acetaminophen (Tylenol) dispensed to your child, as needed:

12. Check this box if you do not want Ibuprofen (Motrin) dispensed to your child, as needed:

*Important Note: SDP may dispense Acetaminophen or Ibuprofen to your child if you do not opt-out.*

**PLEASE CHECK ANY PROBLEM YOUR CHILD HAS/HAS HAD**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Dental              | <input type="checkbox"/> Hospitalized (Surgery) | <input type="checkbox"/> Premature Birth (Under 5lbs) |
| <input type="checkbox"/> Anemia                    | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Learning Problem       | <input type="checkbox"/> Seizures                     |
| <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Drug/Alcohol        | <input type="checkbox"/> Lung Disease           | <input type="checkbox"/> Speech Difficulty            |
| <input type="checkbox"/> Behavior/Emotional        | <input type="checkbox"/> Eczema              | <input type="checkbox"/> Lead Poisoning         | <input type="checkbox"/> Tuberculosis                 |
| <input type="checkbox"/> Blood Disorders           | <input type="checkbox"/> Frequent Colds      | <input type="checkbox"/> Meningitis             | <input type="checkbox"/> Vision Problems              |
| <input type="checkbox"/> Cancer                    | <input type="checkbox"/> Hearing Difficulty  | <input type="checkbox"/> Muscle/Bone/Joint      | <input type="checkbox"/> Urinating/Kidney Problem     |
| <input type="checkbox"/> Chicken Pox at age: _____ | <input type="checkbox"/> Heart               | <input type="checkbox"/> Physical Disability    |   |
|  | <input type="checkbox"/> High Blood Pressure |   |   |

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The School District of Philadelphia**  
Office of Student Rights & Responsibilities  
440 N. Broad Street, Second Floor  
Philadelphia, PA 19130

Rachel Holzman, Esquire  
Deputy Chief

**Release of Directory Information Opt-Out Form**

The School District of Philadelphia may disclose appropriately designated “directory information” without written consent, unless you have advised the District to the contrary in accordance with District procedures.

Directory information includes the following: name, address, phone number, date and place of birth; field of study; participation in recognized activities and sports; height/weight, if member of athletic team; dates of attendance; degrees, awards, photographs, rosters; previous school(s) attended; and primary language.

The primary purpose of directory information is to allow The School District of Philadelphia to include this type of information from your child’s education records in certain school publications, including: a playbill, showing your student’s role in a drama production; school newsletters, the annual yearbook; honor roll or other recognition lists; graduation programs; and sports activity sheets, such as for basketball, showing weight and height of team members.

This information may also be made available to qualified outside organizations upon request. Qualified outside organizations include, but are not limited to, scholarship providers, trade/technical schools, and potential employers. In recognition of a family’s right to privacy, it is the policy of The School District of Philadelphia that directory information will not be provided to commercial enterprises.

Parents or eligible students (18 years old or above) have the right to have directory information withheld upon written request. If you prefer to deny release of directory information without prior written consent, please complete and return the entire form to your child’s school by **within ten (10) days of your enrollment**. Once this form is completed and returned to the school, your choice will not change until you complete and submit a new form. Use a separate form for each child. **Only return this form if you do NOT want directory information released.**

I DO NOT want directory information to be released and request ONE of the following:

Do not release my student’s directory information at any time. No information for school publications, school activities, trade schools, scholarship providers or employers.

Do not release my student’s directory information at any time, except for school publications, school activities and to qualified outside organizations.

Do not release my student’s directory information at any time, except for school publications and school activities.

Do not release my student’s directory information to military recruiters ( 11<sup>th</sup> and 12<sup>th</sup> grade only)

I do not permit my child to take any surveys that concern one or more of the areas listed on the PPRA notice

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Name of School (Please Print)

\_\_\_\_\_  
Student ID#

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 years or older)

**Parent Copy**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Notice for Directory Information**

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the **School District of Philadelphia** with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.<sup>1</sup>

If you do not want the School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within ten (10) days after enrollment. The school District has designated the following information as directory information:

-Student's name	-Participation in officially
-Address	<b>recognized activities and sports</b>
-Telephone listing	-Weight and height if members of athletic team
- Primary language	-Degrees, honors, and awards received
-Photograph	-The most recent educational agency or
-Date and place of birth	<b>institution attended</b>
-Major field of study	-Student ID number, user ID, or other unique
-Dates of attendance	<b>personal identifier used to communicate in</b>
-Grade level	<b>electronic systems that cannot be used to access</b>
	<b>education records without a PIN, password, etc. (A</b>
	<b>student's SSN, in whole or in part, cannot be used for</b>
	<b>this purpose.)</b>

---

<sup>1</sup> These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).



## ***Parent Copy***

### **PPRA Notice and Consent/Opt-Out for Specific Activities**

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires **The School District** to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings.

The School District will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

**STUDENT PLAN FOR**  
**THE EMERGENCY CLOSING OF SCHOOL**

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

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

\_\_\_\_\_ Rm #

In the event of an early closing of school, I have directed my child to (indicate all that apply):

LEAVE SCHOOL AT THE ANNOUNCED EARLY CLOSING TIME AND

\_\_\_\_\_ Walk home

\_\_\_\_\_ be picked up by:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\_\_\_\_\_ or go to the following address of a neighbor, friend or relative:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

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

**Alexander Adaire School**  
**Parent Input - Student Placement**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

We recognize that parents would like to be a part of the placement process. Please complete this form. Our teaching team and Principal Jenkins sincerely appreciate this information. There are no right or wrong answers. This information will be used to help us learn about your individual child and to create more balanced classrooms.

1. If your child is registering for Kindergarten did the child attend preschool? If so, where and for how many months?

2. Describe your child's personality and strengths.

3. Tell us more about your child:

Academics? For example, for younger students how many letters of the alphabet does your child know or how high can she count?

Social development? For example, is your child accustomed to sharing and cooperating with others or does he prefer more solo activity? Any behavioral concerns?

Developmental milestones? For example, is your child able to focus for 5, 7, 10 minutes or more on a task or how does she deal with disappointment or transitions?

4. What would you like your child to learn by the end of the year?

5. Please share any additional comments about your child.

THE SCHOOL DISTRICT OF PHILADELPHIA  
**REPORT OF PRIVATE DENTAL EXAMINATION**

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p><b>TO THE DENTIST</b>  <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
<b>UNDER TREATMENT / WORK BEGUN</b>		<b>COMPLETION OF WORK / NO TREATMENT NECESSARY</b>	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
<p><i>Comments / Follow-up Treatment / Special Instructions to School</i></p>  			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

**IMPORTANT:**

Return this form to:

\_\_\_\_\_

Certified School Nurse/Practitioner

\_\_\_\_\_

School

\_\_\_\_\_

School Address

\_\_\_\_\_

Phone Number

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES  
**REPORT OF PHYSICAL EXAMINATION**

Date Issued: [Date]		Student ID#:										
<b>RECORD OF VACCINE ADMINISTRATION</b>												
<i>(Please attach complete immunization record including serology results if available)</i>												
TO THE PARENT/GUARDIAN: <i>I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.</i>		Parent/Guardian Signature _____ Date _____										
TO THE CARE PROVIDER (Please complete all items) Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.												
<b>RECORD THE FOLLOWING</b>												
▪ Allergies _____ ▪ Date of last PPD _____ Result _____ mm												
Does this student have health insurance? ____ Yes ____ No Name of Insurance Provider: _____												
<b>RECORD THE FOLLOWING</b>												
1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____											
2.	Audiometric Screening: R _____ L _____	3. BP _____										
4.	Height _____ inches/cm Weight _____ lb./kg BMI percentile _____											
5.	Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral											
6.	Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23) Specify Restrictions: _____											
7.	List all medications currently being taken: Medications: _____ Reason: _____											
8.	List ALL problems by history or examination: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Circle status of problem</td> </tr> <tr> <td>1. _____</td> <td style="text-align: center;">Under Care    Care Complete    Referred</td> </tr> <tr> <td>2. _____</td> <td style="text-align: center;">Under Care    Care Complete    Referred</td> </tr> <tr> <td>3. _____</td> <td style="text-align: center;">Under Care    Care Complete    Referred</td> </tr> <tr> <td colspan="2">_____ No Problems Identified</td> </tr> </table>			Circle status of problem	1. _____	Under Care    Care Complete    Referred	2. _____	Under Care    Care Complete    Referred	3. _____	Under Care    Care Complete    Referred	_____ No Problems Identified	
	Circle status of problem											
1. _____	Under Care    Care Complete    Referred											
2. _____	Under Care    Care Complete    Referred											
3. _____	Under Care    Care Complete    Referred											
_____ No Problems Identified												
Comments/follow-up treatment plan / Special instructions to school:												
Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)										
Address	Date of Exam											

THE SCHOOL DISTRICT OF PHILADELPHIA  
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

**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. 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.

# Adaire Non-Negotiables

Hello,

Thanks so much for your interest in our school. We are a K-8 neighborhood public school with a 100+ year history in Fishtown. We are very proud of being a public school and take our commitment to the larger district very seriously. While we consider our perspective progressive and pride ourselves on having open hearts and minds we also know that there are a number of things about our school that will likely never change. We want to highlight those things for you right here at the very beginning of our relationship. If you have questions or feedback please do not hesitate to get in touch.

Sincerely,

Principal Jenkins

AJenkins@philasd.org

## Adaire Non-Negotiables

- Communications: Our main form of communications is our weekly eNews. It is generally published every Sunday night at 5 PM during the school year. This is the most current and accurate form of communication between school and families. Facebook, Instagram, Twitter or other social media platforms are NOT our main forms of communication. If you have a question we ask that you contact your child's teacher, Principal Jenkins [ajenkins@philasd.org](mailto:ajenkins@philasd.org) or the School Based Teacher Leader, Harmony Claus [hclaus@philasd.org](mailto:hclaus@philasd.org) Sign up for e-news at [www.friendsofadaire.org](http://www.friendsofadaire.org)
- The official school year start date for 2021/22 will be posted at [Philasd.org](http://Philasd.org). **Attendance, on-time arrival or early dismissal is not optional.** A student that is repeatedly late, leaves early, or has unexcused absences will potentially lose privileges that might include field trips, field day, or other activities. Excessive lateness or unexcused absences involve serious consequences. Family vacation trips are NOT considered excused. Extending scheduled school holidays with additional family trip time absolutely negatively impacts the entire class and overall school attendance.
- Family contact information, Immunization records, medical forms and dental forms must be up to date and submitted. If contact information changes you must inform the main office.
- Emergency school closings (usually due to weather), fire drills, shelter-in-place drills and lockdown drills will happen. Teachers will use age appropriate language to talk about these mandated exercises. And we encourage families to prepare their children to expect loud noises and to follow all teacher instruction.
- Homework will be assigned. For some of the lower grades, K-1, teachers may use an activity based homework model. Homework is assigned a minimum of four nights a week in all subjects. Reading should always be included in a child's life at home. Educators recommend a minimum of 30 minutes per day, everyday. For younger children this might be 30 minutes of a caregiver doing the reading and for older kids they should be encouraged to read on their own.
- Play: We work hard to maintain a very intentional culture of play. Our guidelines include the following:
  - Have FUN and remember that everyone can play!
  - RESPECT yourself and others.
  - PLAY HARD: Not too hard! The schoolyard is a NO-CONTACT zone.