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: msgriollo@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
- 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. 17th, 2023** Registration opens. **Completed** packets can be dropped off/ emailed to Msgriollo@philasd.org. Packets cannot be accepted before 1/17/22. Dropping off or emailing a completed packet, on or after 1/17/22, will begin the process of entering your child into the district system. You will only hear from us if there is an issue.

**Spring 2022** 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 2022** 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 2023:**
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 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)
Dear Parents,

Thank you 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

- **Adaire Non-Negotiables**: Our main form of communication 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 or the School Based Teacher Leader, Tiffany Choi tchoi@philasd.org Sign up for e-news at www.friendsofadaire.org.

- The official school year start date for 2023/24 will be posted at 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. We encourage families to prepare their children to expect loud noises and to follow all teacher instructions.

- 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 school yard is a NO-CONTACT zone.
SCHOOL DISTRICT OF PHILADELPHIA
APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (FH-40)
PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

Please Print All

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.L.</th>
<th>Date of Birth</th>
<th>STUDENT ID NUMBER</th>
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House No. | Unit | Street Name | St. Ave. Etc. | Apt/Seq | Zip Code |
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Race/Ethnicity: Are you Hispanic: Yes □ No □ Gender: Male □ Female □
White □ Hispanic/Latino □ American Indian/Alaska Native □
Black/African American □ Asian □ Multiracial/Other □
Native Hawaiian/Other Pacific Islander □
If you select Multiracial/Other, you must identify the races that apply.

County of Residency: □
Student's Primary Language: □
Date child first enrolled into a U.S. School: □

**HOUSEHOLD INFORMATION: Section 2**

Student Resides With: □
Both Parents (same address): □ □
Father □ □
Mother □ □
Stepparent □ □
Guardian / Other □ □

Parent/Guardian Name: □ □
(Circle) □ Father □ □
Stepparent □ □
Mother □ □
Guardian / Other □ □
Address: □ □
(Circle) □ Home □ □
Stepparent □ □
Father □ □
Guardian / Other □ □
Address: □ □
Please check this box if the address is the same: □ □

Please Indicate this Guardian's Primary Language: □ □

**SIBLING INFORMATION: Section 3**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>D.O.B.</th>
<th>Current School</th>
<th>Grade</th>
<th>Student ID if available</th>
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</thead>
<tbody>
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</table>

**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 □
Name: □ □
Relationship: □ □
Phone: □ □
Phone: □ □
Secondary □
Name: □ □
Relationship: □ □
Phone: □ □
Phone: □ □
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 EDUCATIONAL HISTORY

Indicate city and type of school child last attended:
- Philadelphia
- Other City:
- Public School
- 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?
- Yes
- 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:
- Pre-Kindergarten and/or Kindergarten
- Other:

1. Has the child ever received Special Education Services in PA or another state?
   - Yes
   - No
   - If yes, which state:

2. Does your child have a current IEP?
   - Yes
   - No

3. Does your child have a current evaluation report?
   - Yes
   - No
   - If yes, what:

4. Was the child ever enrolled in an Early Intervention Program?
   - Yes
   - No

5. Has the child ever received ESL/LBilingual services?
   - Yes
   - No
   - If yes, which state:

6. Does your child have a GED?
   - Yes
   - No

7. Does your child have a Gifted IEP?
   - Yes
   - No

LANGUAGE SURVEY

1. What language does the family speak at home most of the time?
   - English
   - Other
   - Language

2. What language does the parent(s) speak to her/his child most of the time?
   - English
   - Other
   - Language

3. What language does the child speak to her/his parent(s) most of the time?
   - English
   - Other
   - Language

4. What language does the child speak to her/his brothers/sisters most of the time?
   - English
   - Other
   - Language

5. What language does the child speak to her/his friends most of the time?
   - English
   - Other
   - Language

6. What language does the child speak most frequently?
   - English
   - Other
   - Language

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 (WAPT) 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 is 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 act 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(s) 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.
THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL INFORMATION

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Date</th>
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<tr>
<th>Name of School</th>
<th>Room/Section</th>
<th>Grade</th>
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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? __________________________

Revised: 5-865 (01/2017)
THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL INFORMATION

6. Does your child take any medicine now? __Yes __No If yes, list below:

<table>
<thead>
<tr>
<th>Medicine:</th>
<th>Dosage:</th>
<th>Frequency:</th>
<th>Reason:</th>
</tr>
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</table>

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: SDF may dispense Acetaminophen or Ibuprofen to your child if you do not opt-out.

PLEASE CHECK ANY PROBLEM YOUR CHILD HAS/HAS HAD

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

Additional Comments:

______________________________________________________________

Revised: 5-865 (01/2017)
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, vocation; 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 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 (11th and 12th 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)
Parents/Guardians,

This letter is to request permission (in accordance with Policy 815.1) for your child’s image, voice, video, work and/or first name to be published publicly on a School District website, including District social media pages, or any other public website for news media or for general educational purposes.

At times, student images, voices, videos, work and/or first name may be requested to promote or represent the School District, School District programs and/or School District events in the news media including, but not limited to, television, print, and on the web. Student information may be used by credible news media not affiliated with the School District and on School District websites and official School District social media pages (Facebook®, Twitter®, YouTube®, Instagram®).

Student information is also used on the Internet for general educational purposes and to celebrate student work. Websites, applications and Internet resources may collect or require the use of student images, voices, videos, work and/or first name. When these are available publicly, the School District cannot control who can view or share.

Accordingly, the School District will not post student images, voices, videos, work and/or first name on a School District website, including District social media pages, or any other public website for news media or educational purposes without prior written consent from you as the parent or legal guardian. Please return this form to your child’s school to indicate if your child’s information may be used on the Internet. This permission will be applicable to any use of student information in the school year in which permission is given and will remain in effect until removed from the website or until consent is withdrawn. As parent or legal guardian, you may withdraw your consent at any time by sending a written letter, along with a new form, to the Principal of your child’s school. Thank you for your cooperation.

Check the use(s) of your child’s image, video, voice, work, and/or first name that you grant permission for:

☐ I agree to the use of my child’s image, video, voice, work, and/or first name to be used to promote or represent the School District in news media and School District websites and social media pages as outlined above.

☐ I agree to the use of my child’s image, video, voice, work, and/or first name to be used for general educational purposes and to celebrate student work on websites, applications and Internet resources.

In addition, I agree to release and hold harmless the School District of Philadelphia, School Reform Commission members and Board of Education, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child’s picture, voice, video and/or first name on the Internet.

Student’s Name: ____________________________________________

School Name: _______________________________________________

Parent/Legal Guardian: (print) ________________________________

Parent/Legal Guardian: (sign) ________________________________ Date: ____________________
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
SCHOOL HEALTH SERVICES
REPORT OF PHYSICAL EXAMINATION

Date Issued: [Date]  Student ID#: [ID]

Name of Student: [Name]
Date of Birth: [Date]
Grade: [Grade]

Name of School: [Name]
Room/Section/Room: [Room]

TO THE PARENT/GUARDIAN:
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: [Signature] Date: [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.

RECORD OF VACCINE ADMINISTRATION
(Please attach complete immunization record including serology results if available)

- Allergies: [Allergies]
- Date of last PPD: [Date] Result: [Result] mm

Does this student have health insurance? Yes [ ] No [ ] Name of Insurance Provider: [Name]

RECORD THE FOLLOWING

1. Visual Acuity: Without Glasses: R [ ] L [ ] With Glasses: R [ ] L [ ]

2. Audiometric Screening: R [ ] L [ ] B. P. [ ]

3. Weight: [Weight] inches/cm Weight: [Weight] lb/kg BMI percentile: [Percentile]

4. Scoliosis Screening: Normal [ ] Abnormal [ ] Referred [ ] No Referral

5. Activity Recommendations: Full Physical Activity Restricted Physical Activity
(Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)

6. Specify Restrictions: [Restrictions]

7. List all medications currently being taken
Medication: [Medication] Reason: [Reason]

8. List all problems by history or examination:
   1. [Problem] Under Care [ ] Care Complete [ ] Referred [ ]
   2. [Problem] Under Care [ ] Care Complete [ ] Referred [ ]
   3. [Problem] Under Care [ ] Care Complete [ ] Referred [ ]

   No Problem Identified

Comments/follow-up treatment plan/ Special Instructions to school:

Signature of Care Provider (REQUIRED) [Signature] Telephone: [Phone]
Fax: [Fax] Care Provider office stamp (REQUIRED)

Address: [Address] Date of Exam: [Date]

KHEF-1 (Rev. 2/17)
Dear Parent/Guardian:

Please be aware of the following:

- A pre-approved medication care plan is required for school nurse of medication.
- The physician must have a prescription for all medications.
- The medication must be properly labeled with the student's name.
- The medication must be properly stored.
- The medication must be brought to school in a sealed container.
- The medication must be administered by a registered nurse.
- The medication must be administered in the classroom.

If you have any questions or concerns, please contact the school nurse.

Thank you.
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 playbook, 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.¹

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

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).
### REPORT OF PRIVATE DENTAL EXAMINATION

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Student ID</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Date of Birth</th>
<th>Room/Section/Book</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### TO THE DENTIST

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).

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 date below. Thank you for your cooperation.

<table>
<thead>
<tr>
<th>UNDER TREATMENT / WORK BEGUN</th>
<th>COMPLETION OF WORK / NO TREATMENT NECESSARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Work Began</td>
<td>□ No Treatment Required Now</td>
</tr>
<tr>
<td>Scheduled Follow-up Appointment</td>
<td>□ All Necessary Dental Work Completed</td>
</tr>
<tr>
<td>Date of Dental Examination</td>
<td>Expected Completion Date</td>
</tr>
<tr>
<td>Comments / Follow-up Treatment / Special Instructions in School</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Dentist</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Signature of Dentist</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IMPORTANT:

Return this form to:

Certified School Nurse/Practitioner

School

School Address

Phone Number

MSH-106 (Sec. 3-23) COMPL CODE 61623001002