

## ENROLLMENT INFORMATION FOR PARENTS/GUARDIANS

If you are enrolling your student in Wicomico County Public Schools for the first time, please complete the following forms:

- ❖ Student Personal Data and Enrollment Information Form
- ❖ Maryland Schools Record of Physical Examination
- ❖ Personal Race and Ethnicity Form
- ❖ PreK3 or PreK 4 Application (if applicable)
- ❖ PreKindergarten Experience Form (PreK3 – Kindergarten)
- ❖ Survey of Children (PreK3 – Kindergarten only)
- ❖ Judy Center Partnership Center Form (Beaver Run and Pemberton PreK3 – Kindergarten only)

You will need to bring the following items with you in order to register your student:

- ❖ Birth certificate
- ❖ Social security card
- ❖ Proof of Income for Pre-Kindergarten 3 and 4 years of age ONLY “Previous year income tax form or W-2”
  - 4 most current consecutive pay stubs
  - State of Maryland Benefit Eligibility Letter (*if applicable*)
- ❖ Immunization records and record of current physical
- ❖ IEP or 504 (if applicable)
- ❖ Court custody papers (if applicable)
- ❖ Transcript or current report card (if applicable)
- ❖ 2 forms of proof of residency...
  - Home Owner
    - Mortgage/property tax bill plus one of the following:
      - Current gas bill that states service address
      - Current water bill that states service address
      - Current electric bill that states service address
  - Renter/Lessee
    - Current rental/lease agreement plus one of the following:
      - Current gas bill that states service address
      - Current water bill that states service address
      - Current electric bill that states service address

*All residency items listed above must be in the parent’s or legal guardian’s name.*

If you live with someone and all bills are in that person’s name, please complete the paperwork for “shared residency”. This will require that both the parent/guardian and the person with whom s/he lives provide licenses or picture/photo identification in addition to the person in whose name is listed on the mortgage/lease being provided as proof of residency.





## Student Personal Data and Enrollment Information

School Year \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT INFORMATION: Legal Name Only				
First Name		Middle Name		Last Name
Date of Birth (MM/DD/YYYY)	Gender	Place of Birth	Home Address (House Number/Street /Road)	City / State / Zip Code
Mailing Address (P O Box/City / State / Zip Code)			Information about school student last attended ...	
			Name of School / City / State/ Zip Code	
Is enrollment in WCPS the result of a natural disaster? YES ___ LOCATION _____ NO ___			Does the student... Have an IEP? Yes ___ No ___	
If place of birth is outside US, please respond to the following questions: When did the student enter the US for the first time? _____ Has the student attended one or more schools in the US for more than 3 full years? YES ___ No ___ Has your child had any interrupted school time prior to enrollment in a US school? YES ___ No ___ If "YES", please note date(s) of interruption from _____ to _____			Have a 504 Plan? Yes ___ No ___ Speak English fluently? Yes ___ No ___	
<b>Military Connection:</b>				
Is the student military connected as a result of the status of one or more of the student's parents or guardians on Active Duty, in the National Guard or in the Reserve components of the United States military services?				
___ <u>No</u> , student is not military connected.				
___ <u>Yes</u> , student is military connected. Student is a dependent of a member of the Active Duty Forces (full time) Army, Navy, Air Force, Marine Corps, or Coast Guard, National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard). Which branch? _____ Name of Parent or Guardian? _____				
___ <u>Unknown</u> ; It is unknown whether or not the student is military connected.				

PARENT/GUARDIAN INFORMATION: Please note that identification of parent/guardian must be verified by birth certificate or other legal document.						
First Name		Middle Name		Last Name		Relationship to Student
Street Address				City		State / Zip code
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___	
				Parent Email: _____		
Interpreter Needed? Y ___ N ___ Home Language _____				Receive School Mailings? Yes ___ No ___		
First Name		Middle Name		Last Name		Relationship to Student
Street Address				City		State / Zip code
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___	
				Parent Email: _____		
Interpreter Needed? Yes ___ No ___ Home Language _____				Receive School Mailings? Yes ___ No ___		

SIBLING INFORMATION			
Name of Sibling	Date of Birth	School Attending	Grade

ADDITIONAL EMERGENCY CONTACTS – Please provide contact information for people willing to be called to come to school in the event of an emergency involving your child or if s/he is sick and we are unable to contact you.			
CONTACT 1 – First Name	Middle Name	Last Name	
Street Address	City	City/State/Zip Code	
Home Number	Cell Number	Work Number	Relationship to Student
CONTACT 2 – First Name	Middle Name	Last Name	
Street Address	City	City/State/Zip Code	
Home Number	Cell Number	Work Number	Relationship to Student
Emergency Medical Contact – Will Only Be Called if Needed			
Name of Doctor _____		Business/Office Phone Number _____	

TRANSPORTATION: Please provide transportation information for travel both to and from school.	
Pick-Up Address (to school)	Drop-Off Address (from school)
Travel by .... School Bus ___ Parent(s) ___ Walker ___  Please provide daycare information if the bus pick-up location is not the student's home address.  _____ Phone Number _____ Name of Daycare Provider _____  _____ Street Address _____  _____ City, State, and Zip Code _____	Travel by .... School Bus ___ Parent(s) ___ Walker ___  Please provide daycare information if the bus drop-off location is not the student's home address.  _____ Phone Number _____ Name of Daycare Provider _____  _____ Street Address _____  _____ City, State, and Zip Code _____

RELEASE OF INFORMATION TO MILITARY RECRUITERS: (This section is to be completed by parents/guardians of high school students and/or high school students age 18 and older.)
<p>Federal Law requires that the school system provide on request to military recruiters student names, addresses, and telephone listings unless parents/guardians (or the student if age 18 or older) <b>opt out</b> of having information provided to military recruiters. The school will report a list of students whose names will not be provided to military recruiters to the Board of Education twice each year.</p> <ul style="list-style-type: none"> <li>Students over 18 and parents/guardians who do not want a student to opt out of having information provided to military recruiters should leave the box below blank.</li> <li>Students over 18 and parents/guardians who wish to opt out of having the student's name, address, and phone listing provide to military recruiters should check the box below.</li> </ul> <p><input type="checkbox"/> Do not release contact information (opt out).</p> <p>Student's Name (Please print.) _____</p> <p>Printed Name of Parent/Guardian or Student (if age 18 or older) _____</p> <p>Signature of Parent/Guardian or Student (if age 18 or older) _____</p>

**Signature Required**

I verify with my signature that all of the information provided on this form is true and accurate.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Publicity for Student Activities, Right to Opt Out of Publicity**

Each school year provides many opportunities to publicize and celebrate the activities of students. Publicity may take many different forms, including but not limited to: photographs to hang in school or appear on school TV monitors; news releases, photos and video submitted to television, radio and newspapers; media interviews, stories, photography and video for television, newspaper or radio stories (at the discretion of the principal); Board of Education displays; special events; video for school use or for television stories for publication in the school newsletter or in Board of Education news releases; postings on school web pages and/or the Board of Education website or other online sites associated with the school or school system; or online instruction-related activities.

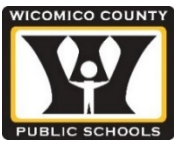
This school and Wicomico County Public Schools are very proud of students' accomplishments, and know that parents and guardians are, too. Publicity can be an important part of students' positive school experience. **Parents/guardians who would like their student to be included in publicity opportunities do not need to take any action on this notice.**

**Any parent/guardian who does not wish to have their student appear in publicity may notify the student's school in writing that the student is opted out of publicity. This notice must be provided to the school in writing within two (2) weeks of the first day of a new school year, or two (2) weeks from the date of the student's enrollment in a Wicomico school during the school year.** The school will maintain a record of students who have been opted out of publicity. A parent/guardian may change a student's publicity status at any time by providing written notice to the school of the change.

Please note that certain school events are public in nature, and publicity in the form of photographs, video, social media posts, etc. is often not within the control of the school or school system. This includes events such as concerts, awards programs, extracurricular athletics, county competitions, the countywide art show, and year-end events such as promotion ceremonies and high school commencement ceremonies. Student names will appear in event programs, on honor roll lists, on artwork and in yearbooks (along with a photograph) unless the parent/guardian makes a separate specific, written request that the student's name and/or image be withheld from these publications.

Please contact your student's school if you have any questions. Thank you and have a great school year.





## PERSONAL RACE AND ETHNICITY FORM

Federal and State laws require the use of the following racial and ethnic classification for students in public schools in Maryland. Please complete **BOTH Part 1 and Part 2** of this form.

Student's Legal Name: _____			
Last	First	Middle	Suffix
Student's Social Security Number: _____-_____-_____		Date: _____	

**Directions: PART 1**

Read the definition below and place an "X" in the box that indicates the student's heritage. If this form is NOT completed, the ethnicity will be coded as "NO – Not Hispanic or Latino".

**Hispanic or Latino** – A person who is Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".

**PART 1: Are you Hispanic or Latino?** CHECK ONE:  Yes  No

**Directions: PART 2**

Using the descriptions below, place an "X" in the box or boxes that best indicate the student's race. You must select at least one race, regardless of Hispanic or Latino ethnicity. More than one response can be selected. If this form is NOT completed, the student's race will be identified by a school district staff member.

**PART 2:** Check one or more races:

1	<i>American Indian or Alaska Native</i>	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
2	<i>Asian</i>	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
3	<i>Black or African American</i>	A person having origins in any of the black racial groups of Africa
4	<i>Native Hawaiian or Other Pacific Islander</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
5	<i>White</i>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

I verify the information on this form is accurate.

**OR**

Sign here only if you refuse to identify race.

As the student (18 or older) or parent/guardian of the student listed on this form, I **refuse to identify** race and ethnicity.

\_\_\_\_\_  
Student (18 or older), Parent/Guardian Signature Date

\_\_\_\_\_  
Student (18 or older), Parent/Guardian Signature (only if refusing to identify) Date

Observer signs only if student (18 or older) or parent/guardian refuses to identify race and ethnicity.

I am the **observer who identified** the student listed on this form.

\_\_\_\_\_  
Signature and Title of School Official (only if student (18+), parent/guardian refuse) Date







Wicomico County Public Schools
Home Language Survey

School Year \_\_\_\_\_
Current Grade Level \_\_\_\_\_

School Name \_\_\_\_\_

Student Legal Name \_\_\_\_\_
Legal Guardian \_\_\_\_\_
Address \_\_\_\_\_
Phone Number (\_\_\_\_\_) \_\_\_\_\_
Email Address \_\_\_\_\_

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

- 1. What language(s) did the student first learn to speak?
2. What language does the student use most often to communicate?
3. What language(s) are spoken in your home?

Please answer questions below:

Section A: Student's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Was your child born in the United States? Yes No
MM DD YYYY

If Yes, in which state? \_\_\_\_\_ If No, in what other country? \_\_\_\_\_

If No, date child entered the United States: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YYYY

Section B:

Has your child attended any school in the United States for three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of school \_\_\_\_\_ State \_\_\_\_\_ Dates attended from \_\_\_\_\_ to \_\_\_\_\_

Name of school \_\_\_\_\_ State \_\_\_\_\_ Dates attended from \_\_\_\_\_ to \_\_\_\_\_

Name of school \_\_\_\_\_ State \_\_\_\_\_ Dates attended from \_\_\_\_\_ to \_\_\_\_\_

Interrupted Schoolings:

Has your child had any interrupted school prior to enrollment in a U.S. school? Yes No

If yes, date of interruption from \_\_\_\_\_ to \_\_\_\_\_

Section C:

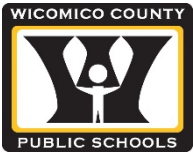
- 4. Please check if your student is:
a. Native American Indian
b. Alaska Native
c. Native Pacific Islander
d. Native U.S. Virgin Islander
5. Is your child's first-learned or home language anything other than English? Yes No
6. In what country did your child most recently reside?
7. Please describe the language understood by your child. (Check only one)
Understands only the home language and no English.
Understands mostly the home language and some English.
Understands the home language and English equally.
Understands mostly English and some of the home language.
Understand only English.

Legal Guardian Signature

Date

Table with 4 columns: Student ID #, Date Distributed, Date Received, and Office Use Only.





# WICOMICO COUNTY PUBLIC SCHOOLS

CONFIDENTIAL PRE-KINDERGARTEN-4 APPLICATION 2018-2019

## Pre-K 4

**CHILD MUST BE 4 YEARS OLD  
ON OR BEFORE 9/1/2018**

Office Use Only (✓ as completed)					
Proof of Immunizations _____	Proof of Residency _____	Residency Statement (if applicable) _____	Proof of Birth _____	Social Security _____	

**Complete personal data information. (Please Print)**

<b>Child's Legal Name:</b>		
<b>Home School:</b>		
<b>Date of Birth:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Parents'/Guardians' Names:</b>		
<b>Address:</b>		<b>City, State, Zip:</b>

Please check where applicable (✓)	Please ✓
A family member received Free or Reduced Price Meals during the school year	
Name of Student: _____ School: _____ Grade: _____	
Homeless (resides in a public or private shelter, etc.)	
Temporary Cash Assistance (TCA) case number: _____ Food Stamp Number: _____	

<b>Family and Income Information</b>							
(Documentation of Income Below Must be Provided)							
Name of Everyone Who Lives in Your Household Including the Child Named Above	Date of Birth	Age	Gross Monthly Earnings from Work (before deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any Other Monthly Income
			Job 1	Job 2			
1.			\$	\$	\$	\$	\$
2.			\$	\$	\$	\$	\$
3.			\$	\$	\$	\$	\$
4.			\$	\$	\$	\$	\$
5.			\$	\$	\$	\$	\$
6.			\$	\$	\$	\$	\$
7.			\$	\$	\$	\$	\$
8.			\$	\$	\$	\$	\$
9.			\$	\$	\$	\$	\$
10.			\$	\$	\$	\$	\$
<b># of Household Members:</b>			<b>Total Household Income \$</b>				

**(OVER)**

**Income Chart\*\* - Effective July 1, 2018 – June 30, 2019**

Household/ Family Size	100%	125%	138%	150%	175%	185%	200%	225%	250%	275%	300%
1	\$12,140	15,175	16,753	18,210	21,245	22,459	24,280	27,315	30,350	33,385	36,420
2	\$16,460	20,575	22,715	24,690	28,805	30,451	32,920	37,035	41,150	45,265	49,380
3	\$20,780	25,975	28,676	31,170	36,365	38,443	41,560	46,755	51,950	57,145	62,340
4	\$25,100	31,375	34,638	37,650	43,925	46,435	50,200	56,475	62,750	69,025	75,300
5	\$29,420	36,775	40,600	44,130	51,485	54,427	58,840	66,195	73,550	80,905	88,260
6	\$33,740	42,175	46,561	50,610	59,045	62,419	67,480	75,915	84,350	92,785	101,220
7	\$38,060	47,575	52,523	57,090	66,605	70,411	76,120	85,635	95,150	104,665	114,180
8	\$42,380	52,975	58,484	63,570	74,165	78,403	84,760	95,355	105,950	116,545	127,140
9	\$46,700	58,375	64,446	70,050	81,725	86,395	93,400	105,075	116,750	128,425	140,100
10	\$51,020	63,775	70,408	76,530	89,285	94,387	102,040	114,795	127,550	140,305	153,060

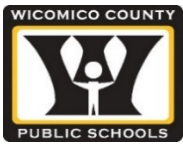
<b>Prioritized Criteria (Child must be 4 by September 1, 2018)</b>		<b>Please ✓</b>
4	Had birth weight less than 5 lbs (premature)	
3	Has a hearing, vision, or speech/language problem or current IEP or IFSP	
2	Speaks English as a Second Language	
1	Has a written referral from Department of Social Services, Life Crisis or Court ordered documentation	
<b>Other</b>		
As determined by the Principal or Supervisor		

Documentation of income must be submitted and verified prior to your child’s acceptance into the program. Wicomico County Public Schools reserve the right to request additional income documentation as needed throughout the year. If you are accepted into the program and later found to be ineligible, you may be assessed a tuition fee for each ineligible child enrolled in the program.

My signature below, affirms that all documentation submitted is accurate and verifiable. I have read and agree to the terms of this application.

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

<b>Office Use Only (✓ as completed): <i>Principal or Designee Only</i></b>		
Federal Guidelines: 100% _____ up to 185% _____ up to 200% _____ up to 300% _____ over 300% _____		
I have verified all income documentation provided and found it <input type="checkbox"/> meets <input type="checkbox"/> does not meet, the Prekindergarten Program requirements for this site.		
_____ <i>Principal Print</i>	_____ <i>Principal Signature</i>	_____ <i>Date</i>



# WICOMICO COUNTY PUBLIC SCHOOLS

## PREKINDERGARTEN EXPERIENCE

School Year 2018-2019

The Maryland State Department of Education (MSDE) requires Wicomico County to collect information about the early care experiences of all newly enrolling kindergarten students. Using the definitions provided below, please provide the following information and return it to the school in which your child will be enrolled.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
*(Please Print Student's Full Legal Name)*

School \_\_\_\_\_

- Has your child been cared for exclusively at home or by a relative since last September?     Yes                     No
- If No, in what kind of early care did your child spend most of his/her time since last September? (Check only one box)
 

<input type="checkbox"/> Head Start	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Family Child Care
<input type="checkbox"/> Non-Public Nursery School	<input type="checkbox"/> Kindergarten

In addition to the experience selected above, has your child had any of the following services? Include the name of the school, center, or provider on the line. (Check as many as may apply)

	<u>Description</u>		<u>Description</u>
<input type="checkbox"/> Head Start	_____	<input type="checkbox"/> Even Start	_____
<input type="checkbox"/> Pre-Kindergarten	_____	<input type="checkbox"/> HIPPY	_____
<input type="checkbox"/> Child Care Center	_____	<input type="checkbox"/> Parents as Teachers	_____
<input type="checkbox"/> Family Child Care	_____	<input type="checkbox"/> Preschool Special Ed.	_____
<input type="checkbox"/> Non-Public Nursery	_____	<input type="checkbox"/> Others Not Listed	_____

### **MSDE Defined Categories of Early Care Experiences**

- Head Start.** Preschool program for 2-5 year-olds from low income families provided by local public school system or non-public organization (Licensed by MSDE Office of Child Care)
- Pre-Kindergarten.** Preschool education program for 4-year-old children. (Administered by local board of education and regulated by MSDE or another state's department of education)
- Child Care Center.** Care provided in a facility, usually non-residential, that for part or all of the day provides care in the absence of the parent (Licensed by MSDE Office of Child Care)
- Family Child Care.** Care provided in a residence other than the child's and for which the provider is paid. (Licensed by MSDE Office of Child Care)
- Non-Public Nursery School.** Preschool program with an "education" focus for 3 & 4 year-old children, usually part-day, nine months a year. (Regulated by MSDE or another state's department of education)
- Kindergarten.** Student who repeats kindergarten
- Even Start.** Family literacy program that includes early childhood, parenting, and adult education services. (Administered by local boards of education and monitored by MSDE)
- HIPPY.** Home Instruction for Parents of Preschool Youngsters. Home visiting program for parents to support their children's early learning. (Administered by public and on-public organizations)
- Parents as Teachers.** Home visiting program for parents to support their children's early learning. (Administered by public and non-public organizations)
- Preschool Special Education.** Services for children with disabilities
- Others not listed.** Any program or service not listed above, including those attended in another country



Department of Early Childhood Programs  
2424 Northgate Drive, P O Box 1538  
Salisbury, Maryland 21802-1538



Sandra L. Drummond  
Supervisor of Early Childhood and Title I programs

Dear Parent(s)/Guardian(s),

In the coming months, the Board of Education will be sponsoring information sessions on school readiness and other issues that are important to caregivers of young children. Please provide us with the following information so that we can adequately prepare and keep you informed of upcoming events.

Thank you in advance for your cooperation and support.

## Survey of Children

Parent's Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Child Care Provider: \_\_\_\_\_

E-mail: \_\_\_\_\_

Child's Name (Birth to Five Only)	Date of Birth	Age

**What time of day would you be available to attend readiness events?**

\_\_\_ mornings    \_\_\_ afternoons    \_\_\_ early evenings    \_\_\_ weekends







# Wicomico County Judy Center Partnership Programs



1101 Robert Street  
Salisbury, Maryland 21804  
Office: 410-677-5900  
Fax: 410-677-5904

Melva P Wright  
Principal / Program  
Coordinator

Tina Tilghman-Dix  
Program Coordinator

School Year \_\_\_\_\_

The Judy Center joins together a wide-range of services for children from birth through age six and their families. It provides the link and transition to elementary school programs, family support services and health services and assures that the families' needs are being met and that there are not duplications or gaps in services.

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

Judy Center Partners & Friends include: (Please check the programs your family is/has been involved with)

- \_\_\_\_ Early Head Start
- \_\_\_\_ Head Start
- \_\_\_\_ WELC PreK 3
- \_\_\_\_ BR/PEM/WELC PreK 4
- \_\_\_\_ Infants and Toddlers  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ Munchkinland \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ JC Family Reading/Math Nights  
# Attended \_\_\_\_\_
- \_\_\_\_ JC Playgroups \_\_\_\_\_  
# Attended \_\_\_\_\_
- \_\_\_\_ Time for Two's (Wicomico Library)  
# Attended \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ Family Support Center, Shore Up!, Inc.  
From \_\_\_\_\_ to \_\_\_\_\_

- \_\_\_\_ Tenderheart Early Learning Center  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ Wor-Wic's Jordan Center  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ Christian Community Childcare Center  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ Child Find \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ Lightning Bug School  
From \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_ BR/PEM/WELC Summer School
- \_\_\_\_ Lap Time (Wicomico Library)  
# Attended \_\_\_\_\_
- \_\_\_\_ Healthy Families
- \_\_\_\_ Lower Shore Early Intervention Prog.  
From \_\_\_\_\_ to \_\_\_\_\_



In order to better serve your child and family, please complete the following information:

Parent/Guardian Name: \_\_\_\_\_

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

Child(ren)'s Name	Birth Date	Gender	Race
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The strong focus of agencies working together requires information about children and their Families to be shared with our service coordination team that is comprised of our partners. This Assures that everyone is planning and working with your family and focused on your child's Individual needs. The result is that everything possible is being done so that your child is Successful! In order to share information with our partners your permission is needed.

**IT IS UNDERSTOOD THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL  
AND WILL BE USED ONLY IN CONNECTION  
WITH THE PROVISION OF JUDY CENTER SERVICES.**

**Authorization to Release, Share and Obtain Information:**

I, \_\_\_\_\_ give consent to and authorize The Judy Center service Coordination team and the programs listed to exchange written and/or verbal information relevant To my child's progress and to my family's deliver of community services.

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

\_\_\_\_\_  
Date



**Maryland Schools  
Record of  
Physical Examination**

To Parents or Guardians:

In order for your child to enter a Maryland Public school for the first time, the following are required:

- **A physical examination by a physician or certified nurse practitioner must be completed within nine months prior to entering the public school system or within six months after entering the system.** A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement.  
(<http://www.dsd.state.md.us/comar/13a/13a.05.05.07.htm>)
- **Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in preschool through the twelfth grade.** A Maryland Immunization Certification form for newly enrolling students may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend school. This form can be found at: <http://www.edcp.org/pdf/DHMH896new.pdf>.
- **Evidence of blood testing is required for all students who reside in a designated at risk area when first entering Pre-kindergarten, Kindergarten, and 1<sup>st</sup> grade.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:  
<http://www.fha.state.md.us/och/pdf/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>.

Exemptions from a physical examination and immunizations are permitted if they are contrary to a students' or family's religious beliefs. Students may also be exempted from immunization requirements if a physician/nurse practitioner or health department official certifies that there is a medical reason not to receive a vaccine. Exemptions from Blood-Lead testing is permitted if it is contrary to a families religious beliefs and practices. The Blood- lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

**Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.**

**If your child requires medication to be administered in school, you must have the physician complete a medication administration form for each medication. This form can be obtained at <http://www.marylandpublicschools.org/NR/rdonlyres/8D9E900E-13A9-4700-9AA8-5529C5F4C749/3341/medicationform404.pdf>. If you do not have access to a physician or nurse practitioner or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.**

Maryland State Department of Health and Mental Hygiene Maryland State Department of Education

**Records Retention - This form must be retained in the school record until the student is age 21.**

# PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam? Month			Year	
Where do you usually take your child for dental care?			Phone No.	
Name:		Address:		
<b>ASSESSMENT OF STUDENT HEALTH</b> To the best of your knowledge has your child any problem with the following? Please check				
	Yes	No	Comments	
Allergies (Food, Insects, Drugs, Latex)				
Allergies (Seasonal)				
Asthma or Breathing Problems				
Behavior or Emotional Problems				
Birth Defects				
Bleeding Problems				
Cerebral Palsy				
Dental				
Diabetes				
Ear Problems or Deafness				
Eye or Vision Problems				
Head Injury				
Heart Problems				
Hospitalization (When, Where)				
Lead Poisoning/Exposure				
Learning problems/disabilities				
Limits on Physical Activity				
Meningitis				
Prematurity				
Problem with Bladder				
Problem with Bowels				
Problem with Coughing				
Seizures				
Serious Allergic Reactions				
Sickle Cell Disease				
Speech Problems				
Surgery				
Other				
Does your child take any medication? No    Yes    Name(s) of Medications: _____				
child on any special treatments? (nebulizer, epi-pen, etc.) No    Yes    Treatment _____				
Does your child require any special procedures? (catheterization, etc.) No    Yes				
Parent/Guardian Signature _____			Date: _____	

**PART II - SCHOOL HEALTH ASSESSMENT**  
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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1. Does the child have a diagnosed medical condition?  
 No Yes \_\_\_\_\_  
 \_\_\_\_\_

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".  
 No Yes \_\_\_\_\_  
 \_\_\_\_\_

3. Are there any abnormal findings on evaluation for concern?  
 Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.  
 No Yes \_\_\_\_\_  
**(A medication administration form must be completed for medication administration in school).**

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.  
 No Yes \_\_\_\_\_

7. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test	Optional	

**PART II - SCHOOL HEALTH ASSESSMENT - continued**  
To be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name) \_\_\_\_\_ has had a complete physical examination and has:

no evident problem that may affect learning or full school participation      problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date