



## CHILDREN ENTERING T/E ELEMENTARY SCHOOLS FOR THE FIRST TIME IN SEPTEMBER 2019

Registration for kindergarten and first grade students new to T/E will begin on **January 28, 2019**. Children who plan to enter the T/E School District in grades two through four in September are also encouraged to register at this time.

### ◀ AGE REQUIREMENTS ▶

Children are eligible to attend kindergarten if they have reached the age of five years on or before September 1. Children who have reached the age of six years on or before September 1 will normally be enrolled in first grade. For students who reach the age of six between September 2 through January 31, the principal, in consultation with staff and parents, will determine whether the child shall be placed in kindergarten or first grade. Students who reach the age of 6 after January 31 shall not be eligible to attend first grade.

### ◀ REGISTRATION DATES ▶

Registration will be held in each elementary school on the following days:

<b><u>Beaumont:</u></b> Monday-Tuesday February 11-12, 2019	<b><u>Devon:</u></b> Wednesday-Thursday February 6-7, 2019	<b><u>Hillside:</u></b> Monday-Tuesday January 28-29, 2019	<b><u>New Eagle:</u></b> Thursday-Friday January 31-February 1, 2019	<b><u>Valley Forge:</u></b> Wednesday-Thursday January 30-31, 2019
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Hours for registration for all schools will be from 9:15 to 11:45 AM and from 1:00 to 3:00 PM. Questions regarding elementary school attendance boundaries may be directed to the Transportation Department (610/240-1680).

### ◀ ITEMS NEEDED FOR REGISTRATION ▶

Verification of birth date (*original documentation*), 2 proofs of residency and all records regarding dates that vaccines were administered **must be presented at the time of registration**. Documents accepted as proof of age include birth certificate, notarized copy of birth certificate, baptismal certificate or copy of the record of baptism - notarized or duly certified and showing the date of birth, notarized statement from the parents, guardians or relatives indicating the birth date, prior school record indicating date of birth - if none of the aforementioned proofs are obtainable – or a valid passport. Documents accepted as proof of residency include two (2) of the following provided address is clearly indicated in or on document and provided document is validly issued and genuine as to the resident presenting the document: deed for home, current lease, current credit card bill, property tax bill, PENNDOT identification or driver's license, PENNDOT vehicle registration, Affidavit of Multiple Occupancy, current utility bill for home, copy of a current paycheck stub with the address of employer as well as employee, or copy of state/federal program enrollment. Legislation enacted by the state of Pennsylvania on April 11, 1974, amended March 2017 and effective August 1, 2017 makes it mandatory for children entering school for the first time to have the following immunizations:

- ♦ 4 doses of tetanus\* (1 dose on or after 4<sup>th</sup> birthday)
- ♦ 4 doses of diphtheria\* (1 dose on or after 4<sup>th</sup> birthday)
- ♦ 4 doses of acellular pertussis\*(1 dose on or after the 4<sup>th</sup> birthday)
- ♦ 4 doses of polio (1 dose on or after the 4<sup>th</sup> birthday)
- ♦ 2 doses of measles\*\* (first dose administered at 12 months of age of older)
- ♦ 2 doses of mumps\*\*(first dose administered at 12 months of age of older)
- ♦ 2 doses of rubella (German measles) \*\*(first dose administered at 12 months of age of older)
- ♦ 3 doses of hepatitis B
- ♦ 2 doses of varicella (chickenpox) or evidence of immunity

\* Usually given as DTP or DTaP or if medically advised DT or Td

\*\* Usually given as MMR

It is important to note that under the law, children who have not received the above immunizations may not attend school. **Proof of immunizations are required at registration**. Provisions are made for exceptions for certain medical or religious reasons. Further explanation regarding the exceptions may be obtained from the school principals.

**Please share this schedule with a friend or neighbor who may not have access to this information.**

# Tredyffrin/Easttown School District

## Student Health Services (1/2019)

Dear Parent or Guardian:

Welcome to the School Health Services of the Tredyffrin/Easttown School District. The Pennsylvania School Health Act requires that all children entering Pennsylvania Schools meet the following requirements.

**Immunizations** – Proof of these required immunizations must be provided to the school nurse **at the time of registration or you child may risk exclusion from starting school.**

Children in All grades (K-12) need the following vaccines:

4 doses of tetanus, diphtheria and acellular pertussis\* (1 dose on or after the 4<sup>th</sup> birthday)

4 doses of polio (1 dose on or after the 4<sup>th</sup> birthday and at least 6 months after the previous dose given)

2 doses of measles, mumps and rubella\*\*

3 doses of hepatitis B

2 doses of varicella (chickenpox) or evidence of immunity

\*Usually given as DTP or DTaP or if medically advisable DT or Td

\*\*Usually given as MMR

**Children ENTERING 7<sup>TH</sup> GRADE** need the following vaccines:

All of the above

1 dose of meningococcal conjugate vaccine (MCV)

1 dose of tetanus, diphtheria, acellular pertussis (Tdap)

**Children ENTERING 12<sup>th</sup> GRADE** need the following vaccines:

All of the above

1 dose of meningococcal conjugate vaccine (MVC)

**Physical Examination report consistent with Pennsylvania requirements**

Pennsylvania requires a physical examination on entrance to school (K or grade 1), in grade six, grade eleven and all new students to the district.

**Dental Examination report consistent with Pennsylvania requirements**

Pennsylvania requires a dental examination on entrance to school (K or grade 1), in grade three, grade seven and all new students to the district.



Tredyffrin/Easttown School District  
Wayne, Pennsylvania  
STUDENT REGISTRATION FORM

STUDENT ID # \_\_\_\_\_  
GRADE ENTERING \_\_\_\_\_  
SCHOOL \_\_\_\_\_

**STUDENT INFORMATION**

Student Name \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Student's Phone (if applicable) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender:  Female  Male

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race (check only one):  African American/Black  American Indian/Alaskan Native  Asian  
 Caucasian  Multi-Racial (two or more races)  Native Hawaiian/Pacific Islander

Primary Language Spoken in Home \_\_\_\_\_ First Language Spoken by Student \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth City & State \_\_\_\_\_ Birth Country \_\_\_\_\_

US Entry Date \_\_\_\_\_ PA State Entry Date \_\_\_\_\_ District Entry Date \_\_\_\_\_

Is student a T/E District resident?  Yes  No If no, please explain: \_\_\_\_\_

Does student have any of the following? (check all that apply)  IEP  GIEP  504 Service Agreement

**Student's Address:**

Apt # (if applicable) \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_ House Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1**

Name \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ Title:  Mr.  Mrs.  Ms. Other: \_\_\_\_\_

Marital Status \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Apt # (if applicable) \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_ House Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 1st Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ 2nd Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ 3rd Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Highest Level of Education:  High School  College  Graduate School E-mail Address\* \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ Title:  Mr.  Mrs.  Ms. Other: \_\_\_\_\_

Marital Status \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Apt # (if applicable) \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_ House Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 1st Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ 2nd Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ 3rd Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Highest Level of Education:  High School  College  Graduate School E-mail Address\* \_\_\_\_\_

\* All schools in the T/E School District use email to communicate school information and school newsletters throughout the school year. Your email address may be provided to Parent Teacher Organizations to be used exclusively for school district communication purposes. Your privacy is of the utmost importance and the District will not provide your email address to any organizations outside of the T/E School District .

(Continued on other side)

**EMERGENCY CONTACT INFORMATION**

Contact Person (Other than Parent) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

**TE All-Call - This automated communication service will be used in the event of weather-related closings, late openings and early dismissals.**  
Please provide up to 6 phone numbers (only direct lines will be called; do not enter numbers that require an extension). Mobile numbers will be eligible to receive text messages when there is an emergency alert.

1. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ 2. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ 3. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
4. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ 5. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ 6. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**ADDITIONAL INFORMATION**

Township of Residence:  Tredyffrin  Easttown Other: \_\_\_\_\_ Student's Country of Citizenship \_\_\_\_\_  
Last School Student Attended (if applicable) \_\_\_\_\_ Grade Completed \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_  
Siblings: (Names and Birth Dates):  
\_\_\_\_\_  
\_\_\_\_\_

**CUSTODY INFORMATION** (Please complete this section if student does NOT reside with both parents)

Legal, court-awarded custody/guardianship is held by:  Both Parents Jointly  Mother  Father  Guardian(s)  
Guardian Name \_\_\_\_\_ Relationship (if any) \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Relationship (if any) \_\_\_\_\_  
Unless denied by court order, both parents are entitled by law to receive school mailings. If applicable, please indicate the name/address to which duplicate mailings are to be sent:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list any additional information of which the school should be aware:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form Completed by (PLEASE PRINT) \_\_\_\_\_ Relationship \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Anticipated year of graduation \_\_\_\_\_ Entry Date \_\_\_\_\_ Entry Code \_\_\_\_\_ Counselor \_\_\_\_\_  
Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Curriculum Code \_\_\_\_\_  
Calendar \_\_\_\_\_ Locker # \_\_\_\_\_ Lock # \_\_\_\_\_ Combination \_\_\_\_\_  
Proof of Birth Date \_\_\_\_\_ Verified by \_\_\_\_\_ Proof of Citizenship \_\_\_\_\_ Verified by \_\_\_\_\_  
Proof of Immunization \_\_\_\_\_ Verified by \_\_\_\_\_ Proof of Residency \_\_\_\_\_ Verified by \_\_\_\_\_  
Travel Code \_\_\_\_\_ To School Bus Route 1 \_\_\_\_\_ Bus Route 2 \_\_\_\_\_ From School Bus Route 3 \_\_\_\_\_ Bus Route 4 \_\_\_\_\_

## 2019/2020 SCHOOL YEAR “OPT-IN” STUDENT TRANSPORTATION REQUEST

All students requesting bus transportation to and from their assigned school for the 2019/2020 school year, **must complete and submit this Opt-In form**, to the TESD Transportation Department. Please mark only one choice for AM busing and only one choice for PM busing. This form may also be completed and submitted electronically by visiting our web site at: [www.tesd.net/BusOptin](http://www.tesd.net/BusOptin).

**\*Note: The District provides transportation for kindergarten students one way only, your selection should be marked accordingly.  
If your child is or will be designated as a walker next year, they will not be eligible for transportation through this program.**

**STUDENT ID # \_\_\_\_\_ STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_**

SCHOOL ATTENDING	GRADE (circle one)	AM BUSING NEEDED		PM BUSING NEEDED	
CONESTOGA HIGH SCHOOL	9 <sup>TH</sup> 10 <sup>TH</sup> 11 <sup>TH</sup> 12 <sup>TH</sup>	YES	NO	YES	NO
TREDYFFRIN/EASTTOWN MS	5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	YES	NO	YES	NO
VALLEY FORGE MS	5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	YES	NO	YES	NO
BEAUMONT ELEM	KA* KP* KF 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup>	YES	NO	YES	NO
DEVON ELEM	KA* KP* KF 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup>	YES	NO	YES	NO
HILLSIDE ELEM	KA* KP* KF 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup>	YES	NO	YES	NO
NEW EAGLE ELEM	KA* KP* KF 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup>	YES	NO	YES	NO
VALLEY FORGE ELEM	KA* KP* KF 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup>	YES	NO	YES	NO
TCHS PICKERING FD SESSION	9 <sup>TH</sup> 10 <sup>TH</sup> 11 <sup>TH</sup> 12 <sup>TH</sup>	YES	NO	YES	NO

Please return completed form to: T/E School District                      or                      Email to: [Transport@tesd.net](mailto:Transport@tesd.net)  
 Transportation Department  
 940 W. Valley Rd, Suite 1700  
 Wayne, PA 19087                      or                      Fax to: 610-240-1699

You are automatically enrolled in the T/E All-Call. This is an automated emergency phone notification system, which communicates emergency closings, late openings, early dismissals and any unscheduled closing or emergency situations that may happen during the school day through automated phone calls, text messages and email. To opt out please initial here \_\_\_\_\_.

**PARENT SIGNATURE:** \_\_\_\_\_  
 (Processing the request could be delayed without signature)

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTE:** In order to provide a safe environment for students, school personnel, and contracted personnel, vehicles may be equipped with video/audio monitoring devices.



# Tredyffrin/Easttown School District

940 W. Valley Road, Suite 1700, Wayne, PA 19087

610-240-1900

## **SPECIAL SERVICES REGISTRATION FORM**

Student Name: \_\_\_\_\_ Entrance Grade: \_\_\_\_\_

***Please check the appropriate box(es) below indicating your child's status for Special Services:***

My child has an IEP or 504 Service Agreement on file at the previous school attended and has received the following documented special services:

- |   |   |
|---|---|
| <input type="checkbox"/> Autistic Support             | <input type="checkbox"/> Occupational Therapy         |
| <input type="checkbox"/> Learning Support             | <input type="checkbox"/> Physical Therapy             |
| <input type="checkbox"/> Gifted Support               | <input type="checkbox"/> Nursing Support              |
| <input type="checkbox"/> Vision Support               | <input type="checkbox"/> Assistive Technology         |
| <input type="checkbox"/> Life Skills Support          | <input type="checkbox"/> Special Transportation Needs |
| <input type="checkbox"/> Speech/Language Support      |   |
| <input type="checkbox"/> Hearing Support              |   |
| <input type="checkbox"/> Emotional Support            |   |
| <input type="checkbox"/> Other (please specify) _____ |   |

My child has a Multidisciplinary Evaluation (MDE) in progress.

My child has completed the following evaluation(s) and did/did not qualify for special services:

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

My child has not received any special services nor been evaluated for such services.

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

\_\_\_\_\_  
Date



## Parental Registration Statement

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 the 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."

Please complete the following:

I hereby swear or affirm that my child was \_\_\_ was not \_\_\_\_\_ previously suspended or expelled, or is \_\_\_ is not \_\_\_\_\_ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of 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 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.

\_\_\_\_\_  
(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.

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

Name of 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.)

Reasons for suspension/expulsion (optional) \_\_\_\_\_

# TESD HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information (Parents/Guardians should complete this section):**

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Questions for Parents or Guardians**

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_
4. In which language do you prefer to receive information? \_\_\_\_\_
5. Has your child attended school in the United States?  No  Yes

If Yes, please list the schools

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____

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

Interpreter Provided  No  Yes



# TREDYFFRIN/EASTTOWN SCHOOL DISTRICT

## Physical Examination Report

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Immunizations	Dates Given				
Diphtheria, Pertussis, Tetanus,					
Tdap					
Polio					
Hepatitis B (indicate if 2 dose series)					
Measles - Mumps - Rubella (MMR)					
Meningococcal					
HPV					
Other					

Chicken Pox disease \_\_\_\_\_ Varicella immunization dates \_\_\_\_\_

TB Test Date \_\_\_\_\_ Results \_\_\_\_\_

### Allergies:

### Significant Past Medical History:

### Current Medications:

### Current Physical Findings:

Date of Current Exam: \_\_\_\_\_

- Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Recommendation if abnormal \_\_\_\_\_

- Scoliosis: Normal \_\_\_ Abnormal \_\_\_ Degree of Curve if abnormal \_\_\_\_\_

Recommendation if abnormal \_\_\_\_\_

- Explain any problem of vision, hearing, or speech which requires special seating or follow-up with therapist or school nurse:

- Explain any condition which limits mobility, endurance, or physical education:

### **Please print or stamp**

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

Physicians Signature: \_\_\_\_\_

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

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

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



## Tredyffrin/Easttown School District Student Health History

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of last dental examination: \_\_\_\_\_

Is your child allergic to any drug, insect bite, food, or other substance? Are any allergies life-threatening? Does he/she carry an epinephrine auto injector?

\_\_\_\_\_

Does your child have any condition requiring special attention such as a cardiac problem, asthma, diabetes, epilepsy or other? If yes, please list.

\_\_\_\_\_

Does your child have any problem with coordination or mobility? If yes, please list.

\_\_\_\_\_

Does your child have any problem with vision, hearing, speech, or communication? If yes, please list and explain.

\_\_\_\_\_

Does your child have any socialization or emotional problems? If yes, please list.

\_\_\_\_\_

Has your child had any serious accident, illness, or operation? If yes, please describe.

\_\_\_\_\_

Does your child take any medication? If yes, please list medication and dosage.

\_\_\_\_\_

\_\_\_\_\_

Has your child had any of the following illnesses? If yes, check illnesses that apply.

Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

German Measles \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

May the School Nurse share this information with other school staff? Yes \_\_\_ No \_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Tuberculosis (TB) Risk Assessment Form

The purpose of the TB Risk Assessment Forms is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. A child with any risk factor described below may be a candidate for TB testing.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### TB Risk Assessment

- Was the child born in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe or the Middle East?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what country was the child born? \_\_\_\_\_

- Has the child lived or traveled in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Has the child lived with or spent time with someone who has been diagnosed with TB?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, the child has an increased risk of TB infection and should have a TB test performed by their family doctor.

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



TREDYFFRIN / EASTTOWN SCHOOL DISTRICT

Family Dentist Report

Grades 3, 7, and all new students to Pennsylvania

The Pennsylvania School Health Law requires dental examinations upon entrance to school, third and seventh Grades. It is strongly recommended that your family dentist perform the exam as they are the most familiar with your child's dental needs and will be able to provide follow up treatments, cleanings, etc. This examination form should be completed by your family dentist and returned to your child's school nurse.

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

Date of Dental Exam: \_\_\_\_\_

Please check one:

Is the child under treatment      Yes \_\_\_\_\_ No \_\_\_\_\_

Treatment completed              Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_

Print Dentist Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_