

Magnolia Public School District

Preschool to Grade 8 Registration Packet

PRESCHOOL ONLY: Preschool registration packets for the 2019-2020 school year for 4-year-old children by October 1, 2019 will be accepted between March 1st, 2019 and May 1st, 2019. Seats are limited and it is a first come first serve system.

KINDERGARTEN ONLY: Registration packets for the 2019-2020 school year for 5-year-old children by October 1, 2019 will be accepted between March 1st, 2019 and May 1st, 2019.

A REMINDER FOR PRESCHOOL AND KINDERGARTEN PARENTS:

According to the New Jersey Department of Health and Senior Services:

Children six months through 59 months of age attending a preschool facility or licensed child-care center must annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

Please make sure your child receives a flu shot before December 31 and provide your school nurse with documented proof of immunization. If you are unsure of your child's status or have any questions, please do not hesitate to call the school nurse. Failure to comply with this requirement will be cause for exclusion from school.

Thank you for your assistance with this requirement for attendance at school.

Sincerely,

Magnolia School

(856) 783-2994

Magnolia Public School District

Registration Steps

1. Please contact Mrs. Heather McGuirl for a registration appointment.

*All registration appointments will be held at: Magnolia Public School

420 N. Warwick Rd. Magnolia, NJ

Monday-Friday (Appointment ONLY)

P: (856) 783-2994 ext. 810 or E: hmcguirl@magnoliaschools.org

2. Prior to your appointment please complete the Registration Application

located on the Magnolia Public School District website (or in school) at:

Magnoliaschools.org > parent resources tab > registration packet (print and bring in)

ITEMS NEEDED:

• **Registration Packet (*must be completed prior to your registration appointment)**

• Child(ren) Original Birth Certificate

• ID of Parent/Legal guardian

• Transfer Card

• Report Card

• Copy of IEP (Special Education)—if applicable

• 3 current proofs of residency (1 Primary and 2 secondary) with parent/guardian's name

• **PRIMARY:** Valid Rental/Lease Agreement or Mortgage/Tax Bill/Settlement Papers

• **SECONDARY:** 2 Utility Bills (Electric, gas, water, cable, internet or ID w/ current address)

Pink Emergency Card

White Register Card

Secretary to follow up with:

-
-
-

Please note: All documents that need to be notarized should go through the superintendent's office or the Magnolia Borough Hall. Both contain staff that are authorized to notarize any documents needed.

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident. Note that the following do not affect a student's eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented. You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

MAGNOLIA PUBLIC SCHOOL DISTRICT STUDENT REGISTRATION FORM

Please Print All Information

Date of Application: _____ Enrollment year: _____ Anticipated Grade: _____

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ____/____/____ Gender: Male Female

Ethnicity: Black Asian White Pacific Hispanic Native Am. Indian/Alaska Hawaiian/Pac Island

Was your child ever enrolled in Magnolia School District before? Yes No

Birth City & State: _____ *US Born Students Only*

**Birth Country: _____ Date entered into the U.S. _____ *Foreign Born Students Only*

What Grade & Date did your child start school in a U.S. School System? Gr. _____ Date _____

Student's Current Addr.: _____ City: _____ State/Zip: _____

Student's Previous Addr.: _____ City: _____ State/Zip: _____

Student Lives with: Mother & Father Mother only Father only Guardian Mother & Stepfather Father & Stepmother Relative w/custody

 Mother's Name: _____

Main Phone: _____ Work #: _____ Email: _____

Address: _____ City: _____ State/Zip: _____


Student resides here? Mail goes here? Medical contact? Allowed to pick up student?

 Father's Name: _____

Main Phone: _____ Work #: _____ Email: _____

Address: _____ City: _____ State/Zip: _____

Student resides here? Mail goes here? Medical contact? Allowed to pick up student?

 Legal Guardian: _____

Relationship to student: _____ ** (If other than Mother or Father) **

Address: _____ City: _____ State/Zip: _____

Main Phone: _____ Work #: _____ Email: _____

Student resides here? Mail goes here? Medical contact? Allowed to pick up student?

Not active military connected Active military connected

****Does your child receive SPECIAL EDUCATION SERVICES / IEP/504/Basic Skills/RTI** Yes No

If yes, please explain: _____

Are there any Alerts / Special Situations that we need to be aware of? Yes No **If yes, please explain:**

Magnolia PUBLIC SCHOOL DISTRICT

Student Enrollment Residency Questionnaire/Verification

Student's Name: _____

In accordance with New Jersey State law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

Please indicate which situation best describes the student's CURRENT residence:

_____ 1. Student lives with parent/guardian in their own home or apartment (rent or own).

_____ 2. Student was placed in a _____ Foster Home or _____ Treatment/Group Home by DCP&P or a similar agency.

Caseworker: _____

Phone Number: _____

_____ 3. Student lives with parent/guardian/self in a family member's or friend's home due to economic hardship or family crisis situation.

_____ 4. Student lives with parent/guardian/self in a family member's or friend's home by choice.

_____ 5. Student is an unaccompanied child or youth who meets the definition of the McKinney Vento Act and is not in the physical custody of a parent or guardian.

If you selected Number 1 or 2, please complete Residency Information: PERMANENT

If you selected Number 3 or 5, please complete Residency Information: McKinney Vento Homeless Assistance Act & Residency Affidavit.

If you selected Number 4, please complete the Residency Affidavit

Parent/Guardian Signature: _____ Date: _____

• Note: Immigration/visa status shall not affect eligibility to attend school. Any student who is domiciled in the school district or otherwise eligible to attend school there pursuant to N.J.A.C. 6A:22-3.2 shall be enrolled without regard to, or inquiry concerning, immigration status.

MAGNOLIA PUBLIC SCHOOL DISTRICT

Residency Information: PERMANENT

Student Name: _____ **Date:** _____

I, _____ swear under oath that the following is true:

1. On _____, I moved into the Borough of Magnolia, in the State of New Jersey.

2. My address is: _____

and I will be residing here on a permanent basis with the above-mentioned student.

3. I am the _____ mother _____ father _____ legal guardian of the Student listed above and he/she lives with me at the address listed in Statement 2.

4. I am not the mother; father; and /or legal guardian but this student is living with me because

5. In order to document the validity of this living arrangement. I am providing the Magnolia Board of Education with a copy of my current property tax bill, mortgage papers, or rental/lease agreement or affidavit from landlord AND two proofs of residency from the list below:

____ Valid driver's license or voter's registration card with correct name and address ____ Current utility bill with correct name and address ____ State agency agreements and other evidence of court or agency placements ____ Other:

Other forms of documentation accepted – please see the Preliminary Information sheet or contact Ms. Jean Clayton, Central Registrar, at (856) 783-2994 extension 810 to inquire.

If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:

6. Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) _____

7. Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, for what portion of time does the student reside with each parent and at what addresses?

PARENT/GUARDIAN Signature _____

Print Your Name Signature

Witnessed on this _____ day of _____, 20_____

Print Name (Witness) _____

Signature of Witness _____

MAGNOLIA PUBLIC SCHOOL DISTRICT Residency Information:

McKINNEY VENTO HOMELESS ASSISTANCE ACT

Student Name: _____ **Date:** _____

I, _____, swear under oath that the following is true:

1. On _____, I moved into the Borough of Magnolia due to a loss of housing, economic hardship or similar reason, I am currently unable to provide a permanent residence of my own and I am temporarily staying in the home of _____

whose address is: _____

2. I am the _____ mother _____ father _____ legal guardian of the Student listed above and he/she lives with me at the address listed in Statement #1.

3. My previous address was: _____

_____ and I moved from this address because _____

4. The Student listed above _____ was _____ was not enrolled in school prior to moving to Magnolia.

Name of previous school: _____

Address of previous school: _____

PARENT: _____

Print Your Name Signature _____

****You will be asked to submit a separate Residency Affidavit to be completed by the parent/legal guardian and owner of the Magnolia property.**

Witnessed on this _____ day of _____, 20_____

Print Name (Witness)

Signature of Witness

District Policy 5111

Magnolia PUBLIC SCHOOL DISTRICT (Distrito Escolar Público de Magnolia)

RESIDENCY AFFIDAVIT (Declaración Jurada de Residencia)

Date (Fecha): _____

I, _____ am currently residing at the following Property Owner (Yo, dueño de la propiedad) (estoy residiendo en la actualidad en address:

_____ la siguiente dirección:)

The following people currently reside with me (Las siguientes personas actualmente residen conmigo):

Parent/Legal Guardian (Padre/Tutor Legal) Parent/Legal Guardian (Padre/Tutor Legal)

Student Name (Nombre de estudiante) Student Name (Nombre de estudiante)

Student Name (Nombre de estudiante) Student Name (Nombre de estudiante)

****In order to meet the guidelines for registration in this district, I have attached copies of documents verifying my address which is listed above. (A fin de cumplir con las directrices para la inscripción en este distrito, he adjuntado copias de documentos que verifican mi dirección, la cual aparece arriba).**

Property Owner's Signature (Firma de dueño de la Propiedad) Date (Fecha)

Parent/Legal Guardian's Signature (Firma de Padre/Tutor Legal) Date (Fecha)

***Please Note*:** Submission of false statements or false participation in this process violates law and offenders may be prosecuted and/or charged tuition for illegal days of attendance. The board reserves the right to verify the residency of any pupil and the validity of any affidavit concerning residency or guardianship.

Notary:

The above individuals appeared before me on this the _____ day of _____, 20____ (Los individuos arriba mencionados comparecieron ante mí el) (día de)

_____ Notary Public (Notario Público)

****Please return this form along with property owner's current Rental/Lease Agreement, tax bill or mortgage statement AND 2 additional proofs of residency such as license, recent utility bill, bank statement, county ID, cell phone bill, etc. (Favor devolver este formato junto con factura reciente del Acuerdo de Renta, factura de impuestos o estado de cuenta hipotecario del dueño de la propiedad Y 2 pruebas adicionales de residencia reciente como recibo de servicios, estado de cuenta bancario, identificación del condado, cuenta de teléfono celular, etc.)**

Magnolia Public School District Home Language Survey Parent/Guardian Questionnaire

Please Print All Information

Student's Name:(First) (Middle) (Last) _____

Birth Date: _____

Date of U.S. school entrance: _____

Person completing the survey: Mother Father Legal Guardian Relative w/ custody

Please tell us about your child:

1. What is the primary language used in the home, regardless of the language spoken by the student?

English

Spanish

Other:_____

2. What is the language most often spoken by the student?

English

Spanish

Other:_____

3. What is the language that the student first acquired?

English

Spanish

Other:_____

4. In which language do you wish to receive information from the school?

English

Spanish

Other:_____

Sources: Questions are based on the NJ DOE Home Language Survey that was adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

Question 4 was adapted from the Parent Questionnaire in One Child, Two Languages, 2nd Edition published 2/2008 by Patton O. Tabors, Paul H. Brookes Publishing

MEDIA/INTERNET OPT OUT FORM

****FILL THIS FORM OUT ONLY IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE****

“Magnolia Public Schools is proud of the many accomplishments of our students. Whether they are involved in academics or social activities, our students make us proud. We often film and take pictures at these events. These photos and videos are used for the Sterling district Channel 19 our district website and other publications. If you do not wish to have your child’s likeness included in these publications, you must contact us in writing by completing the media release policy form located in the forms to return packet.

Our school also offers a wide variety of academic opportunities which include the use of the internet. Many of our classes plan activities utilizing the internet. Teachers vigilantly watch the students as they use the internet and a firewall is set up to block inappropriate sites. If you do not wish to have your child take advantage of this opportunity, you must fill out the internet use policy form located in the forms to return packet.”

⊖ I DO NOT WISH TO HAVE MY CHILD’S PHOTOGRAPH OR LIKENESS APPEAR ON THE MAGNOLIA SCHOOL WEBSITE (www.Magnoliaschools.org) OR IN MEDIA.

⊖ I HAVE READ THE INTERNET POLICY & I DO NOT WISH TO HAVE MY CHILD UTILIZE THE INTERNET IN THE MAGNOLIA SCHOOL DISTRICT.

STUDENT NAME: _____ **GR/TEACHER** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____ **(Permission is revoked for a period of ONE year)**

**MAGNOLIA PUBLIC SCHOOL DISTRICT PERMISSION
TO RELEASE ALL STUDENT RECORDS**

Magnolia Public School
420 N. Warwick Road
Magnolia, NJ 08049
P: 856.783.2994
F: 856.566.9736

RELEASE OF RECORDS

Last School Attended: _____

Address: _____

City, State, Zip: _____

School's Phone Number: _____ School's Fax: _____

The following student has registered in the Magnolia School District on _____

NAME: _____ GRADE _____ DOB: _____

**** I give permission for you to release all records for the student indicated above (note: permission not required under NJAC).

I understand under the Federal No Child Left Behind requirements, I must now also authorize the release of my child's discipline records to be included with the release of my child's permanent records, and my signature below indicates my authorization and permission to release the records to the above-mentioned school as soon as possible.

_____ Parent/Guardian Signature Date _____

According to New Jersey Administrative Code 6:3-2.1 to 2.8, "Mandated pupil records shall be forwarded to the receiving district..." Please send the cumulative folder, the health records, grade-to-date, and any other mandated records on the pupil listed above as soon as possible.

OFFICE FAXED:

DATE: _____

INITIALS: _____

MEDICAL INFORMATION PACKET
(completed by office)

Welcome to Magnolia School District. In order to make sure your child stays safe and healthy while in school, we require the following information to be submitted at the time of registration. In addition, if your child has a chronic health condition, such as asthma, diabetes, seizures, etc, please notify your school nurse immediately, as additional information will be required.

Magnolia School

Preschool –Grade 8

- Student's Name: _____ Grade: _____
- Confidential Health History
- Medical Questionnaire
- Immunization Record
- PPD Test needed (Tuberculosis)
- Physical Form
- Pink Emergency Card
- White Register Card
- Dental Examination (Kindergarten ONLY)**
- Influenza Vaccine Notification (PreK ONLY)

Nurse to follow up with:

-
-
-

Magnolia PUBLIC SCHOOLS PRE-SCHOOL / KINDERGARTEN / 1st-8th

GRADE REGISTRATION CONFIDENTIAL HEALTH HISTORY

Child's Name: _____

Sex: M____ F____

Date of Birth: _____

Parent/Guardian: _____

Main Number: _____

Address: _____

Health Care Provider: _____

Phone Number: _____

I. Pregnancy & Birth (Check One)

1. Did mother have any illness during pregnancy with this child? ____ Yes ____ No

2. Did you deliver on your due date?

If not, explain _____ Yes ____ No

3. Did mother have any difficulty during delivery?

If yes, explain _____ Yes ____ No

4. Did your child have any difficulty during or after delivery?

If yes, explain _____ Yes ____ No

5. Did your baby have any trouble starting to breathe? ____ Yes ____ No

6. Did your child have any trouble in the hospital?

If yes, explain _____ Yes ____ No

7. What did the child weigh at birth? ____ Lbs. ____ Ozs.

II. Family/Social

1. Are both parents in good health? ____ Yes ____ No

2. Are there any family members with serious health problems

that we should be aware of? If so, please explain _____ Yes ____ No

III. Development Milestones (Place Age or Check Mark)

1. Sitting Alone ____ months

2. Crawled ____ months

3. Walked alone ____ months

4. Spoke first words ____ months

5. Spoke sentences ____ year

6. Dressed self _____ years

7. Fed self _____ years

8. Ties shoes _____ years

9. Toilet trained _____ years

10. Does your child play with children other than brothers/sisters? _____ Yes _____ No

11. Is your child independent _____? Shy _____?

12. Which hand does your child use for most tasks? Right _____ Left _____ Both _____

13. Ride a tricycle? _____ years

14. Are you concerned about any of the following (Check)

Bad tempered _____ Will not mind _____ Holds his/her breath _____ Jealous _____ Sleep problems _____ Thumb sucking _____ Nail biting _____ Stuttering _____ Understanding speech _____

IV. Medication

Is the student on any type of medication at this time? _____ Yes _____ No

If yes, please list medicine, dosage and reason for administration of same: _____ Yes _____ No

-OVER-

V. Infections, Illnesses, and Other Problems Has your child:

- 1. Had more than six (6) colds or throat infections each year? Yes No
- 2. Had more than three (3) ear infections? Yes No
- 3. Had trouble hearing? Yes No
- 4. Had his/her hearing tested? Yes No
- 5. Had any trouble seeing? Yes No
- 6. Had his/her eyes tested? Yes No
- 7. Had any trouble with his/her teeth? Yes No
- 8. Seen a dentist recently? Yes No
- 9. Had any trouble passing his/her urine? Yes No

10. Check any of the following that your child has had?

- Strep Infection
- Rheumatic Fever
- Speech Impediment
- 10-Day Measles
- Headaches
- Bedwetting
- 3-Day Measles
- Blackouts
- Poor Concentration
- Mumps
- Epilepsy
- Abnormal Movements
- Scarlatina
- Convulsions
- Over-activity
- Pneumonia
- Vision Problems
- Temper Tantrums
- Whooping Cough
- Un-coordination
- Aggressiveness
- Chicken Pox

Hearing Loss _____

Brain Trauma _____

Concussion _____

11. Had other diseases:

If so, name them _____

Had to stay in the hospital overnight? ____ Yes ____ No Age: _____

Hospital: _____

Reason: _____

12. Had your child had any serious accidents? Operations ____ Yes ____ No

If yes, explain _____

Allergies (Check if applicable)

Wheezing _____

Sinus trouble _____

Hives _____

Eczema _____

Reaction to medication _____

Hay Fever _____

Asthma _____

Reaction to insect bites _____

Reaction to Penicillin _____

Nutrition Food allergies _____

Food likes _____

Food dislikes _____

Appetite – good _____ poor _____ snack eater _____

Unusual weight gain or weight loss _____

Summary Is there anything in regard to your child's habits, health or behavior that you would like to comment upon?

PARENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____

MAGNOLIA PUBLIC SCHOOLS Medical Questionnaire

Student's Name _____ Date of Birth _____ Gr. _____

Allergic to food, medication or insect stings? _____ If yes, please explain: _____

Did or does your child have a history of any of the following? If yes, indicate the year the problem occurred.

YES / NO YEAR ____

Experienced loss of consciousness after an injury? _____

Significant hearing loss in one or both ears? Rt. _____ Lt. _____

Weakness or loss of consciousness or heat exposure? _____

Have to stop when running a half mile? _____

Wear glasses or contacts during play? _____

Serious eye injury or retinal detachment? _____

Tubes in the ears or a perforated eardrum? _____

Foot/ankle problem, including sprains or recurrent pain or swelling? _____

Recurrent shoulder pain? Rt. _____ Lt. _____

Wrist problems, including sprains or recurrent swelling or pain? Rt. _____ Lt. _____

Wears dental appliances (braces, retainer/s, false teeth)? _____

Asthma or significant problem with allergies? _____

Health problems, chest pain, palpitations? _____

Lightheadedness or fainting with strenuous activities? _____

Muscle pulls or strains? If yes, where? _____

Epilepsy? _____

Thyroid or adrenal problem? _____

Skin problem or rash? _____

Low back pain or strain? _____

High blood pressure? _____

Neck or spine injury? _____

Any Fracture? Where _____

Bleed easily/take long to stop? _____

Diabetes? _____

Hip problems? Rt. _____ Lt. _____

Undescended or absent testicle? Rt. _____ Lt. _____

Explain any significant health problem: _____

Is there a history of sudden death in the family? Yes _____ No _____

List all hospitalization and/or surgery:

If the student is now under the care of a physician, please explain:

If the student has been advised against participation in physical activities due to medical reasons, please explain:

List any medications your child takes regularly:

Female students:

Does your daughter have problems with menstrual regularity? Yes _____ No _____ Does she have disabling cramps with her periods? Yes _____ No _____

➤ *I do _____ I do NOT _____ give the school nurse permission to share medical information on a need to know basis with appropriate school staff. ➤ I hereby state that to the best of my knowledge, my answers to the above questions are correct.*

Signature of

Parent/Guardian Print Name of Parent/Guardian Date

Revised 10/1/18

Return to school nurse

MAGNOLIA PUBLIC SCHOOLS

TO BE COMPLETED BY HEALTH CARE PROVIDER

NAME: _____

DOB: _____

ADDRESS: _____

SCHOOL: _____

GRADE: _____

RECORD OF PHYSICAL EXAMINATION: (report any significant findings)

MEDICAL HISTORY:

Communicable Diseases (types/years): _____

Operations (types/dates): _____

Fractures (sites/dates): _____

Heart Murmur/other Cardiac Abnormalities: _____

Spinal Deformities (Scoliosis): _____

Vision/Hearing Difficulties (specify): _____

Allergies (specify): _____

Chronic Illness: _____

List Medications for Chronic Illness/Allergy: _____

SYSTEMS REVIEW:

Height: _____

Weight: _____

Blood Pressure: _____

Vision Screening: Rt. _____ / _____ Lt. _____ / _____ with correction: glasses / contacts

Hearing Screening: Rt. _____ Lt. _____ hearing aid: right left both

Ears (otoscopic) _____ Teeth/Mouth _____ Genito-Urinary _____ Nutrition _____ Eyes _____

Heart _____ Orthopedic: Structural _____ Nervous _____ Lymph Glands _____ Lungs _____ Posture

_____ System _____ Thyroid _____ Abdomen _____ Feet _____ Speech _____ Nose _____

Hernia _____ Skin _____ Other _____

General Appearance: _____

Discuss Abnormal Findings: _____

IMMUNIZATION RECORD: (month/day/year - all inoculations - primary/boosters)

DT/Td, DTP, DTaP, Tdap (Indicate Type) (1) _____ (2) _____ (3) _____

Boosters (4) _____ (5) _____

OPV or IPV (Indicate type) (1) _____ (2) _____ (3) _____

Boosters (4) _____ (5) _____

MMR (1) _____ (2) _____

Measles _____ Mumps _____ Rubella _____

Hib (1) _____ (2) _____ (3) _____ (4) _____

HepB (1) _____ (2) _____ (3) _____

HepA (1) _____ (2) _____

Varicella (1) _____ (2) _____

Pneumococcal (1) _____ (2) _____ (3) _____ (4) _____

Meningococcal (1) _____ Influenza (1) _____

Lead Screening:

Date _____ Results _____

Tuberculin Tests (type/result): _____

SUMMARY/RECOMMENDATIONS: (If necessary use reverse side of form)

* **Participation in all activity approved: YES** _____ **NO** _____

HEALTH CARE PROVIDER'S SIGNATURE PLEASE PRINT/STAMP HEALTH CARE PROVIDER'S NAME DATE OF EXAM (Stamp or Office Staff Initials Not Acceptable)

Revised 10/1/18

MAGNOLIA PUBLIC SCHOOLS
KINDERGARTEN DENTAL EXAMINATION

A dental exam is recommended for each child entering kindergarten. All students can achieve and benefit from a healthy mouth. Regular dental examinations, good oral hygiene habits, healthy diets, and modern advances in dental disease prevention and control can benefit everyone. Please return this completed form to the school.

Child's Name _____ D.O.B _____

REPORT OF DENTAL EXAMINATION:

No dental treatment is necessary at this time _____

All necessary dental treatment has been completed _____

Treatment is in progress _____

A regular preventative care program is recommended _____

Further recommendations:

Signature of Dentist _____

Date _____

Office Stamp