

# Adaire School Registration 2020

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: [AdaireCPC@gmail.com](mailto:AdaireCPC@gmail.com)

## NOTES:

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

**Jan. 27th, 2020** Registration opens. **Completed** packets can be dropped off/emailed to [MSgrillo@philasd.org](mailto:MSgrillo@philasd.org). Packets cannot be accepted before 1/27/20. Dropping off or emailing a completed packet, on or after 1/27/20, will begin the process of entering your child into the district system. You will only hear from us if there is an issue.

**Spring 2020** Kindergarten Open House. While all are welcome, if you've already taken a tour of the school you do not need to attend this 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 later in the winter.

**Aug 24-28, 2020** 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.

**AUGUST 31, 2020** First Day of School! See you promptly at 8:36 AM.

## **Adaire School Registration Checklist 2020:**

**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 school main office or find them at the Adaire School website under Parents-Registration. 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. (birth certificate)
- Copy 2 Proofs of residency (**current** license, utility bill, lease, deed, phone bill)
- Parent Input Student Placement Form **AND** most recent report card for students entering 1st-8th grade
- Copy **up to date** Immunization Record
- Medical Form (filled out & signed by doctor)
- Dental Form (filled out & signed by dentist)



SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT REGISTRATION FORM (EH-40)

PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

Please Print All

STUDENT INFORMATION - SECTION 1							
Last Name		First Name		M.I.	Date of Birth		STUDENT ID NUMBER
					MONTH	DAY	YEAR
House No.	Dir	Street Name			St., Ave., Etc.	Apt/#	Zip Code
							Phone Number
Race Designation: Is this student Hispanic <input type="checkbox"/> Yes or <input type="checkbox"/> No      Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female      Country of Birth: _____ Check all races that apply:      Home Primary Language _____ <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander      Date child first enrolled into a U.S. School _____ <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native							
STUDENT ENROLLMENT HISTORY - SECTION 2							
Indicate city and type of school child last attended							
<input type="checkbox"/> Philadelphia				<input type="checkbox"/> Public School _____			
<input type="checkbox"/> Other City: _____				<input type="checkbox"/> Non Public School _____			
Date Last Attended	Grade Last Attended	Name of School	Address	City	State		
If the student attended school outside of the United States, do you have his/her school records?							
<input type="checkbox"/> Yes:      If yes, please provide a copy for the school _____							
<input type="checkbox"/> No:      If no, please contact the school to obtain the records _____							
<input type="checkbox"/> Did the child ever attend: <input type="checkbox"/> Pre-Kindergarten and/or <input type="checkbox"/> Kindergarten							
1) Has the child ever received Special Education Services in PA or another state?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which state: _____			
2) Does your child have a current IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
3) Does your child have a current evaluation report?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what _____			
4) Was the child ever enrolled in an Early Intervention Program?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
5) Has the child ever received ESOL/Bilingual services?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which state: _____			
6) Does your child have a 504		<input type="checkbox"/> Yes <input type="checkbox"/> No					
7) Does your child have a Gifted IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
LANGUAGE SURVEY - SECTION 3							
		English	Other	Language			
1) What language does the family speak at home most of the time?		<input type="checkbox"/>	<input type="checkbox"/>	_____			
2) What language does the parent(s) speak to her/his child most of the time?		<input type="checkbox"/>	<input type="checkbox"/>	_____			
3) What language does the child speak to her / his parent(s) most of the time?*		<input type="checkbox"/>	<input type="checkbox"/>	_____			
4) What language does the child speak to her/his brothers/sisters most of the time?*		<input type="checkbox"/>	<input type="checkbox"/>	_____			
5) What language does the child speak to her/his friends most of the time?*		<input type="checkbox"/>	<input type="checkbox"/>	_____			
6) What language does the child speak most frequently?*		<input type="checkbox"/>	<input type="checkbox"/>	_____			
7) What other languages does the child speak?    1) _____ 2) _____ 3) _____							
* If the answer to these questions is other than English, the student must be given the English placement test (W-APT) by a certified administrator.							



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

**Please Print All**

**STUDENT INFORMATION - Section 1**

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

Race Designation: Are you Hispanic  Yes or  No    Gender:  Male/ Female  
 White    Black/African American    Hispanic/Latino    American Indian/Alaska Native  
 Asian    Multiracial/Other\*    Native Hawaiian/Other Pacific Islander  
 \*If you select Multiracial/Other, you MUST select the races that apply.

Country of Birth: \_\_\_\_\_  
 Student Primary Language \_\_\_\_\_  
 Date child first enrolled into a U.S. School \_\_\_\_\_

**HOUSEHOLD INFORMATION - Section 2**

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

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

**SIBLING INFORMATION - Section 3**

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

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

**CONTACT INFORMATION - Section 4**

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

Primary  
 1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

Secondary  
 2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

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

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Parent or Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was / was not (circle one) previously suspended or expelled, or is/is not (circle one) presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

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

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

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

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

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

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

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

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

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

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

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

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

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>-Student's name</li><li>-Address</li><li>-Telephone listing</li><li>- Primary language</li><li>-Photograph</li><li>-Date and place of birth</li><li>-Major field of study</li><li>-Dates of attendance</li><li>-Grade level</li></ul> | <ul style="list-style-type: none"><li>-Participation in officially recognized activities and sports</li><li>-Weight and height if members of athletic team</li><li>-Degrees, honors, and awards received</li><li>-The most recent educational agency or institution attended</li><li>-Student ID number, user ID, or other unique personal identifier 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.)</li></ul> |
|---|--|

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

THE SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT MEDICAL INFORMATION

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

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

Dear Parent/Guardian:

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

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

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

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

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

1. Does your child have health insurance?  Yes  No Company? \_\_\_\_\_
2. Where do you take your child for checkups? \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Date of child's last physical examination? \_\_\_\_\_
4. Where do you take your child for dental care? \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Date of child's last dental examination? \_\_\_\_\_

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

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

Medicine:	Dosage:	Frequency:	Reason:

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

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

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

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

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

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

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

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

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

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

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

*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.)



**The School District of Philadelphia**  
Office of Student Rights & Responsibilities  
440 N. Broad Street, Second Floor  
Philadelphia, PA 19130  
Office: 215.400.4830 ~ Fax: 215.400.4226

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 return this form to your child's school by November 2, 2018

Directory information includes the following:

- Schools attended
- Student's name
- Address
- Telephone listing
- Electronic mail address
- 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 of members of athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as PIN, password, or other factor known or possessed only by the authorized user
- A student ID number or other unique personal identifier that is displayed on a student ID badge, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user.

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 and other community organizations supporting

students with community resources. In recognition of a family's right to privacy, it is the policy of The School District of Philadelphia that directory information will not be provided to commercial enterprises.

Parents or eligible students (18 years old or above) have the right to have directory information withheld upon written request. If you prefer to deny release of directory information without prior written consent, please complete and return the entire form to your child's school by November 2, 2018. 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.**

If you wish to opt out, select 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.

- 
- In addition you may also check here to opt out of sharing directory information for military services (11<sup>th</sup> & 12<sup>th</sup> grade students only)

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)	



**Permission for Use of Student Image, Voice, Video, Work and/or First Name  
for News Media, District Communications, and Educational Purposes**

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: \_\_\_\_\_

# 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:

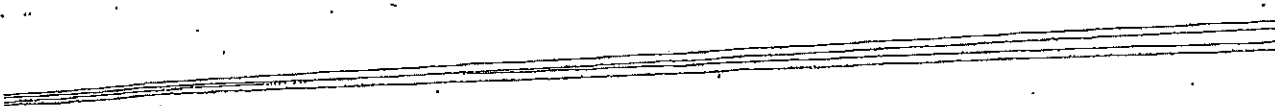
Name: \_\_\_\_\_

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:

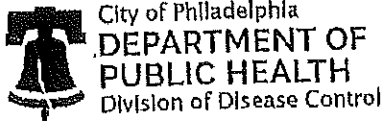
Academics? For example, for younger students how many letters of the alphabet does your child know or how high can she count?

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.



## Philadelphia Immunization Requirements for School Entry (2018/2019)

### Vaccines are required on the first day of school

A child must have at least one dose of all vaccinations, or risk exclusion.  
 A child may have a documented medical, religious, or philosophical exemption from these vaccinations.  
 Even if exempt, a child may be excluded from school during an outbreak of vaccine-preventable disease.

### If a child doesn't have all required doses of a vaccine, she/he must within the first 5 days of school:

- Receive the next dose, if medically appropriate.
- Have a parent/guardian provide a medical plan, if the next dose isn't the final dose of the series.
- Have a parent/guardian provide a medical plan, if the next dose is not medically appropriate.

### Required on the first day of school

All Grades	Doses	Notes
Tetanus, diphtheria, pertussis (DTP/Dtap/DT/Td, or Tdap)	4*	1 dose on or after age 4 years
Polio (OPV/IPV)	4	4 <sup>th</sup> dose on or after age 4 years, at least 6 months after previous dose**
Measles, mumps, rubella (MMR/MMRV)	2	On or after age 1 year
Hepatitis B (HBV)	3	
Chickenpox (Varicella/MMRV)	2	On or after age 1 year***

7th grade	Doses	Notes
Meningococcal conjugate vaccine (MCV4)	1	On or after age 2 years
Tetanus, diphtheria, pertussis (Tdap)	1	On or after age 7 years

12th grade	Doses	Notes
Meningococcal conjugate vaccine (MCV4)	2	If 1 <sup>st</sup> dose given at age 16 years or older, only 1 dose is needed to enter 12th grade

- \* Only 3 doses of Td-containing vaccine are necessary if series started on or after age 7 yrs and at least one dose is Tdap
- \*\* A 4<sup>th</sup> dose is not necessary if 3<sup>rd</sup> dose was given at age 4 years or older and at least 6 months after the previous dose
- \*\*\* Or documentation of immunity by lab test or written statement from parent, guardian, or physician

Reference: The Pennsylvania Code – Subchapter C, IMMUNIZATION §23.81, and from the Philadelphia Board of Health Regulations Governing the Health of Newborns, Children and Adolescents, published 2017.

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

Date Issued: [Date]		Student ID#:
Name of Student:	Date of Birth:	Grade:
Name of School:	Room/Section/Book	
<p><b>TO THE PARENT/GUARDIAN:</b> 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.</p> <p>Parent/Guardian Signature _____ Date _____</p>		
<p><b>TO THE CARE PROVIDER (Please complete all items)</b> 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. <b>THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.</b></p>		
<b>RECORD OF VACCINE ADMINISTRATION</b>		
(Please attach complete immunization record including serology results if available)		
<p>* Allergies _____      ■ Date of last PPD _____ Result _____ mm</p>		
<p>Does this student have health insurance? Yes _____ No _____ Name of Insurance Provider: _____</p>		
<b>RECORD THE FOLLOWING</b>		
1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____	
2.	Audiometric Screening: R _____ L _____	3. BP _____
4.	Height _____ Inches/cm      Weight _____ lb./kg      BMI percentile _____	
5.	Scoliosis Screening: _____ Normal      _____ Abnormal      _____ Referred      _____ No Referral	
6.	Activity Recommendation: _____ Full Physical Activity      _____ Restricted Physical Activity (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23)	
	Specify Restrictions: _____	
7.	List all medications currently being taken: Medications: _____ Reason: _____	
8.	List ALL problems by history or examination: 1. _____ Under Care      Care Complete      Referred 2. _____ Under Care      Care Complete      Referred 3. _____ Under Care      Care Complete      Referred _____ No Problems Identified	
Comments/follow-up treatment plan / Special Instructions to school:		
Signature of Care Provider (REQUIRED)		Telephone _____ Fax _____
Address		Date of Exam _____
Care Provider office stamp (REQUIRED)		

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

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

**IMPORTANT:**

Return this form to:

\_\_\_\_\_ Certified School Nurse/Practitioner  
 \_\_\_\_\_ School  
 \_\_\_\_\_ School Address  
 \_\_\_\_\_ Phone Number



# Re: Adaire Non-Negotiables

Hello,

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

Sincerely,  
Principal Jenkins  
AJenkins@philasd.org

## Adaire Non-Negotiables

- Communications: Our main form of communications is our weekly eNews. It is generally published every Sunday night at 5 PM during the school year. This is the most current and accurate form of communication between school and families. Facebook, Instagram, Twitter or other social media platforms are NOT our main forms of communication. If you have a question we ask that you contact your child's teacher, Principal Jenkins [ajenkins@philasd.org](mailto:ajenkins@philasd.org) or the Community Partnership Coordinator, Sasha Best, [AdaireCPC@gmail.com](mailto:AdaireCPC@gmail.com) Sign up for e-news at [www.friendsofadaire.org](http://www.friendsofadaire.org)
- The official school year start date for 2019/20 will be posted at [Philasd.org](http://Philasd.org). **Attendance, on-time arrival or early dismissal is not optional.** A student that is repeatedly late, leaves early, or has unexcused absences will potentially lose privileges that might include field trips, field day, or other activities. Excessive lateness or unexcused absences involve serious consequences. Family vacation trips are NOT considered excused. Extending scheduled school holidays with additional family trip time absolutely negatively impacts the entire class and overall school attendance.
- Family contact information, Immunization records, medical forms and dental forms must be up to date and submitted. If contact information changes you must inform the main office.
- Emergency school closings (usually due to weather), fire drills, shelter-in-place drills and lockdown drills will happen. Teachers will use age appropriate language to talk about these mandated exercises. And we encourage families to prepare their children to expect loud noises and to follow all teacher instruction.
- Homework will be assigned. For some of the lower grades, K-1, teachers may use an activity based homework model. Homework is assigned a minimum of four nights a week in all subjects. Students are not given time to do homework in school. If your child reports that he or she has no homework, please reach out to the teacher.
- Play: We work hard to maintain a very intentional culture of play. Our guidelines include the following:
  - Have FUN and remember that everyone can play!
  - RESPECT yourself and others.
  - PLAY HARD: Not too hard! The schoolyard is a NO-CONTACT zone.

Adaire Attendance Policy

Adaire works to have every child in school a minimum of 95% of the scheduled time that school is in session. Students who make this goal are part of the 95 Club and become eligible for additional fun activities or rewards. The percentage is calculated on a cumulative basis. 95% is not perfect attendance. We know that things come up and illnesses happen. A child who is vomiting or has a fever should stay home. Be aware that not every absence is an excused absence, nonetheless, a note explaining the absence is always required. School District Policy considers the following conditions to constitute reasonable cause for absence from school:

6. Illness (fever or vomiting)
7. Quarantine
8. Recovery from accident
9. Required court attendance
10. Death in family

Adaire requires that a note be written by the parent or guardian for any absence, excused (see list above) or unexcused and submitted the date the student returns to school. If a note is not provided the absence will be considered unexcused. All absences of (3) or more consecutive days must be supported by a physician's statement. Ten (10) or more unexcused absences are automatically referred for truancy.

Please understand that travel for pleasure is not considered an excused absence. A student's absences impact the entire class. We expect that travel and non-urgent appointments will happen when school is not in session. Please reach out to me if I can help, answer questions or clarify anything at [ajenkins@phllasd.org](mailto:ajenkins@phllasd.org).

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