

# A.S. JENKS SCHOOL

## 2019-2020 SCHOOL YEAR

Age Eligibility - a child must be five (5) years of age on or before September 1. There are no exceptions to this eligibility cutoff date.

- Page 1: Checklist
- Page 2: Registration Form - EH-40 (Doubled Sided Document)
- Page 3: Parental Registration Statement
- Page 4: Student Medical Information (Doubled Sided Document)
- Page 5: Request for Administration of Medication
- Page 6: Report of Physical Examination
- Page 7: FERPA Directory Opt-Out Form
- Page 8-9: FERPA Related Documents (Parent Copies)

Use this checklist to prepare the required documents necessary for registration

- Proof of Childs Age
  - Birth Certificate, Baptismal Certificate, or Valid Passport
  - Other (Information including any official documentation containg students age):
- Immunization Records (Philadelphia Immunization Requirements)
- Proof of Residency - Supporting Documents (choose 2 from the following list)
  - Deed
  - Valid DOT identification card
  - Mortgage settlement sheet
  - Current credit card bill
  - Current utility bill (gas, electric, cable, telephone)
  - Recent vehicle registration
  - Recent property tax bill
  - Voter Registration Card showing current address
  - Valid driver's license or change of address card with your current address
  - Recent bank statement with current address
  - Letter from Social Security Office with current address
  - IRS Statement or other wage and tax statements e.g., W2, 1040, 1099
  - Letter from Public Assistance Office with current address
  - Recent Employer Pay Stub showing current address
  - Fostercare/childcare and DHS letters are acceptable for registration when a student is in the care of a foster/child care agency
  - Shelter placement or residency letters are acceptable for homeless students
  - Original lease with name(s) of parents/legal guardians and children
  - Signed property sales agreement, followed by original copy of settlement papers within 45 calendar days of settlement
- Parent / Guardian Picture Identification
- If applicable, bring your child's previous school information: name, address and phone number of school

For Additional Questions, please contact the Office of Student Enrollment and Placement at 215-400-4290

## NEW STUDENT REGISTRATION PACKET

Join us for our Kindergarten Open House on Tuesday, March 5, 2019

**THE SCHOOL DISTRICT OF PHILADELPHIA  
ABRAM S. JENKS ACADEMICS PLUS SCHOOL  
2501 S. 13<sup>th</sup> Street  
Philadelphia, PA 19148**

**Siouda Douglas  
PRINCIPAL**

**Telephone: 215-400-8240  
Fax: 215-400-8241  
[schestnut@philasd.org](mailto:schestnut@philasd.org)**

**WELCOME A.S. JENKS FAMILIES TO THE 2019-2020 SCHOOL YEAR**

January 22, 2019

Dear Parents/Guardians,

Welcome to A.S. Jenks School. Please read this letter carefully for information about uniform, admission and dismissal procedures, school supplies, and more, so your child is prepared with confidence and enthusiasm.

**First Day of School**

The first day of school for the 2019-2020 school year for grades K-5 has not yet been determined, but you can check <https://www.philasd.org/calendar/#resolution> over the next month or so for the 2019-2020 academic calendar. Parents will get a call from teachers in August to schedule a parent/student interview before school begins.

**Admission Procedures**

Students are expected to be in school in uniform by 8:20 AM every day. To avoid being marked late and entering on the 13<sup>th</sup> Street entrance, please be sure your child reports to his/her line in the schoolyard by 8:15 AM. New and returning students will get a letter in the mail over the summer with the new classroom assignment, teacher's name and school supply list. Kindergarten and first-grade students enter the building through the kindergarten schoolyard and report to the cafeteria. Grades 3-5 enter through the large schoolyard and report to the auditorium.

**Dismissal Procedures**

All students will be dismissed by 2:59 PM daily starting with kindergarten at 2:55 PM. Please meet your child in the schoolyard. Kindergarten dismisses in the small schoolyard at 2:55 PM. Half days will be announced on the School District's calendar and the school calendar. Only adults authorized by parents or guardians on the emergency contact form or official court documents are allowed to get a student at dismissal. Proper photo I.D. will be requested.

**Breakfast and Lunch Program**

Breakfast and lunch are served daily and are free to all students. Students with food allergies or who prefer to eat a packed lunch from home may bring lunch. The school nurse will survey families to learn of food allergies, and the students with allergies will be listed in the cafeteria for the food services manager.

**--OVER--**

**Attendance**

Student attendance is extremely important. Research shows students with poor attendance through third grade are less likely to graduate from high school. Our goal is to ensure all students achieve, and the best way to do that is parents sending children to school daily, on time, and for the full day. Please schedule appointments and family vacations during school vacations/holidays. You may access the District calendar to plan doctor's visits. Please note, school closings and half days are subject to change as authorized by the District. The school calendar will also be in the summer mailing.

**School Uniform**

Students should wear tan khaki pants or skirt and a navy golf shirt. Gym uniforms are a gold Jenks shirt and navy Jenks sweatpants. These must be purchased at Jenks from the Home and School Association on the first day of school following admission. It is required all students be in uniform daily.

**School Supplies**

There is a list attached. Teachers will give more details to students once school starts as projects are assigned. Each parent should send three reams of white 8 1/2x11 copy paper and two packs of multi-color construction paper in addition to the normal items. This list is also on our web site at [www.philasd.org/schools/asjenks](http://www.philasd.org/schools/asjenks).

**Enrichment Programs**

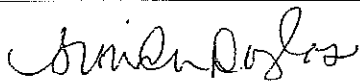
All enrichment programs will be announced in September and will begin in October. More information will be released at Back to School Night in September.

**Home and School Association**

Please stop by our school's Home and School Resource Office to complete a Home and School membership card and meet our new officers. We would appreciate your time and support to build our school community. Our officers are: Eleanor DeSimone, president and William Baylor, treasurer.

We look forward to welcoming you in August for your kindergarten interview and on the first day of school. Additional updates will occur in a phone blast before school begins.

Sincerely,



Mrs. Siouda Douglas, Principal

School District of Philadelphia  
Abram S. Jenks Elementary School  
2501 S. 13<sup>th</sup> Street  
Philadelphia, PA 19148

(Phone) 215-400-8240

(FAX) 215-400-8241

Siouda Douglas, Principal

Dear Parent/Guardians:

The Pennsylvania Department of Health has approved changes to the current mandated immunizations required for school-aged students in order to be considered for enrollment in public schools. These changes will go into effect August 2017 and are intended to ensure that all children attending school in the Commonwealth of Pennsylvania are adequately protected against potential outbreaks of vaccine preventable diseases.

Within the first 5 days of school, your child **MUST** have had the vaccines listed or risk exclusion from school.

- \_\_\_ 4 doses of Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (1 dose on or after 4<sup>th</sup> birthday)
- \_\_\_ 4 doses of Polio (4<sup>th</sup> dose on or after 4<sup>th</sup> birthday and at least 6 months' after previous dose given)
- \_\_\_ 2 doses of Measles, Mumps, and Rubella
- \_\_\_ 3 doses of Hepatitis B
- \_\_\_ 2 doses of Varicella (Chickenpox) or evidence of immunity

Your attention to this important matter is greatly appreciated.

Sincerely,

Melissa Platt BSN, RN, CSN  
School Nurse



## 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

All grades	Doses	Notes
Tetanus, diphtheria, pertussis (DTP/Dtap/DT/Td, or Tdap*)	4*	1st dose at/after age 4
Polio (OPV/IPV)	4	4th dose at/after age 4, at least 6 months after previous dose
Measles, mumps, rubella (MMR/MMRV)	2	At/after age 1
Hepatitis B (HBV)	3	
Chickenpox (Varicella/MMRV)	2	At/after age 1*
6th and 7th grade	Doses	Notes
Meningococcal conjugate vaccine (MCV4)	1	At/after age 2
Tetanus, diphtheria, pertussis (Tdap)	1	At/after age 7
12th grade	Doses	Notes
Meningococcal conjugate vaccine (MCV4)	2	If 1st dose given at age 16 or older, only 1 dose is needed to enter 12th grade

\* Only 3 doses of Td-containing vaccine are necessary if series is started at or after age 7, and at least one dose is Tdap

\*\* Or documentation of immunity by lab test or written statement from parent, guardian, or physician

### If a child doesn't have required doses, they 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



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) \_\_\_\_\_

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

**STUDENT EDUCATION HISTORY - Section 5, Complete this section if the child has ever attended school**

Indicate city and type of school child last attended  
 Philadelphia       Other City: \_\_\_\_\_       Public School       Non Public School

Date Last Attended	Grade Last Attended	Name of School	Address	City	State
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If the student attended school outside of the United States, do you have his/her school records?  
 Yes       No  
 If yes, please provide a copy for the school.  
 If no, please contact the school to obtain the records.

Did the Child ever attend:       Pre-Kindergarten and/or       Kindergarten

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

2) Does your child have a current IEP?       Yes  No

3) Does your child have a current evaluation report?       Yes  No      If yes, what \_\_\_\_\_

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

5) Has the child ever received ESOL/Bilingual services?       Yes  No      If yes, which state: \_\_\_\_\_

6) Does your child have a 504       Yes  No

7) Does your child have a Gifted IEP?       Yes  No

**LANGUAGE SURVEY - Section 6**

	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.

By signing below, I am allowing the School District of Philadelphia to register my child as a student. I also certify the information provided on this application to be true and accurate and providing false or incomplete information that is required for registration may delay enrollment.

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

Date \_\_\_\_\_

School District of Philadelphia  
19-20 Emergency Contact Form

Student ID	Student's Name	Grade & Room #
Grade	Date of Birth	School #
Address		Zip Code
Home Phone #		
Name of Child's doctor/clinic		Phone #
Name of Child's dentist/clinic		Phone #
First Emergency contact (full name )Parent/Guardian		Relationship to child
Cell Phone #	Email Address	Daytime Phone #
Second Emergency contact (full name)		Relationship to child
Cell Phone #	Email Address	Daytime Phone #
Third Emergency contact (full name )		Relationship to child
Cell Phone #	Email Address	Daytime Phone #
Fourth Emergency contact (full name )		Relationship to child
Cell Phone #	Email Address	Daytime Phone #
Fifth Emergency contact (full name )		Relationship to child
Cell Phone #	Email Address	Daytime Phone #



## Dismissal Parental Consent Form

Dismissal Person/Program	Monday	Tuesday	Wednesday	Thursday	Friday
Parents/Guardians will be meeting student in the schoolyard					
My child will be attending an after-care program					
Print Student's Name:			Grade & Room #		
After-Care Program Name:					
After-Care Program Phone:					
After-Care Program Contact Name:					
Please list all allergies/food allergies					
Pease list all medications:					
Please list all medical issues:					
Other:					

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 \_\_\_\_\_

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

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

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	

**TO THE PARENT/GUARDIAN:**

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

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

**TO THE CARE PROVIDER (Please complete all items)**

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. **THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.**

**RECORD OF VACCINE ADMINISTRATION**

*(Please attach complete immunization record including serology results if available)*

▪ Allergies \_\_\_\_\_ ▪ Date of last PPD \_\_\_\_\_ Result \_\_\_\_\_ mm

Does this student have health insurance?  Yes  No Name of Insurance Provider: \_\_\_\_\_

**RECORD THE FOLLOWING**

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: _____ Circle status of problem <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 45%;">_____</td> <td style="width: 15%;">Under Care</td> <td style="width: 15%;">Care Complete</td> <td style="width: 20%;">Referred</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> </table> <input type="checkbox"/> No Problems Identified	1.	_____	Under Care	Care Complete	Referred	2.	_____	Under Care	Care Complete	Referred	3.	_____	Under Care	Care Complete	Referred
1.	_____	Under Care	Care Complete	Referred												
2.	_____	Under Care	Care Complete	Referred												
3.	_____	Under Care	Care Complete	Referred												

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

Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
	Fax	
Address	Date of Exam	

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

Name of School <i>AS Jenks</i>		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>					
UNDER TREATMENT / WORK BEGUN			COMPLETION OF WORK / NO TREATMENT NECESSARY		
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:

*Melissa Platt, LMSW*  
 Certified School Nurse/Practitioner  
*AS Jenks*  
 School  
*2501 S Porter St Phila*  
 School Address  
*215 400 8240*  
 Phone Number

**REQUEST FOR ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF EQUIPMENT IN SCHOOL**

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

**PHYSICIAN, PLEASE NOTE:** Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication / treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT		ADDRESS/CITY		ROOM/BOOK NO.
DATE OF BIRTH	SCHOOL/ORG #	REGIONAL OFFICE	PID	
DIAGNOSIS:				
REASON MEDICATION MUST BE GIVEN IN SCHOOL:				
NAME OF MEDICATION/EQUIPMENT/TREATMENT:		DOSE:		
TIME(S) TO BE GIVEN IN SCHOOL:		TOTAL DOSAGE PER 24 HRS:		
DATE BEGIN:	DATE END:			
INSTRUCTION FOR ADMINISTRATION/UTILIZATION:				
CONTRAINDICATIONS:				
SIDE EFFECTS:				
TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:				
IS ANY RESTRICTION ON ACTIVITY NECESSARY: YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, DESCRIBE: _____				
IS STUDENT TAKING ANY OTHER MEDICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, NAME OF MEDICATIONS: _____				
IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>				
PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS			TELEPHONE	
ADDRESS			EMERGENCY NUMBER	
SIGNATURE OF HEALTH CARE PROVIDER			DATE SIGNED	

To The Principal

- I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.
- Medication is to be administered by the Certified School Nurse. In the absence of the Certified School Nurse, it may be administered by the Principal or his/her designees.
- Certified School Nurse will provide instruction for administration of medication or use of equipment to the Principal or his/her designees.
- My child may self-administer medication/equipment as determined appropriate by the school nurse.
- I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply, as needed, regarding this medication/equipment and/or my child's response.

PARENT SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ EMERGENCY NUMBER \_\_\_\_\_

**IN ACCORDANCE WITH CURRENT SCHOOL DISTRICT PROCEDURE**

- I have assessed this student and he/she has demonstrated competency and may self administer this medication/treatment ( ) yes ( ) no
- The administration of this medication/treatment was approved on: \_\_\_\_\_ DATE

SIGNATURE OF SCHOOL NURSE \_\_\_\_\_

TELEPHONE NUMBER OF SCHOOL NURSE \_\_\_\_\_

**TO THE PHYSICIAN:**  
Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for students who require medication/treatment during the school day in order to function in the classroom, School District Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication.

School District Policy also permits the use of equipment/machinery in those instances where similar equipment is kept by the child's family at home, and such equipment/machinery is necessary in order to enable the student to function in the classroom. Instruction for use and precautions should be spelled out in detail.

**(IF YOUR PATIENT'S MEDICATION OR TREATMENT SCHEDULE CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE - A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT).**

When the medication/treatment prescribed exceeds or differs from that approved by the FDA or recommended by the manufacturer, you and the child's parent will be required to submit written detailed information to the School Nurse. This must include a list of side effects and confirmation that all side-effects have been explained to and are understood by the parent. Any particularly dangerous conditions being experienced by the child should be spelled out in detail, with the procedure to follow should a reaction occur.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

**DEAR PARENT/GUARDIAN:**

Some children need the administration of medication or special equipment in order to function in the classroom. Ideally, this should take place at home. If your child's medication/equipment schedule cannot be altered so that everything can be administered at home, you can request that they be given in school by seeing the school nurse or principal. When the medication/treatment prescribed for your child exceeds or differs from that approved by the FDA or the manufacturer, you and your health care provider will be required to submit additional written information to the School Nurse prior to approval. Once the request has been approved by the School Nurse, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- \* Patient Name
- \* Pharmacy Name
- \* Pharmacy Address and Phone#
- \* Prescription Number
- \* Prescription Date (current)
- \* Name of medication, dosage form, expiration date (if relevant)
- \* Instructions for administration
- \* Name of prescribing health care provider

For special equipment, services in school will be provided only if you have such equipment in your home. You must provide the equipment as well as repair and replace it when necessary. After the request is approved, you will be asked to bring the equipment to school and to demonstrate its use to selected school staff. Operating instructions must accompany the equipment.

This procedure must be repeated each school year and/or each time there is a change in dosage. Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse or school principal.

Thank you.

**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.

<p>If this student has been or is presently suspended or expelled from another school, please complete:</p> <p>Name of the school from which student was suspended or expelled:</p> <p>_____</p> <p>Dates of suspension or expulsion: _____ (Please provide additional schools and dates of expulsion or suspension on back of this sheet.)</p> <p>Reason for suspension/expulsion (optional)</p>
---

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



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

Rachel Holzman, Esquire  
Deputy Chief

**Release of Directory Information Opt-Out Form**

The School District of Philadelphia may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures.

Directory information includes the following: name, address, phone number, date and place of birth; field of study; participation in recognized activities and sports; height/weight, if member of athletic team; dates of attendance; degrees, awards, photographs, rosters; previous school(s) attended; and primary language.

The primary purpose of directory information is to allow The School District of Philadelphia to include this type of information from your child's education records in certain school publications, including: a playbill, showing your student's role in a drama production; school newsletters, the annual yearbook; honor roll or other recognition lists; graduation programs; and sports activity sheets, such as for basketball, showing weight and height of team members.

This information may also be made available to qualified outside organizations upon request. Qualified outside organizations include, but are not limited to, scholarship providers, trade/technical schools, and potential employers. In recognition of a family's right to privacy, it is the policy of The School District of Philadelphia that directory information will not be provided to commercial enterprises.

Parents or eligible students (18 years old or above) have the right to have directory information withheld upon written request. If you prefer to deny release of directory information without prior written consent, please complete and return the entire form to your child's school by **within ten (10) days of your enrollment**. Once this form is completed and returned to the school, your choice will not change until you complete and submit a new form. Use a separate form for each child. **Only return this form if you do NOT want directory information released.**

I DO NOT want directory information to be released and request ONE of the following:

Do not release my student's directory information at any time. No information for school publications, school activities, trade schools, scholarship providers or employers.

Do not release my student's directory information at any time, except for school publications, school activities and to qualified outside organizations.

Do not release my student's directory information at any time, except for school publications and school activities.

Do not release my student's directory information to military recruiters ( 11<sup>th</sup> and 12<sup>th</sup> grade only)

I do not permit my child to take any surveys that concern one or more of the areas listed on the PPRA notice

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Name of School (Please Print)

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 years or older)

**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(c).

## *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.)

# A.S. Jenks Gym Uniform and School Shirt Order Form

Fill out the form below and have your child return it to his/her teacher with the form and total amount in an envelope. Please address envelope with:

**Attention: Home & School (School Uniforms)**

-----  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Circle the appropriate size and indicate the quantity needed:

	Small	Medium	Large	Adult Small	Quantity	Subtotal
Gym T-Shirt	\$6.00	\$6.00	\$6.00	\$7.00		
Gym Shorts	\$10.00	\$10.00	\$10.00	\$11.00		
Gym Sweatshirt	\$11.00	\$11.00	\$11.00	\$12.00		
Gym Sweatpants	\$12.00	\$12.00	\$12.00	\$13.00		

Total \_\_\_\_\_

Payment must be in the form of cash or money order. No personal checks will be accepted.  
Credit cards are accepted in person in the Home & School Office.

**A.S. Jenks School Supply List**  
**LABEL ALL SUPPLIES**

**Kindergarten**

- 30 SHARPENED pencils
- 1 backpack
- 1 soft pencil case
- 1 box Crayola crayons (24 pack)
- 1 box Crayola markers
- 1 pack of dry erase markers
- 1 pack of fun tack (blue)
- 2 Elmer's glue sticks
- 2 Elmer's glue bottles
- 2 marble copybooks (print child's full name on front)
- 2 folders
- 1 box of tissues
- 1 container of Clorox wipes
- \$5.00 for art supplies
- 1 complete change of clothes in case of accident (shirt, pants, underwear, socks)
- 3 packs of copy paper
- 1 pack of multi-color construction paper
- 1 ice pack (put child's name on it)
- 1 box of Gallon Ziploc bags
- 1 pack 3X5 cards (assorted colors)
- 1 roll of paper towels

**First Grade**

- 3 marble copybooks
- 2 soft pencil cases (no hard boxes)
- 1 box Crayola washable markers (Classic colors)
- 1 box Crayola crayons (24 pack)
- 30 SHARPENED pencils
- 3 plastic folders (1 red, 2 your choice)
- 3 packs of copy paper
- 1 roll of paper towels
- 1 box tissues
- 1 Clorox wipes
- 1 container antibacterial wipes for hands
- \$10.00 for Scholastic News Subscription
- 4 glue sticks
- 3 black dry erase markers

### Second Grade

5 marble composition books  
5 SHARPENED pencils  
1 box Crayola crayons (24 pack)  
4 glue sticks  
1 bottle liquid glue  
2 dry erase markers  
1 dry eraser  
1 box Crayola washable markers  
1 pair children's safety scissors  
1 pencil case  
1 container of baby wipes  
2 boxes of tissues  
3 packs copy paper  
1 bottle hand sanitizer  
1 gallon-size Ziploc bag  
1 highlighter  
5 folders (one each in red, blue, yellow, green, purple)

### Third Grade

1 box of crayons  
1 container of baby wipes  
6 glue sticks  
1 12" ruler showing centimeters and inches  
70 SHARPENED pencils  
3 erasers  
3 copybooks (marble only)  
1 scissors (child size)  
3 pocket folders  
3 boxes tissues  
2 rolls paper towels  
1 pack Expo dry erase markers  
2 bottles of antibacterial hand sanitizer  
1 Lysol wipes  
4 packs copy paper  
1 pack multi-colored construction paper (girls only)  
1 pack of lined paper (boys only)  
1 pencil case  
1 box markers  
2 yellow highlighters  
1 pack of post-its  
1 pack 3X5 cards  
1 box Gallon Ziploc bags  
1 box Sandwich size Ziploc bags

### **Fourth Grade**

- 6 marble copybooks
- 6 folders with pockets (red, blue, green, purple, and 2 of your choice)
- 1 box #2 pencils SHARPENED
- 1 soft pencil cases (no boxes)
- 2 glue sticks
- 1 box Crayola crayons (24 pack)
- 2 Dry Erase markers (dark colors)
- 1 box washable markers
- 2 highlighters
- 1 pair of safety scissors
- 1 ruler (with inches and centimeters)
- 1 box band aids
- 1 pack of lined paper (loose leaf)
- 1 ice pack
- 2 large boxes of tissues
- 1 hand sanitizer
- 1 roll of paper towels
- 2 packs copy paper
- 2 packs of 12X18 construction paper

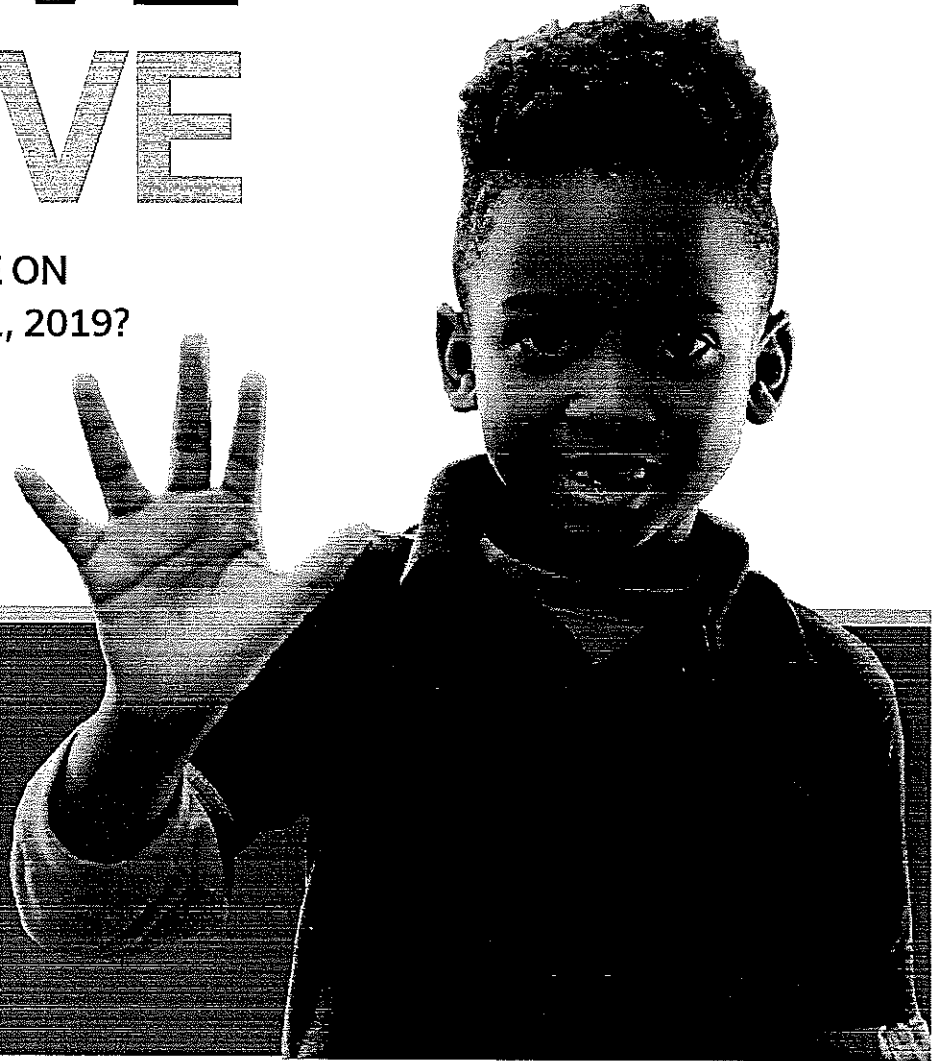
### **Fifth Grade**

- 3 packs copy paper
- 3 hardback notebooks
- 3 folders
- 3 boxes of #2 pencils- SHARPENED
- 1 personal sharpener (to be kept at home)
- 1 soft pencil case (no hard boxes)
- 4 dry erase markers in BLACK only
- 1 scissors
- 1 hand sanitizer
- 1 ruler showing centimeters and inches
- 2 packs of lined paper (loose leaf)
- 3 rolls paper towels
- 2 boxes tissues

# THRIVE AT FIVE

WILL YOUR CHILD BE FIVE ON  
OR BEFORE SEPTEMBER 1, 2019?

IF SO, REGISTER FOR  
KINDERGARTEN FROM  
JANUARY 22, 2019 TO  
MAY 31, 2019



**KINDERGARTEN  
OPEN HOUSE DAY  
MARCH 5, 2019**

**KINDERGARTEN  
OPEN HOUSE WEEK  
MAY 6-10, 2019**

## FIVE STEPS TO REGISTRATION

- 1 Go to the Kindergarten Registration website:  
[www.philasd.org/kregistration](http://www.philasd.org/kregistration)
- 2 Identify your school using School Finder:  
[www.philasd.org/schoolfinder](http://www.philasd.org/schoolfinder)
- 3 Gather your registration documents
- 4 Go to your neighborhood school to register your child
- 5 Talk with your child to get them excited about kindergarten

## FIVE ITEMS TO BRING TO REGISTRATION

- Parent/Guardian identification
- Proof of child's age
- Child's current immunization records
- > 2 documents proving your address
- 



THE SCHOOL DISTRICT OF  
PHILADELPHIA

Call the Office of Student Enrollment and  
Placement at 215-400-4290 for assistance.  
[www.philasd.org/kregistration](http://www.philasd.org/kregistration)