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 containing 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
  ☐ Foster care/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
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](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, 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.

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
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 4th birthday)
- 4 doses of Polio (4th dose on or after 4th 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.

<table>
<thead>
<tr>
<th>All grades</th>
<th>Doses</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, diptheria, pertussis (DTP/Dta/DT/Td, or Tdap*)</td>
<td>4*</td>
<td>1st dose at/after age 4</td>
</tr>
<tr>
<td>Polio (OPV/IPv)</td>
<td>3</td>
<td>4th dose at/after age 4, at least 6 months after previous dose</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR/MMRV)</td>
<td>2</td>
<td>At/after age 1</td>
</tr>
<tr>
<td>Hepatitis B (HBV)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Chickenpox (Varicella/MMRV)</td>
<td>2</td>
<td>At/after age 1*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6th and 7th grade</th>
<th>Doses</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal conjugate vaccine (MCV4)</td>
<td>1</td>
<td>At/after age 2</td>
</tr>
<tr>
<td>Tetanus, diptheria, pertussis (Tdap)</td>
<td>1</td>
<td>At/after age 7</td>
</tr>
</tbody>
</table>

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

* 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 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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth</th>
<th>STUDENT ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>House No.</th>
<th>Dir</th>
<th>Street Name</th>
<th>St. Ave. Etc</th>
<th>Apt#</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race Designation: Are you Hispanic ☐ Yes or ☐ No ☐ 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: ____________________________

HOUSING INFORMATION - Section 2

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

<table>
<thead>
<tr>
<th>Parent / Guardian Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Circle) Mother ☐ Stepparent ☐ Guardian / Other:</td>
</tr>
<tr>
<td>☐ Father ☐ Stepparent ☐ Guardian / Other:</td>
</tr>
</tbody>
</table>

Address: ____________________________

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check this box if the address is the same</td>
</tr>
</tbody>
</table>

Phone: ____________________________

<table>
<thead>
<tr>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Home)</td>
</tr>
<tr>
<td>(Cell)</td>
</tr>
<tr>
<td>(Work)</td>
</tr>
</tbody>
</table>

E-Mail: ____________________________

| E-Mail: |

Please Indicate this Guardian’s Primary Language: ____________________________

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone (1): ____________________________

| Phone (1): |

Secondary 2)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone (1): ____________________________

| Phone (1): |
## Student Education History - Section 5
Complete this section if the child has ever attended school

<table>
<thead>
<tr>
<th>Indicate city and type of school child last attended</th>
<th>□ Philadelphia</th>
<th>□ Other City: ______________________</th>
<th>□ Public School</th>
<th>□ Non Public School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Last Attended</td>
<td>Grade Last Attended</td>
<td>Name of School</td>
<td>Address</td>
<td>City</td>
</tr>
</tbody>
</table>

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.

Old 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

<table>
<thead>
<tr>
<th>English</th>
<th>Other</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

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 ______________________
<table>
<thead>
<tr>
<th>Student ID</th>
<th>Student's Name</th>
<th>Grade &amp; Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Date of Birth</td>
<td>School #</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone #</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Child's doctor/clinic</th>
<th>Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Child's dentist/clinic</th>
<th>Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Emergency contact (full name) Parent/Guardian</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone #</td>
<td>Daytime Phone #</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Emergency contact (full name)</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone #</td>
<td>Daytime Phone #</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Emergency contact (full name)</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone #</td>
<td>Daytime Phone #</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fourth Emergency contact (full name)</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone #</td>
<td>Daytime Phone #</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fifth Emergency contact (full name)</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone #</td>
<td>Daytime Phone #</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sixth Emergency contact (full name)</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone #</td>
<td>Daytime Phone #</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Dismissal Parental Consent Form</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Dismissal Person/Program</strong></td>
<td>Monday</td>
</tr>
<tr>
<td>Parents/Guardians will be meeting student in the schoolyard</td>
<td></td>
</tr>
<tr>
<td>My child will be attending an after-care program</td>
<td></td>
</tr>
<tr>
<td>Print Student's Name:</td>
<td></td>
</tr>
<tr>
<td><strong>After-Care Program</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Name:</strong></td>
<td></td>
</tr>
<tr>
<td>Please list all allergies/food allergies</td>
<td></td>
</tr>
<tr>
<td>Please list all medications:</td>
<td></td>
</tr>
<tr>
<td>Please list all medical issues:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL INFORMATION

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

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of School:</td>
<td>Room/Section:</td>
<td>Grade:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? ____________________________

Revised: S-865 (01/2017)
6. Does your child take any medicine now?  _Yes _ No  If yes, list below:

<table>
<thead>
<tr>
<th>Medicine:</th>
<th>Dosage:</th>
<th>Frequency:</th>
<th>Reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

☐ Asthma  ☐ Dental  ☐ Hospitalized (Surgery)  ☐ Premature Birth (Under 36 weeks)

☐ Anemia  ☐ Diabetes  ☐ Learning Problem  ☐ Seizures

☐ Arthritis  ☐ Drug/Alcohol  ☐ Lung Disease  ☐ Speech Difficulty

☐ Behavior/Emotional Disorders  ☐ Eczema  ☐ Lead Poisoning  ☐ Tuberculosis

☐ Blood Disorders  ☐ Frequent Colds  ☐ Meningitis  ☐ Urinating/Kidney Problem

☐ Cancer  ☐ Hearing Difficulty  ☐ Muscle/Bone/Joint  ☐ Vision Problems

☐ Chicken Pox at age:  ☐ Heart  ☐ Physical Disability  ☐

Additional Comments:  

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Revised: S-865 [01/2017]  2
### REPORT OF PHYSICAL EXAMINATION

**Date issued:** [Date]  
**Student ID#:**

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>Date of Birth:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Room/Section/Book</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 _______
   - B. BP _______

3. **Height** _______ inches/cm  
**Weight** _______ lb./kg  
**BMI percentile** _______

4. **Scoliosis Screening:**
   - Normal ☐  
   - Abnormal ☐  
   - Referred ☐  
   - No Referral ☐

**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:** ___________________________

**Care Provider office stamp (REQUIRED):**

**Address:** ___________________________

**Date of Exam:** ___________________________

MEH-1 (Rev. 2/17)
TO THE DENTIST

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).

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.

Thank you for your cooperation.

<table>
<thead>
<tr>
<th>UNDER TREATMENT / WORK BEGUN</th>
<th>COMPLETION OF WORK / NO TREATMENT NECESSARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Work Begun</td>
<td>☐ No Treatment Required Now</td>
</tr>
<tr>
<td>Scheduled Follow-up Appointment</td>
<td>☐ All Necessary Dental Work Completed</td>
</tr>
<tr>
<td>Date of Dental Examination</td>
<td>Expected Completion Date</td>
</tr>
</tbody>
</table>

Comments / Follow-up Treatment / Special Instructions to School

<table>
<thead>
<tr>
<th>Name of Dentist</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Dentist</td>
<td>Date Signed</td>
</tr>
<tr>
<td>Address</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

IMPORTANT:

Return this form to:

[Signature]

Certified School Nurse/Practitioner

[Name]

School

Address

Phone Number
Thank you.

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

With the exception of the last day of school, the process for secure medication is to be followed as described.

In the event of a change in dosage or medication type, the medication must be discussed with the school nurse. Year-end forms are due at the beginning of the school year. However, for students who require medication during the school year in order to function in the classroom, school district policy requires that the medication be given at home. The administration of medication or equipment is prohibited when a child is at school. If your child is required to take medication, please provide the approved medication, as well as the original prescription. A copy of the prescription must be kept on file at the school. Once the prescribed medication is received by the school nurse, you will be asked to provide a copy of the prescription. If any changes are made to the medication, the school nurse must be notified. For special equipment, students will be provided only if you have such equipment in your home. If you have such equipment, you must provide the equipment as well as the original prescription. A copy of the prescription must be kept on file at the school.

Some schools may require the administration of medication or special equipment in order to function in the classroom. If at all possible, the school nurse will be notified if the student is required to take medication during the school day.

parent/Guardian:

School Health Services

Thank you.

[Signature]
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,
after 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 act 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.
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 (11th and 12th 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

<table>
<thead>
<tr>
<th>Student Name (Please Print)</th>
<th>Name of School (Please Print)</th>
<th>Student ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name (Please Print)</td>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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 playbook, 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. ¹

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:

-Student’s name
-Address
-Telephone listing
-Primary language
-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 if members of athletic team
-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 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.)

¹ 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>Adult Small</th>
<th>Quantity</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym T-Shirt</td>
<td>$6.00</td>
<td>$6.00</td>
<td>$6.00</td>
<td>$7.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gym Shorts</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$11.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gym Sweatshirt</td>
<td>$11.00</td>
<td>$11.00</td>
<td>$11.00</td>
<td>$12.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gym Sweatpants</td>
<td>$12.00</td>
<td>$12.00</td>
<td>$12.00</td>
<td>$13.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
2. Identify your school using School Finder: 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