GETTYSBURG MONTESSORI CHARTER SCHOOL

*Inspiring a Love of Learning*

GMCS Application

The Gettysburg Montessori Charter School is a free K-6 public school. To submit an application to the school, children must be 5 years old by September 1 and be a Pennsylvania resident.

Please complete our enrollment packet for each student enrolling in the school. Please print clearly being sure to include the student's name at the bottom of each page of the packet. Note: Students are not officially enrolled until all required forms have been submitted.

- Charter School Student Enrollment Notification Form
- Enrollment Application Form
- Special Programs and Photo/Video/Web Release
- Emergency and Health Information Form
- Home Language Questionnaire
- Homeless Survey
- State Entry Data Questionnaire
- Request for Transfer of Educational Records (for students enrolled in a school previously)
- Free and Reduced Meal Programs Form
- Copy of Birth Certificate
- Proof of Residence of parents/guardians (driver's license, local or state tax documents)
- Copy of Student's Immunization Record
- Physical Examination
- Dental Examination
- Court/Custody Documents

Office Use Only

Student ID# _____ PA Secure ID _____ Returning Students ____

Grade Entering _____ Transportation needed by home district _____ yes _____ no

Student Name _____

Date Application Received _____ Start Date_____

- Birth Certificate: Date of Birth_____
- Proof of Residence: Type_____

School District of Residence_____

Special Education/IEP/504/RtI_____

Suspension / Expulsion Statement _____ School Language Results_____
Free/Reduced Lunch_____ Teacher's name _____
McKinney-Vento act _____



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# Charter School Student Enrollment Notification Form

**For School Year** 2025-2026

**Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.**

Name of Charter School: Gettysburg Montessori Charter School

Address: 888 Coleman Road, Gettysburg PA 17325

Charter School Contact Person: Nicole Norris or Leigh Gugliette

Telephone: 717.334.1120 Email Address: info@GettysburgMontessoriCharter.org Leigh@GettysburgMontessoriCharter.org

## I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Mailing Address (If Different From Home Address) _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____

## II. School District of Residence and Former School Information

School District of Residence: _____

Former School Information (Other Than Pre-School):

_____ Public School _____ Charter School _____ Home School _____ Nonpublic School

_____ Student Not Enrolled in School Preceding Enrollment in Charter School Because:

_____ Entering Kindergarten _____ Re-Enrolling Dropout _____ Other _____

Name of Former School: _____

Address of Former School: _____

_____

Previous Grade: _____ Withdrawal Date From Former School: _____

Was Your Child Receiving Special Education Services Based On An Iep? _____ Yes _____ No

If Yes, Do You Have The Child's Special Education Records (Iep)? _____ Yes _____ No

## III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents Alternately _____ Mother Only _____ Father Only

_____ Legal Guardian _____ Foster Parents Other Adult _____

Special Custodial Court Instructions:
(If Yes, Please Provide a Copy of Court Order.) _____ Yes _____ No

### Complete Parent/Guardian Name and Address Information As Applicable

Father's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

Mother's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

### If The Student Is Not Living With Parents, Please Complete This Section.

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.

**Signature of Parent/Guardian:** _____ **Date:** _____

## IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____

Proof of Residency _____ Mortgage Statement _____ Lease _____ Utility Bill _____ Other _____

Official Enrollment Date: _____ Anticipated Date of Attendance: _____

Grade Student Is Entering: _____

**Signature of Charter School Representative:** _____

GETTYSBURG MONTESSORI CHARTER SCHOOL
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# Enrollment Application Form

**Student Information:**

School Year Applying For: _____ Grade: _____

Full Legal Name of Student: _____

Nickname: _____

Date of Birth: _____ Gender: _____

Ethnicity: ___ American Indian/Alaska Native ___ Asian ___ Black, not Hispanic ___ Caucasian ___ Hawaiian/Pacific Islander ___ Hispanic ___ Multiracial ___Other_____

Address: _____

Resident School: _____

Sibling Information (please write the name, age, and school child is attending)

| Name: | Age: | School: |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Adults Living in the Household (please write the name, age and relation to the student)

| Name: | Age: | Relationship: |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Parent Information:**

With which parent does the child live? Please explain any custody arrangements: _____

_____

_____

Mother's Name: _____ Employer: _____

Address: _____

Email: _____

Phone (Home): _____ (Cell): _____ (Work): _____

Father's Name: _____ Employer: _____

Address: _____

Email: _____

Phone (Home): _____ (Cell): _____ (Work): _____



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# Emergency and Health Information Form

**Emergency and Health Information Form:**

Child's Full Legal Name: _____ Date of Birth: _____
Child's Address: _____
Mother/Guardian Full Name: _____
Mother's Phone (Home): _____ (Cell) _____ (Work) _____
Father's Phone (Home): _____ (Cell) _____ (Work) _____
Other Emergency Contacts:
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Primary Physician Information:
Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Type of Insurance: ___ HMO ____ Medicaid ____ No Health Insurance _____ Other
Health Insurance Carrier: _____ Group No._____
If the student is covered by Medicaid, provide the Medicaid number: _____

**Read and Check:**

____I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving – including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy – the school district has the right to receive partial reimbursement from Medicaid for those services rendered.

Please list any serious allergies, conditions (including physical or emotional) or restriction the student has:_____
_____
_____

Does your child have any health concerns such as allergies, asthma, or any other condition that we must know about in order to make decisions on the proper medical care for your child in case of an emergency?_____
_____
_____

**Emergency Release**

Gettysburg Montessori Charter School will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact, but if none of these people can be reached, school personnel have permission to use discretion in securing medical aid in an emergency. It is understood that neither Gettysburg Montessori Charter School nor the person responsible for obtaining the medical aid will be responsible for the expense incurred.

Parent/Guardian Signature:_____Date:_____


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**RN HEALTH ALERTS:** _____

_____

## 25/26 EMERGENCY CONTACTS & HEALTH INFORMATION

**EACH YEAR, PLEASE COMPLETE & RETURN FORM TO SCHOOL IMMEDIATELY.**

Student's Name: _____

Date of Birth: _____ Gender: _____ Grade: _____ Teacher: _____

Address: _____

**Mother's Name:** _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Please list the prefer order for the best number to use during the hours 8:00am – 3:30pm _____

**Father's Name**: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Guardian's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Please list the prefer order for the best number to use during the hours 8:00am – 3:30pm _____

**PARENTS / GUARDIAN'S ARE ALWAYS CALLED FIRST. Emergency Contacts Must Bring Photo ID.**

**List Adults Who May Pick-Up & Care for Child if the School Is Unable to Contact You Within Twenty Minutes.**

1st contact Name: _____ Phone: _____ Cell: _____ Family or Friend

2nd contact Name: _____ Phone: _____ Cell: _____ Family or Friend

3rd contact Name: _____ Phone: _____ Cell: _____ Family or Friend

4th contact Name: _____ Phone: _____ Cell: _____ Family or Friend

## Annual Health/Emergency Information

Does your child have any **Life Threatening Conditions**? **Yes** **No**

- If yes, contact the nurse prior to the start of school to provide more information.

Has your child ever had a **serious illness/injury/operation**: **Yes** **No**
If yes, what? _____ When? _____

Is your child currently taking any **daily medication at home**: **Yes** **No**
If yes, what? _____ What for? _____

Does your child need to **take any medication during the school day**: **Yes** **No**
If yes, what? _____ What for? _____

- Deliver **medication** to nurse with signed doctor's forms prior to the start of school.

Has a doctor ever diagnosed your child with **Asthma**? **Yes** **No**
Signs and symptoms of asthma attack: _____
Will your child require an **Inhaler at school** this year? **Yes** **No**

- Deliver **Inhaler** to nurse with signed doctor's forms prior to the start of school.

Has a doctor diagnosed your child with a **life threatening Allergic Reaction**? **Yes** **No**
If yes, what type of allergy: _____
Signs and symptoms of the allergic reaction: _____
Will your child require an **Epipen at school**? **Yes** **No**

- Deliver **Epipen** to nurse with signed doctor's forms prior to the start of school.

Does your child require a **Special Diet**: **Yes** **No**
Dietary restrictions: _____

- IF **your child needs a food removed or substituted from a lunch/breakfast tray, provide a signed note from your child's doctor prior to the start of school.** (The school does not offer a dairy-free milk substitute, but you may pack a dairy-free milk substitute in a thermos.

**CONSENT:** The nurse may provide first aid care and administer generic OTC medication as indicated below:

**All Stocked OTC: Yes No Please Initial:** _____

**Non-Aerosol Topical Sunscreen Use at School**

**Parents/guardians may choose to supply their child with non-aerosol topical sunscreen, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.**

**Parent/Guardian Attestation**

- **By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.**
- **By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.**

**The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:**

- **The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.**
- **The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.**

**If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancelation or restriction to the student's parent/guardian.**

**Parent/Guardian Signature:** _____

**Date:** _____

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Checklist

**Copy of Student's Immunizations**

- Please attach a copy of the student's immunizations to the back of the application.

**Copy of Student's Birth Certificate**

- Please attach a copy of the student's birth certificate to the back of the application.

**Proof of Residence**

- Please attach a copy of a driver's license, local or state tax documents, voter registration, or other official documents addressed to the parent/legal guardian living with the student.

**Photo ID**

- Driver's License, state issued photo id card, or passport

**Free and Reduced Meals Programs**

- All public schools must be able to report the percentage of students whose families are eligible for Federal Free or Reduced Meals Programs (F.A.R.M.). These statistics are also used in many of the state and federal grant programs. All information is strictly confidential.

Does your child qualify for the Free or Reduced Meals program? ____yes ____no ____not sure

You may access this form on our website: gettysburgmontessoricharter.org under student information school meals located under the price for school meals. You may also go directly to the site to apply https://www.compass.state.pa.us/Compass.Web/public/cmphome.

Student's Name:_____



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GETTYSBURG MONTESSORI CHARTER SCHOOL

# HOME LANGUAGE SURVEY

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

School: Gettysburg Montessori Charter School Student ID #: _____

Student's Last Name: _____

Student's First Name: _____

## ENGLISH

1. Is a language other than English spoken in your home? ☐ No ☐ Yes _____ (specify language)
2. Does your child communicate in a language other than English? ☐ No ☐ Yes _____ (specify language)
3. Which language did your child learn first? _____ (specify language)
4. In which language do you prefer to receive information from the school? _____ (specify language)
5. What is your relationship to the child? ☐ Father ☐ Mother ☐ Guardian ☐ Other (specify) _____

## ESPAÑOL (SPANISH)

1. ¿Se habla otro idioma que no sea el inglés en su casa? ☐ No ☐ Sí _____ (especifique idioma)
2. ¿Habla el estudiante un idioma que no sea el inglés? ☐ No ☐ Sí _____ (especifique idioma)
3. ¿Cuál fué el primer idioma que aprendió su hijo/a? _____ (especifique idioma)
4. ¿En que idioma prefiere recibir comunicaciones de la escuela? _____ (especifique idioma)
5. ¿Cuál es su relación con el estudiante? ☐ Padre ☐ Madre ☐ Guardián ☐ Otro (especifique) _____

**Parent/Guardian Signature:** _____ **Date:** _____

**Interpreter Provided: No ___ Yes ___ (check one)**

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# Homeless Survey

McKinney-Vento Act

_____
Student ID Number

Confidential Information:

Complete this only if: (1) it reflects your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) Check one that reflects your living situation.

Student lives:
____with relatives or others due to lack of housing; ____in a motel/hotel, camp ground, or other similar situation due to lack of alternative, adequate housing; ____in a shelter; ____ at a train or bus station, park, or in a car; ____in an abandoned apartment/building; ____ temporarily housed in a shelter awaiting Department of Social Services permanent foster care placement; ____ not living with a parent or guardian

____ None of the above living situations applies to my child (if this is checked, you do not need to complete this form).

Date:_____ School:_____
Student Name:_____Birthdate:_____
Student Address:_____

Does this student receive special education services? ____Yes ____No
Is this student residing in this school district? ____Yes ____No
What is the school of origin? _____
Are alternative transportation services needed? ____Yes ____No
Student Ethnicity:_____
Sibling:_____Birthdate:_____School:_____
Sibling:_____Birthdate:_____School:_____
Sibling:_____Birthdate:_____School:_____

Parent/Guardian Information:
Name:_____Phone:_____
Address:_____
Email:_____
Emergency Contact:
Name:_____Phone:_____
Address:_____
Relationship:_____
Referring Source & Relationship to Student:_____
Phone:_____



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# Homeless Policy

The school will ensure that each child of a homeless individual and each homeless youth have equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth. Homeless students may reside in shelters, hotels, motels, cars, tents or be temporarily doubled-up with a resident family because of lack of housing. In case of homeless students, traditional concepts of "residence" and "domicile" do not apply. Homeless children and youth lack a fixed, regular, and adequate nighttime residence. Included within the definition of homeless children and youth are those who are "awaiting foster care placement" and "unaccompanied homeless youth."

Unaccompanied homeless youth may enroll without documents and without the help of an adult. Unaccompanied homeless youth includes any child who is "not in the physical custody of a parent or guardian." Falling within this definition are those students who ran away from home, been thrown out of their home, or been abandoned or separated from their parents or guardian. Youth awaiting foster care placement include those who are placed in an emergency, interim or respite foster care; kinship care; evaluation or diagnostic centers or placements for the sole purpose of evaluation.

When necessary, the school administration will consult with the respective county children and youth agencies to determine if a child meets the definition of "awaiting foster care placement", including, on a case-by-case basis, whether a child who does not clearly fall into one of these categories is nevertheless a child "awaiting foster care placement." Homeless youth are entitled to immediate enrollments, if a space exists pursuant to the Admissions/Lottery Policy and their families are not required to prove residency regarding school enrollment. These students are considered residents of the district where they are presently residing, or continue their education in the district of prior attendance.



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## State Data Questionnaire

1. Student Name: _____ Current Grade: _____
2. Student's Date of Birth: _____
3. Mother's Name: _____
4. Father's Name: _____
5. Legal Guardian (if child does not live with parents): _____
6. Where was child born? City: _____ State: _____
7. What year did your child first start attending school? _____
8. When did your child enter the State of Pennsylvania? _____ MM/DD/YYYY
9. When did your child start attending a school in Pennsylvania? _____ MM/DD/YYYY

Parent or Legal Guardian Name and Signature

_____ _____
Please Print First and Last Name Date

_____
Please Sign First and Last Name



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GETTYSBURG MONTESSORI CHARTER SCHOOL
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# Request for Transfer of Educational Records

**We/I hereby authorize:**

Name of Previous School: _____

Phone: _____ Fax: _____

Address: _____

City: _____ County: _____ State: _____

**To release information from the records of:**

Student's Full Name: _____ Birth Date: _____

**To Gettysburg Montessori Charter School for the purpose of: *Student Registration/Enrollment***

- Academic Records including report cards, transcripts, cumulative records
- PA Mandated Personal Health Information including immunizations, physicals, school time patient care and dental exams
- Discipline Records
- Attendance Records
- Special Education Records including IEP, 504, RtI, Evaluation and Reevaluation reports, progress monitoring reports
- Special Services Assessments such as psychological, Chapter 15 Service Agreement, vocational, etc. PA Secure ID number (for PA Students)

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I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have an opportunity for a hearing to inspect and review any and all official school records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent. When records are requested by school personnel for a student who has or is enrolling in a school system, parental permission is not required.

**Parent or Legal Guardian Name and Signature**

_____ _____

Please Print First and Last Name Date

_____

Please Sign First and Last Name



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**Submitting Enrollment Complaints to the Department of Education**

When a dispute arises regarding enrollment of a student, the person attempting to enroll the child or the school may bring the dispute to the attention of the Department's School Services Unit. A complaint may be filed by mail (333 Market St. Harrisburg, PA 17126), email, or by phone with written follow up. After receipt of a complaint, a Department representative will contact the school, family or other involved parties to ascertain the facts, determine whether the child is entitled to enrollment at the school, and attempt to resolve the problem. These contacts, whenever possible, will occur within five (5) days of receipt of the complaint. If the complaint is not amicably resolved, a written determination will be made and sent to the school and the individual who filed the complaint. If the school does not enroll the student within five (5) school days after receiving the written determination and space exists pursuant to the school's Admission/Lottery Policy, the Department will issue a letter to the school requesting its position on the matter. The school will have five (5) school days to respond to the request. If the school refuses to enroll the student or does not respond, the matter will be forwarded to the Department's Office of Chief Counsel (OCC). The OCC and the Deputy Secretary for Elementary/Secondary Education will determine if the school's response is valid to deny enrollment. If not, the Deputy Secretary will determine what additional measures may be necessary to assure enrollment.



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# Code of Conduct

All members of the Gettysburg Montessori Charter School (GMCS) community are responsible for fostering and protecting a peaceful and secure learning environment and for following this code of conduct, including:

- Students
- Parents
- Caregivers
- Visitors
- Volunteers
- Teachers
- Administrators
- Staff

## OUR SCHOOL COMMUNITY AND A SAFE ENVIRONMENT

Dr. Maria Montessori believed strongly in the contributions that the child could make to humanity. She believed that in order to create peace, you must start with the child. One purpose of our school is to encourage our students to become good citizens within the framework of our educational community. We are committed to supporting children in becoming healthy, responsible, and productive members of society.

A safe and courteous environment is at the very core of a healthy learning environment. We promote an atmosphere that embraces our differences, encourages compassion, and honors the potential in every student. Dr. Montessori integrated a code of conduct into her curriculum emphasizing grace and courtesy to promote knowledge of appropriate social interactions and peaceful relationships. Behavior in a Montessori classroom is no different than in our homes or the social community. Therefore, we expect all members of our community to support the philosophy of grace and courtesy by following these three primary tenets:

1. Respect and care for ourselves
2. Respect and care for others
3. Respect and care for our environment

Every student at GMCS has a right to learn and thrive in a school atmosphere that is conducive to academic achievement and social growth. The code of conduct has been established to support the academic and personal development of GMCS students and to protect the people, property, and rules that support GMCS. All GMCS community members will be held responsible for their own work and actions, and they are expected to conduct themselves in a safe and respectful manner and to abide by the rules and regulations set forth by the school. Steps to maintain an orderly and safe environment, to demonstrate mutual respect and caring for one another, and to ensure that all children have the support that they need are taken on a daily basis. Our students are at the heart of the GMCS community, and our guidelines for behavior encourage a spirit of harmony in our school.

STUDENTS: A detailed description of our expectation for student behavior and the various levels of misconduct, along with the corresponding consequences, can be found in the Student-Parent Handbook.

PARENTS/GUARDIANS AND CAREGIVERS: GMCS parents/guardians and caregivers play a crucial role in the success of their child(ren). Parents and caregivers are responsible for reading and abiding by the Student-Parent Handbook.

TEACHERS, STAFF, ADMINISTRATORS, VISITORS AND VOLUNTEERS: Students learn to be good adults by being around good adults. All teachers, staff, administrators, visitors, and volunteers at GMCS are expected to set the example for students by aligning their actions with the values identified in this code of conduct. The expectations outlined herein are in addition to any and all requirements that may be applicable to an individual, including but not limited to state, federal, or local regulations or programmatic requirements.

## RESPECT AND CARE FOR OURSELVES

There are many ways to respect and care for ourselves. Some important examples include regular attendance; being on time; coming to school prepared and ready to learn; having a positive attitude; listening with our eyes, ears, and heart; giving our best effort at all times; and doing our best work.

Parents help fulfill this responsibility when they ensure their child's daily attendance and punctuality; help their child be neat, appropriately dressed, and prepared for school; provide their child with the time and resources they need to complete assignments; show an active interest in their child's progress; communicate with their child's teacher and the administration; and encourage and assist their child with healthy social skills.

## RESPECT AND CARE FOR OTHERS

Starting in kindergarten, GMCS instructs students in the Montessori philosophy of grace and courtesy. Examples include good manners, peaceful communication, helping others, accepting our differences, and respecting physical boundaries. Everyone has a personal responsibility for reducing the risk of violence within our school, and any behavior by a student that threatens to disrupt the learning process or pose a danger to others is unacceptable. The code of conduct is based on the principle that GMCS students will choose to conduct themselves in an appropriate manner. However, there are consequences for students on any occasions that they do not.

## RESPECT AND CARE FOR OUR ENVIRONMENT

Just as it takes an entire family to care for a home, all members of our community are vital in maintaining our school building and grounds. All persons are expected to show the same respect and care for school property as they do in nurturing individual relationships. This includes taking care of classroom materials, maintaining a neat and orderly classroom, remembering good manners while eating meals, cleaning up after eating, and reducing waste and recycling.

*-Gettysburg Montessori Charter School*

## ACKNOWLEDGMENT

To acknowledge receipt of GMCS's Code of Conduct, please review this statement and return a signed copy prior to your visitation or performance of your volunteer duties at the school.

I, the undersigned, read GMCS's Code of Conduct, as set forth herein.

| Name (please print) | Signature | Date |
|---|---|---|

GETTYSBURG MONTESSORI CHARTER SCHOOL
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# GMCS TECHNOLOGY USER AGREEMENT

Your student will be issued a (circle all that apply): laptop computer/ wifi hotspot / tablet (called in this Agreement, "Device") by Gettysburg Montessori Charter School (GMCS) for instructional use.

In order to receive a loan of GMCS technology for your child's use during the COVID-19 school closure, you must return this signed form, or send an email or text message GMCS stating your agreement to the following terms.

## A. Terms of GMCS Technology Use Agreement

Before a Device can be issued to you on behalf of your child, you must sign and return the "Device Use Agreement" form included here. Although there is no fee for the use of the Device, you will be responsible for fees associated with lost or stolen Devices unless the loss or stolen device is reported immediately to the school. If the Device is damaged or abused, you may be charged a fee. It is important for you and your child to comply at all times with the GMCS Acceptable Use Policy, as well as other pertinent policies (e.g. anti- bullying/anti-harassment, etc.) established in Board Policy and the Student Code of Conduct.

Any failure to comply may terminate your rights of possession effective immediately, and GMCS may repossess the Device.

## B. Title

GMCS has and shall at all times under this agreement maintain legal title to the Device issued to its students. Your right of possession and use is limited to and conditioned upon your full and complete agreement with the terms of this Technology Use Agreement. All activity on the Device, as well as any GMCS accounts, whether conducted at school or off site, is subject to search by designated GMCS staff, in accordance with GMCS policy and applicable law.

## C. Loss or Damage

If your Device is deliberately damaged, lost, or stolen, you are responsible for the reasonable cost of repair or for its fair market value (approximately $250 per Device). Loss or theft of your Device must be reported immediately to the school, and in no event later than the next school day after the occurrence. Additionally, you must complete a police report within 48 hours of the loss or theft and provide GMCS with a copy of the report. If a Device is stolen and you report the theft (by the next school day) and a police report is filed, you may not be charged for a replacement. You will be charged the fair market value of the Device if lost, stolen and not reported, deliberately damaged, or vandalized.

GMCS will not pay for loss or damage caused by or resulting from the following:

1. Dishonest, fraudulent, or criminal acts.
2. Any loss to accounts, valuable documents, music or videos, records, or assignments and/or their affects by being missing on grades and or GPAs. Students are responsible for backing-up their own data either locally or on a network or cloud storage.
3. Loss caused by your failure to use all reasonable means to protect the device that has been damaged.
4. Disappearance not accompanied by a police report.

The GMCS Principal has the final say in determining replacement and repair situations.

### D. Repossession

If you do not timely and fully comply with all terms of this Device Use Agreement, including the timely return of the Device, GMCS shall be entitled to declare you in default seek all possible avenues so as to obtain possession of the Device.

### E. Term of Agreement

Your right to use and possession of the Device terminates not later than the last day of the school year, unless
earlier terminated by GMCS or upon a student's withdrawal from GMCS.

### F. Appropriation

Your failure to timely return the Device and the continued use of it for non-school purposes without the consent of GMCS may be considered unlawful appropriation of GMCS property.

### G. Claim/Repair Procedures

In cases of theft or disappearance, the school must be notified, and a Police Report must be created before a replacement device is issued. This Police Report should mention the loss of the device and the circumstances surrounding the loss. If a repair is needed due to accidental damage, please request this through the main office. GMCS cannot guarantee the repair of your Device or the availability of a replacement Device.

### H. General Device Rules

*Inappropriate Content*

- Students and/or parents/guardians are not allowed to access, view, and or store inappropriate content or
materials on Devices.
- Inappropriate images, content and language acquired due to the use of the device will result in disciplinary
action.
- All activity on the Device and any GMCS account, whether conducted at school or off-site, is subject to search as GMCS property. Monitoring, filtering and tracking of GMCS supplied devices should be expected.

*Legal Propriety*

- All Device users should comply with trademark and copyright laws and all license agreements. Ignorance of the law is no excuse for violations of such laws or agreements. If you are unsure, ask the school.
- Plagiarism is a violation of GMCS rules. Give credit to all sources used, whether quoted or summarized. This includes all forms of media on the internet, such as graphics, movies, music, and text.
- Illegal downloading and distribution of copyrighted works are serious offenses that carry with them the risk of substantial monetary damages and, in some cases, criminal prosecution.

*No Loaning or Borrowing Devices*

- Do not loan your Device to other students.
- Do not borrow a Device from another student.
- Do not share passwords or user names.

*Unauthorized Access*

- Access to another person's account or Device without their consent or knowledge is considered hacking and is unacceptable.

*Music, Video Games, or Programs*

- Data storage will be through apps on the Device, i.e., Google Docs, etc.
- Music is only allowed on the Device at the discretion of the teacher.
- Sound should be muted at all times, unless permission is obtained from the teacher for instructional purposes.
- Students must provide their own headsets/earbuds for use with a Device.

Transporting Devices

- The Device should be left at your home. If it is necessary to transport your Device, carry it in a backpack in order to protect it from damage.

Suggested ways to keep your Device in returnable condition

- Avoid using any sharp object(s) on the Device. The Device will scratch, leading to the potential for needed repairs.
- Devices can be cleaned with a soft, lint-free cloth. Avoid getting moisture in the openings. Do not use window cleaners, household cleaners, aerosol sprays, solvents, alcohol, ammonia, or abrasives to clean the Device.
- Do not attempt to gain access to the internal electronics or try to repair a Device. If a Device fails to work or is damaged, report the problem to the building office staff.
- Never throw or slide a Device.
- Cords and cables must be inserted carefully into the Device to prevent damage.
- Devices have a unique identification number and at no time should the numbers or labels be modified or removed.
- Devices should never be left in an unlocked car, in any unsupervised area, or in a vehicle or location that is not temperature controlled.
- Devices should be placed vertically or in a backpack/book bag to avoid putting any pressure on the
- screen.

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**Student and Parent/Guardian Device Use Agreement**

In this agreement "we", "us" and "our" means GMCS (the "School"). "You and "your" means the parent/guardian and student enrolled in the School. The "property" is a Device owned by the School with the serial/asset tag numbers listed on them.

**Terms**: You will comply at all times with the Device Use Agreement and the School's Acceptable Use Policy, incorporated herein by reference and made a part hereof for all purposes. Any failure to comply may terminate your rights of possession effective immediately, and the School may repossess the property.

**Title**: The School has and shall at all times maintain legal title to the property. Your right of possession and use is limited to and conditioned upon your full and complete compliance with the Device Use Agreement.

**Loss or Damage**: If the property is damaged, lost or stolen, you are responsible for the reasonable cost of repair or its fair market value on the date of loss. Loss or theft of the property must be reported immediately to the School.

**Repossession**: If you do not timely and fully comply with all terms of the Device Use Agreement, including timely return of the property, the School shall be entitled to declare you in default and come to your place of residence, or other location of property, to take possession of the property.

**Term of Agreement**: Your right to use and possession of the property terminates not later than the last day of the school year unless earlier terminated by the School or upon withdrawal from the School.

**Appropriation**: Your failure to timely return the property and the continued use of it for non-school purposes
without the School's consent may be considered unlawful appropriation of the School's property

Student Name (Print)
_____

Parent/Guardian Name (Print _____

Parent/Guardian Signature _____
Date: _____

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## Attachment A -Parental Registration Statement

Student Name_____

Date of Birth _____ Grade _____

Parent or Guardian Name_____

Address_____

_____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of 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 ____ previously suspend or expelled, or is ____ or is not____ presently suspended or expelled from any public or private school of this commonwealth or any other state for an act of or offense involving 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 of24 P.S. §13-1304-A(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.

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# Virtual Classroom Video/Audio Recording Parent/Guardian Acknowledgment Form

Student's Name: _____

Classroom Teacher's Name: _____

In order to provide continuity of instruction during Remote Days, the Gettysburg Montessori Charter School ("GMCS" or "Charter School") will use a variety of teaching methods, including virtual classroom activities. Participation in virtual classroom activities is subject to school policies and regulations, including, but not limited to: student conduct/behavior and acceptable use of technology.

I understand that my child's instructor may conduct virtual classroom activities. Be aware that video, including audio, will be used for teaching purposes, and at times, teachers may record classroom activities for educational use/purposes. The recordings will only be shared within the school setting for students unable to attend the virtual classroom activity in real-time. Video recordings will be available for download so that Charter School students may access said recordings during remote learning, but such use will be limited to GMCS students only. GMCS students can view them online or offline in coordination with their daily instruction. Any use of said virtual academic content outside of the instructor or administrator approved use, such as uploading or sharing of said video content to a third-party website, personal website, or a social media account is strictly prohibited. This prohibition also extends to sharing such recordings to non-Charter School students.

The recordings will be stored, accessed, and disposed of in accordance with the guidelines established by the GMCS Chief Administrative Officer. If you have questions or need assistance with virtual classroom activities, please contact your child's instructor.

I hereby consent to the Charter School's collection, use, and/or disclosure of information about my child through video conferencing and recording applications and other manual and/or electronic procedures utilized within course instruction. I understand that my child is participating in a virtual academic setting, and that the information collected is a part of the remote classroom experience currently being utilized. This consent form covers all forms of remote learning courses. The information supplied to the instructor and/or GMCS is meant solely for educational and class related use.

By signing below, I acknowledge that my child's name, image, likeness, speech, their typed or written content, as well as their grade and course information may be transmitted during video portions of remote learning and online instruction.

Parent/Guardian
Signature: _____

Parent/Guardian Name (Please print): _____

Date: _____

**Please return this acknowledgement form to your child's instructor.

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# Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Gettysburg Montessori Charter School (GMCS) campus and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the GMCS campus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GMCS employees, contractors, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at GMCS or participation in GMCS programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless GMCS, its Board of Trustees, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of GMCS, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any GMCS programs.

*Please fill out this form separately for each student you have participating attending GMCS.*

Student Name_____ Parent Name _____

Address _____

Student Email_____ Parent Email _____

Student Phone _____ Parent Phone _____

Student Date of Birth_____ Grade (for 2022/2023) ____

Parent Signature_____

Date _____

GETTYSBURG MONTESSORI CHARTER SCHOOL
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## Remote Learning Notice and Confidentiality Agreement

**Introduction**

If the Gettysburg Montessori Charter School ("GMCS") has closed in compliance with executive orders issued by the Commonwealth of Pennsylvania to institute a public health-related closure, or Flexible instructional days, GMCS will utilize online educational services that will allow students (and their parents/guardians) to log in and access class instruction/materials from home. Some forms of online educational services may entail interactive student participation which could give rise to disclosure and/or sharing of students' personal identifying information. It is therefore necessary for parents/guardians of GMCS students to be aware of 1) their child's participation in on-line learning, and 2) their role in protecting student information. Parents/guardians must agree to a strict confidentiality protocol when accessing online instruction services.

**GMCS Responsibilities**

- GMCS uses a teacher's email address to set up accounts for each child in the classroom. GMCS may need to provide the online service with the first and last name of your child. GMCS will make every attempt to substitute another identifier rather than your child's name, and will not disclose your child's date of birth, address, or other personal information.
- GMCS does not subscribe to on-line educational programs that use your child's information for any purposes beyond the educational purpose of the program.
- GMCS does not subscribe to on-line educational programs that share, sell or market your child's information to third parties.
- GMCS will inform parents/guardians of the online educational programs being used with GMCS students. At this time, the online educational programs used with GMCS students are:

**GMCS Digital Resources**

- Actively learn
- Boom Cards
- Digital/audio copies of classroom novels/stories
- Epic
- Esti-Mystery
- Flipgrid (spelling)
- Generation Genius
- Go Noodle
- Google Classroom
- Jack Hartman Channel
- Kids National
- Geographic
- Kahoot
- Math Antics
- Mathplayground.com
- Mystery Doug
- Mystery Science
- Nasa.gov
- Near Pod
- NewsELA
- Oktopus
- Prodigy
- Reading Eggs
- ReadWorks
- Reading A-Z
- Science Bob
- Scholastic Digital
- Storyworks
- Supercharged Science
- TypeTastic
- WondersListening to Books
- Zaner-Bloser
- Zearn

**Non-Digital Resources**

- • Fundations
- Kilpatrick Phonemic Awareness (Grades 2-6)
- Heggerty Phonemic Awareness (Grades K-2)
- Words Their Way
- Enhanced Core Reading Instruction (ECRI)
- Fly Leaf (leveled readers)
- Wonders
- leveled readers
- Decodable readers
- Whole group materials
- Eureka
- Equipped for Reading Success (RTI and Learning Support)
- Montessori Materials
- Zearn Small Group Lessons (RTI Math First Grade)
- PHD Science (3rd, 4th)
- Hay Wingo Phonics (1st-4th) Reading support groups
- Zaner Bloser Spelling

**Novel Study Options**

- Percy Jackson and the Lightning Thief
- Chains
- Almost Astronauts: 13 Women Who Dared to Dream
- Bud, Not Buddy
- The Giver
- Freak the Mighty
- Hatchet
- Tuck Everlasting
- Hidden Figures
- Esperanza Rising
- BFG
- Stone Fox
- Promises to Keep
- The Most Beautiful Roof in the World
- Bridge to Terabithia

- In addition, GMCS will be using Zoom, an audio and video conferencing platform for the conduct of interactive classes.
- GMCS will not be recording any Zoom, audio or video-conferencing of educational activities in which students engage.

**Parent/Guardian Responsibilities**

- A parent/guardian of a Charter School student who implements or otherwise accesses online education learning activities agrees not to use, reproduce, display, record, or distribute images or personally identifiable information of any other student in any form for any purpose whatsoever.
- If a supervising adult other than a student's parent(s)/guardian(s) is responsible to implement or otherwise access online education learning activities for a Charter School student, the parent/guardian of that student shall inform the supervising adult of this confidentiality agreement and obtain their consent to abide by this agreement.

If my student participates in online education activities I agree to waive any claim against Charter School of alleged violations of confidentiality under federal and state laws arising out of such activities.

Personally identifiable information for education records is a legal term referring to identifiable information that is maintained in education records and includes direct identifiers, such as a student's name or

identification number, indirect identifiers, such as a student's date of birth, or other information which can be used to distinguish or trace an individual's identity either directly or indirectly through linkages with other information.

I hereby certify that I have read and agree to fully comply with the Parent/Guardian Confidentiality Agreement.

| _____ | _____ | _____ |
|---|---|---|
| Parent/Guardian Name | Parent/Guardian Signature | Date |

H514.027

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

# PRIVATE DENTIST REPORT
# OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ___

| NAME OF CHILD | AGE | SEX | GRADE | SECTION/ROOM |
|---|---|---|---|---|
| Last First Middle | | ☐ M ☐ F | | |

ADDRESS

No. and Street | City or Post Office | Borough or Township | County | State | Zip

## REPORT OF EXAMINATION

| | | TOOTH CHART | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | RIGHT | | | | | | | | LEFT | | | | | | | |
| UPPER | | 1 | 2 | 3 | 4 A | 5 B | 6 C | 7 D | 8 E | 9 F | 10 G | 11 H | 12 I | 13 J | 14 | 15 | 16 | Upper |
| LOWER | | 32 | 31 | 30 | 29 T | 28 S | 27 R | 26 Q | 25 P | 24 O | 23 N | 22 M | 21 L | 20 K | 19 | 18 | 17 | Lower |
| | UPPER | | | | | | | | | | | | | | | | | Upper |
| | LOWER | | | | | | | | | | | | | | | | | Lower |

Is The Child Under Treatment Yes ☐ No ☐

Treatment Completed Yes ☐ No ☐

_____
Date of Dental Examination

_____
Signature of Dental Examiner

_____
Print Name of Dental Examiner

_____
Address

pennsylvania
DEPARTMENT OF HEALTH

Bureau of Community Health Systems
Division of School Health

# Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

**PARENT / GUARDIAN / STUDENT:**
Complete page one of this form before student's exam. Take completed form to appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

**Medicines and Allergies:** Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

_____

_____

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

**Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.**

| GENERAL HEALTH: *Has the student...* | YES | NO |
|---|---|---|
| 1. Any ongoing medical conditions? If so, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infection Other_____ | | |
| 2. Ever stayed more than one night in the hospital? | | |
| 3. Ever had surgery? | | |
| 4. Ever had a seizure? | | |
| 5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ? | | |
| 6. Ever become ill while exercising in the heat? | | |
| 7. Had frequent muscle cramps when exercising? | | |
| **HEAD/NECK/SPINE: *Has the student...*** | **YES** | **NO** |
| 8. Had headaches with exercise? | | |
| 9. Ever had a head injury or concussion? | | |
| 10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling? | | |
| 12. Ever been unable to move arms or legs after being hit or falling? | | |
| 13. Noticed or been told he/she has a curved spine or scoliosis? | | |
| 14. Had any problem with his/her eyes (vision) or had a history of an eye injury? | | |
| 15. Been prescribed glasses or contact lenses? | | |
| **HEART/LUNGS: *Has the student...*** | **YES** | **NO** |
| 16. Ever used an inhaler or taken asthma medicine? | | |
| 17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: ☐ Heart murmur or heart infection ☐ High blood pressure ☐ Kawasaki disease ☐ High cholesterol ☐ Other:_____ | | |
| 18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)? | | |
| 19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise? | | |
| 20. Had discomfort, pain, tightness or chest pressure during exercise? | | |
| 21. Felt his/her heart race or skip beats during exercise? | | |
| **BONE/JOINT: *Has the student...*** | **YES** | **NO** |
| 22. Had a broken or fractured bone, stress fracture, or dislocated joint? | | |
| 23. Had an injury to a muscle, ligament, or tendon? | | |
| 24. Had an injury that required a brace, cast, crutches, or orthotics? | | |
| 25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury? | | |
| 26. Had joints that become painful, swollen, feel warm, or look red? | | |
| **SKIN: *Has the student...*** | **YES** | **NO** |
| 27. Had any rashes, pressure sores, or other skin problems? | | |
| 28. Ever had herpes or a MRSA skin infection? | | |

| GENITOURINARY: *Has the student...* | YES | NO |
|---|---|---|
| 29. Had groin pain or a painful bulge or hernia in the groin area? | | |
| 30. Had a history of urinary tract infections or bedwetting? | | |
| 31. **FEMALES ONLY:** Had a menstrual period? ☐ Yes ☐ No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____ | | |
| **DENTAL:** | **YES** | **NO** |
| 32. Has the student had any pain or problems with his/her gums or teeth? | | |
| 33. Name of student's dentist: _____ Last dental visit: ☐ less than 1 year ☐ 1-2 years ☐ greater than 2 years | | |
| **SOCIAL/LEARNING: *Has the student...*** | **YES** | **NO** |
| 34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.? | | |
| 35. Been bullied or experienced bullying behavior? | | |
| 36. Experienced major grief, trauma, or other significant life event? | | |
| 37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends? | | |
| 38. Been worried, sad, upset, or angry much of the time? | | |
| 39. Shown a general loss of energy, motivation, interest or enthusiasm? | | |
| 40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight? | | |
| 41. Used (or currently uses) tobacco, alcohol, or drugs? | | |
| **FAMILY HEALTH:** | **YES** | **NO** |
| 42. Is there a family history of the following? If so, check all that apply: ☐ Anemia/blood disorders ☐ Asthma/lung problems ☐ Behavioral health issue ☐ Diabetes ☐ Inherited disease/syndrome ☐ Kidney problems ☐ Seizure disorder ☐ Sickle cell trait or disease Other_____ | | |
| 43. Is there a family history of any of the following heart-related problems? If so, check all that apply: ☐ Brugada syndrome ☐ Cardiomyopathy ☐ High blood pressure ☐ High cholesterol ☐ QT syndrome ☐ Marfan syndrome ☐ Ventricular tachycardia ☐ Other_____ | | |
| 44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning? | | |
| 45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)? | | |
| **QUESTIONS OR CONCERNS** | **YES** | **NO** |
| 46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.) | | |

**I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.**

Signature of parent / guardian / emancipated student _____ Date _____

**HEALTH CARE PROVIDERS:** ***Please photocopy immunization history from student's record – OR – insert information below.***

**IMMUNIZATION EXEMPTION(S):**

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

| VACCINE | DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization | | | | |
|---|---|---|---|---|---|
| Diphtheria/Tetanus/Pertussis (child)<br>Type: DTaP, DTP or DT | 1 | 2 | 3 | 4 | 5 |
| Diphtheria/Tetanus/Pertussis (adolescent/adult)<br>Type: Tdap or Td | 1 | 2 | 3 | 4 | 5 |
| Polio<br>Type: OPV or IPV | 1 | 2 | 3 | 4 | 5 |
| Hepatitis B (HepB) | 1 | 2 | 3 | 4 | 5 |
| Measles/Mumps/Rubella (MMR) | 1 | 2 | 3 | 4 | 5 |
| Mumps disease diagnosed by physician ☐ | Date:_____ | | | | |
| Varicella: Vaccine ☐ Disease ☐ | 1 | 2 | 3 | 4 | 5 |
| Serology: (Identify Antigen/Date/POS or NEG)<br>i.e. Hep B, Measles, Rubella, Varicella | 1 | 2 | 3 | 4 | 5 |
| Meningococcal Conjugate Vaccine (MCV4) | 1 | 2 | 3 | 4 | 5 |
| Human Papilloma Virus (HPV)<br>Type: HPV2 or HPV4 | 1 | 2 | 3 | 4 | 5 |
| Influenza<br>Type: TIV (injected)<br>LAIV (nasal) | 1 | 2 | 3 | 4 | 5 |
| | 6 | 7 | 8 | 9 | 10 |
| | 11 | 12 | 13 | 14 | 15 |
| Haemophilus Influenzae Type b (Hib) | 1 | 2 | 3 | 4 | 5 |
| Pneumococcal Conjugate Vaccine (PCV)<br>Type: 7 or 13 | 1 | 2 | 3 | 4 | 5 |
| Hepatitis A (HepA) | 1 | 2 | 3 | 4 | 5 |
| Rotavirus | 1 | 2 | 3 | 4 | 5 |
| **Other Vaccines: (Type and Date)** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |