



# 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.

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- 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 \_\_\_\_\_

# Charter School Student Enrollment Notification Form

For School Year 26.27

**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 info@GettysburgMontessoricCharter.org

Address: Leigh@GettysburgMontessoricCharter.org

## I. Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

County: \_\_\_\_\_ Mailing Address \_\_\_\_\_

(If Different From Home Address) \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

State: \_\_\_\_\_ Age: \_\_\_\_\_

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 Charter Home

School School 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: \_\_\_\_\_

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 \_\_\_\_\_ 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 \_\_\_\_\_ Mortgage \_\_\_\_\_ Utility \_\_\_\_\_  
Residency \_\_\_\_\_ Statement \_\_\_\_\_ Lease \_\_\_\_\_ Bill \_\_\_\_\_ Other \_\_\_\_\_  
Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
Grade Student Is Entering: \_\_\_\_\_  
**Signature of Charter School Representative:** \_\_\_\_\_



# GETTYSBURG MONTESSORI

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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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Special Programs and Photo/Video Release

**Special Programs:**

Has your child been evaluated for and/or participated in any of the following special services?

- Gifted & Talented
- Title 1 / Chapter 1
- Special Education (IEP, 504, RtI)
- English as a Second Language (ESL)
- Other: \_\_\_\_\_

If you checked Special Education, do you have the student's special education records?

- Yes
- No

**Photo/Video Release:**

Dear Parent/Guardian: Throughout the year there are occasions when the school will want to take pictures/videos of your child participating in activities. We may use these for our school webpage or local newspapers. We are requesting that you check two and sign a photo/video release for your child.

- I give my consent for the school to use pictures/videos of my child on the school webpage and the school yearbook.
- I give my consent for the school to use pictures/videos of my child in the newspapers and the Gettysburg Montessori Charter School Facebook page.
- I do not give my consent for the school to use pictures/videos of my child on the school webpage and the school yearbook.
- I do not give my consent for the school to use pictures/videos of my child in the local papers and the Gettysburg Montessori Charter School Facebook page.

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

\_\_\_\_\_  
Date

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



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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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## 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](http://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: \_\_\_\_\_



Home Language Questionnaire

1. What language(s) is spoken in the student's home or residence?  
\_\_\_\_\_ English \_\_\_\_\_ Spanish Other: \_\_\_\_\_
2. What language(s) is spoken most of the time to the student in the home or residence?  
\_\_\_\_\_ English \_\_\_\_\_ Spanish Other: \_\_\_\_\_
3. What language(s) does the student understand?  
\_\_\_\_\_ English \_\_\_\_\_ Spanish Other: \_\_\_\_\_
4. What language(s) do the student speak?  
\_\_\_\_\_ English \_\_\_\_\_ Spanish Other: \_\_\_\_\_
5. What language(s) does the student read?  
\_\_\_\_\_ English \_\_\_\_\_ Spanish Other: \_\_\_\_\_
6. What language(s) does the student write?  
\_\_\_\_\_ English \_\_\_\_\_ Spanish Other: \_\_\_\_\_

Student's Name: \_\_\_\_\_



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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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Referring Source & Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_



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**Homeless Policy**  
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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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Dispute Policy  
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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
- Caregivers
- Volunteers
- Administrators
- Parents
- Visitors
- Teachers
- 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*

#### ACKNOWLEDGEMENT

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.

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Name (please print)

Signature

Date



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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 (up to \$250 per Device). Loss or theft of your Device must be reported immediately to the school, and in no event later

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.

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### *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 Lending 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.

**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: \_\_\_\_\_

**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 of 24 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.

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

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

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

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



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

**GETTYSBURG  
MONTESSORI  
CHARTER SCHOOL**  
*Inspiring a Love of Learning*

Student's Name: \_\_\_\_\_

Classroom Teacher's Name: \_\_\_\_\_

The Gettysburg Montessori Charter School ("GMCS" or "Charter School") will use a variety of teaching methods, including virtual classroom activities for Flexible Instruction Days. 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. I understand my Childs access to a WIFI enabled device is tracked and monitored by school software.

Parent/Guardian

Signature: \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

Date: \_\_\_\_\_

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



## 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.
- In addition, GMCS will be using zoom, an audio and video conferencing platform for the conduct of interactive classes.

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### 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.

Revised 05/16/2024

## 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)
- Hegerly 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

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

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

SEX  M  F

SECTION/ROOM \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

**REPORT OF EXAMINATION**

|       |       | TOOTH CHART |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |       |
|-------|-------|-------------|----|----|----|----|------|----|----|----|----|----|----|----|----|----|----|-------|
|       |       | RIGHT       |    |    |    |    | LEFT |    |    |    |    |    |    |    |    |    |    |       |
|       |       | 1           | 2  | 3  | 4  | 5  | 6    | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |       |
| UPPER |       |             |    |    | A  | B  | C    | D  | E  | F  | G  | H  | I  | J  |    |    |    | Upper |
| LOWER |       | 32          | 31 | 30 | 29 | 28 | 27   | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 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



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: <i>Has the student...</i>   | YES        | NO        |
|---|------------|-----------|
| 1. Any ongoing medical conditions? If so, please identify:<br><input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection<br>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?  |            |           |
| <b>HEAD/NECK/SPINE: <i>Has the student...</i></b>   | <b>YES</b> | <b>NO</b> |
| 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?  |            |           |
| <b>HEART/LUNGS: <i>Has the student...</i></b>   | <b>YES</b> | <b>NO</b> |
| 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:<br><input type="checkbox"/> Heart murmur or heart infection<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> 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, lightheadedness or chest pressure during exercise?  |            |           |
| 21. Felt his/her heart race or skip beats during exercise?  |            |           |
| <b>BONE/JOINT: <i>Has the student...</i></b>  | <b>YES</b> | <b>NO</b> |
| 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?  |            |           |
| <b>SKIN: <i>Has the student...</i></b>  | <b>YES</b> | <b>NO</b> |
| 27. Had any rashes, pressure sores, or other skin problems?   |            |           |
| 28. Ever had herpes or a MRSA skin infection?   |            |           |

|   |            |           |
|---|------------|-----------|
| <b>GENITOURINARY: <i>Has the student...</i></b>   | <b>YES</b> | <b>NO</b> |
| 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. <b>FEMALES ONLY:</b> Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes: At what age was her first menstrual period? _____<br>How many periods has she had in the last 12 months? _____<br>Date of last period: _____   |            |           |
| <b>DENTAL:</b>  | <b>YES</b> | <b>NO</b> |
| 32. Has the student had any pain or problems with his/her gums or teeth?  |            |           |
| 33. Name of student's dentist: _____<br>Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years   |            |           |
| <b>SOCIAL/LEARNING: <i>Has the student...</i></b>   | <b>YES</b> | <b>NO</b> |
| 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?  |            |           |
| <b>FAMILY HEALTH:</b>   | <b>YES</b> | <b>NO</b> |
| 42. Is there a family history of the following? If so, check all that apply:<br><input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/Syndrome<br><input type="checkbox"/> Asthma/allergy problems <input type="checkbox"/> Kidney problems<br><input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder<br><input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease<br>Other: _____ |            |           |
| 43. Is there a family history of any of the following heart-related problems? If so, check all that apply:<br><input type="checkbox"/> QT syndrome<br><input type="checkbox"/> Brugada syndrome<br><input type="checkbox"/> Cardomyopathy <input type="checkbox"/> Marfan syndrome<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> 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)?   |            |           |
| <b>QUESTIONS OR CONCERNS</b>  | <b>YES</b> | <b>NO</b> |
| 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 and health care providers. health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student \_\_\_\_\_

Date \_\_\_\_\_





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**EMERGENCY CONTACTS & HEALTH INFORMATION**

RN HEALTH ALERTS: \_\_\_\_\_

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. \_\_\_\_\_

1<sup>st</sup> contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend  
2<sup>nd</sup> contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend  
3<sup>rd</sup> contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend  
4<sup>th</sup> 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  
When? \_\_\_\_\_

If yes, what? \_\_\_\_\_

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 cancellation or restriction to the student's parent/guardian.

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

Date: \_\_\_\_\_