

Maryland's Largest School District

# MONTGOMERY COUNTY PUBLIC SCHOOLS

*Expanding Opportunity and Unleashing Potential*

Department of PreK–12 Curriculum and Districtwide Programs

Office of Curriculum and Instructional Programs

# Kindergarten Handbook

# 2024—2025



Child's  
Name:



## **VISION**

*We inspire learning by providing the greatest public education to each and every student.*

## **MISSION**

*Every student will have the academic, creative problem solving, and social emotional skills to be successful in college and career.*

## **CORE PURPOSE**

*Prepare all students to thrive in their future.*

## **CORE VALUES**

*Learning  
Relationships  
Respect  
Excellence  
Equity*

## **Board of Education**

Ms. Karla Silvestre  
*President*

Ms. Lynne Harris  
*Vice President*

Mrs. Shebra L. Evans

Ms. Grace Rivera-Oven

Mrs. Rebecca K. Smondrowski

Ms. Brenda Wolff

Ms. Julie Yang

Mr. Sami Saeed  
*Student Member*

## **Montgomery County Public Schools (MCPS) Administration**

Dr. Monique T. Felder  
*Interim Superintendent of Schools*

Mr. M. Brian Hull  
*Chief Operating Officer*

Dr. Betty J. Collins  
*Acting Deputy Superintendent of Schools*

Mrs. Stephanie P. Williams  
*General Counsel*

Ms. Elba M. Garcia  
*Senior Community Advisor*

Dr. Patricia E. Kapunan  
*School System Medical Officer*

850 Hungerford Drive  
Rockville, Maryland 20850  
[www.montgomeryschoolsmd.org](http://www.montgomeryschoolsmd.org)

# Welcome to Kindergarten

Maryland's Largest School District

## **MONTGOMERY COUNTY PUBLIC SCHOOLS**

*Expanding Opportunity and Unleashing Potential*

OFFICE OF THE SUPERINTENDENT OF SCHOOLS

March 2024

Dear Parent/Guardian:

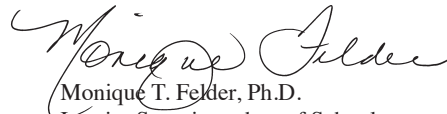
Congratulations! You and your family are achieving another milestone as your child prepares to enter kindergarten in the fall. We look forward to working with you to make your child's school experience a happy and successful one. We believe our youngest learners should receive a rich and well-rounded early learning experience to prepare them to be successful, productive 21st century citizens. The Montgomery County Public Schools (MCPS) kindergarten program is widely recognized as among the best in the nation, with students making excellent progress toward the school district's reading and mathematics goals.

In Maryland, a child who is 5 years old by September 1, 2024, must attend school. This Kindergarten Handbook will provide you with information about the MCPS kindergarten program. It includes all of the forms that you will need to complete and provide to your home elementary school to register your child for kindergarten. We look forward to welcoming your child to our school system. When you register, please bring the following information or documents with you:

- Child's birth certificate or other proof of age (such as a passport or physician's certificate).
- The required Maryland Immunization Certificate completed by your child's authorized health care provider. The school community health nurse will let you know if the immunization information needs to be updated.
- Verification that your child has had a physical examination no more than nine months before or six months after enrollment. (If there is a physical examination record already on file, it will not be necessary to arrange for another.)
- Completed MCPS Form 560-19, *Exemption to Kindergarten Attendance Requirement*, if your child was exempted from attending kindergarten last year.
- Proof of residency in Montgomery County.
- Your legal identification and proof of relationship to your child.
- Completed forms that are in this Kindergarten Handbook.
- Any other information you consider important to your child's well-being (such as allergies, medication, or nutritional information).

Please refer any questions to your child's home school. We hope your child's kindergarten year will be the first of many steps in building a strong partnership between you and your child's school.

Sincerely,

  
Monique T. Felder, Ph.D.  
Interim Superintendent of Schools



# Contents

<b>Kindergarten is</b> .....	<b>1</b>
Goals for kindergarten .....	1
Getting ready for school.....	1
Attendance is important .....	1
Kindergarten program .....	1
Children receiving special education services .....	2
English Learners / Emergent Multilingual Learners .....	2
Your child’s progress.....	2
Parent-teacher conferences.....	2
Visiting your child’s school .....	2
Parents/Guardians are teachers too.....	2
Activities to do at home with your kindergarten child .....	3
<b>Entering Kindergarten</b> .....	<b>3</b>
Your child is starting kindergarten .....	3
Finding your school.....	4
Required documentation.....	4
Keeping your child healthy .....	5
Keeping your child home from school.....	5
Montgomery County Department of Health and Human Services Enrollment Health Requirements—School Health Services .....	6
<b>Safety Information</b> .....	<b>7</b>
Safety between home and school: riding the school bus.....	7
Walking to school .....	8
<b>Elementary Language Immersion Program</b> .....	<b>8</b>
What languages are offered? .....	8
How can my child participate? .....	8
<b>Parent Academy</b> .....	<b>9</b>
<b>Choosing Child Care</b> .....	<b>9</b>
<b>School Closings</b> .....	<b>9</b>
<b>Forms and Registration</b> .....	<b>10</b>
<b>Contact Information</b> .....	<b>30</b>
<b>Prekindergarten/Head Start Student Enrollment Information</b> .....	<b>31</b>



# Kindergarten is

- a place where your child can continue to grow and learn in a safe environment;
- a place where you and your child’s teacher form a partnership that is vital to your child’s future success;
- a place where the instructional program matches the needs of children at different stages of development;
- a place where your child will engage in various instructional experiences, including reading, writing, mathematics, large- and small-group lessons, and learning centers;
- a place that encourages your child’s curiosity and joy of discovery;
- a place where your child is accepted as a unique person; and
- a place where self-esteem and confidence are strengthened.

## Goals for kindergarten

### Develop self-esteem by—

- being respected and valued;
- experiencing success; and
- expressing feelings appropriately.

### Learn by—

- exploring and making choices;
- working and playing independently, in pairs, and in large and small groups;
- expressing thoughts and ideas; and
- solving problems appropriately.

### Increase knowledge and skills by—

- listening, reading, speaking, and writing;
- collecting, observing, naming, and categorizing objects;
- counting and comparing; and
- sharing stories and ideas from books and experiences.

## Getting ready for school

You can help your child prepare for this new experience by talking about school as a happy, friendly place. Try to answer questions positively—use information in this handbook or call the school if you need more information.

Your attitude about school is very important to your child’s success. Hearing positive things from you now will help develop good habits. If you have concerns about school, share them with the teacher or principal, not your child. Give your child opportunities to play with other children and to share toys and play space. This will make the adjustment to school easier, especially if your child has not had any preschool experience.

Encourage your child to be independent by having your child manage clothing and footwear, toys, and toilet needs. Have your child practice buttoning, snapping, and zipping clothes, and tying shoe laces. Make sure clothes have easy-to-use buttons and zippers or Velcro® and are easily washable. Shoes should be comfortable and secure. Boots, hats, coats, and mittens are important on cold days.

It is essential to set routines beginning on the first day of school. If your child will be riding the bus, walking or getting to school in a car; it is important to begin using their normal mode of transportation on the first day of school. If you come to school, please ensure that you allow your child to begin to follow the normal school routines; including line-up, procedures for entry into the building and walking to class independently.

## Attendance is important

Going to school regularly and being on time, unless there is an illness or other emergency event, are significant factors in the attitude your child will develop about school. Going to school every day can be compared with a parent/guardian going to work. The sense of responsibility and the establishment of a routine will help your child feel comfortable and secure. A positive attitude about school and regular school attendance will establish a habit of daily school attendance that will continue throughout their educational career.

Being in school every day is especially important in kindergarten as it ingrains in your child the expectation that school is an every-day event. Moreover, it is difficult to make up the social opportunities and the kinds of hand-on activities that constitute the kindergarten learning experience.

## Kindergarten program

The Montgomery County Public Schools (MCPS) kindergarten program is based on a curriculum that promotes students’ reading, writing, and mathematics competencies. It emphasizes the integration of the content areas—science, social studies, and the arts—and offers challenging learning experiences for all students.

Children participate in a variety of learning activities that include large- and small-group instruction and guided practice. During the kindergarten day, there are many opportunities for them to use a variety of materials, talk and play with other children, and apply what they learn through centers and projects. The kindergarten teacher observes carefully and records each child’s progress as a means of documenting the child’s acquired knowledge and skills. In addition, teachers provide many active, hands-on learning experiences to promote students’ problem-solving skills.

.....

## **Children receiving special education services**

Student receiving special education services are educated using the same MCPS curriculum as their nondisabled peers. Specially designed instruction and related services such as speech/language, physical, and occupational therapies are provided for children with identified disabilities, as required by their Individualized Education Program (IEP). To the maximum extent appropriate, students receiving special education services are educated with their nondisabled peers. Students receive special education services outside of the general education setting only when an IEP team (including parents/guardians) determines that instruction in general education classes with the use of supplementary aids and services would not provide an appropriate education for the student.

If you have a child currently enrolled in an MCPS preschool special education program, an IEP meeting will be held to discuss and determine appropriate special education services for Kindergarten.

.....

## **English Learners/Emergent Multilingual Learners**

In accordance with federal and state requirements, parents/guardians of all incoming kindergarten students must complete the Maryland Home Language Survey on MCPS Form 560-24, *New Student Information* (page 11) to provide information about the language(s) their child speaks at home. Per state law, schools will use this information to identify students for further screening for English Language Development (ELD) services at the start of the school year, and the information will not be used for immigration matters or reported to immigration authorities. Based on the results of the screening, students may receive ELD services as part of their instructional program in kindergarten.

.....

## **Your child's progress**

At the beginning of the school year, parent/guardian meetings provide a time for the principal and teacher to discuss many details with you, including how you will be informed about your child's progress. Individual conferences with the teacher generally are scheduled by the middle of the year. If you have concerns, you may contact your child's teacher at any time to make an appointment to discuss your concerns. You may also want to contact the school counselor, who is available to meet with parents/guardians about school concerns.

Your child will receive a report card four times per year. Report cards are sent home at the end of each marking period. Report cards will include information about your child's learning and additional information about learning skills.

.....

## **Parent-Teacher conferences**

Conferences with the classroom teacher provide an excellent opportunity to share information about your child. The teacher can tell you how your child is doing in school and you can describe for the teacher what your child is like at home. Together, you and the teacher may discover how your child learns best.

This kind of ongoing communication can lead to lasting partnerships between home and school. When such partnerships are created, your child has a better chance for a happy and successful school experience.

.....

## **Visiting your child's school**

You are encouraged to visit the school and your child's classroom. Call the school office to arrange a visit. Remember to stop in the school office to get a visitor's badge as soon as you enter the building.

.....

## **Parents/Guardians are teachers too**

Until now, you have been your child's primary teacher. Now you have another teacher to help you, but your role continues to be very important. Children learn all the time, not just when they are in school. You can reinforce what is learned in school with activities at home. Here are some things you can do to help your child learn:

- Be a good listener. Let your child talk. Ask questions that prompt your child to think, such as "Why do you think so?" or "What do you think that means?"
- Read to your child every day. Both school and public library staff can help you select books your child will enjoy.
- Look at the schoolwork your child brings home, and comment on it. If you ignore it or throw it out, your child may think that work done at school is not important.
- Watch appropriate TV programs with your child and talk about them together.
- Be sure your child knows you are pleased with the progress being made in school. Children learn at different rates and should not be compared with their classmates or siblings.
- Provide a special place where your child can keep books and papers. This can be a drawer, a shelf, a box, or anywhere that schoolwork can be stored.



.....

## Activities to do at home with your kindergarten child

To create an optimal learning environment where all their needs are met, children should be involved in a variety of activities that fall under seven broad developmental domains. To prepare your child for school success, you can complete many of these activities with your child at home.

### 1. Physical well-being and motor development

Has the health, alertness, and motor skills needed to function successfully by—

- climbing on playground equipment;
- playing games;
- jumping, running, skipping, and galloping;
- building with blocks;
- buttoning, zipping, and tying;
- writing, drawing, and painting; and
- putting puzzles together.

### 2. Personal and social development

Shows ability to interact positively with peers and adults by—

- learning to take turns;
- helping with household chores;
- expressing feelings;
- picking up toys and personal belongings;
- playing with other children; and
- learning to problem solve.

### 3. Reading and language arts development

Uses listening, speaking, reading, and writing to communicate and understand print by—

- naming letters of the alphabet;
- recognizing name in print;
- writing own name;
- looking at pictures in a book and predicting what the book might be about;
- reading books;
- retelling stories read;
- visiting the public library;
- listening to stories on tape;
- telling stories;
- reciting nursery rhymes and poems;
- talking about everyday events, trips, outings;
- using magnetic alphabet letters; and
- learning new words.

### 4. Mathematical thinking

Exhibits an awareness of number relationships through interaction with everyday objects by—

- recognizing and extending simple patterns;
- talking about when daily events occur;
- sorting objects by color, shape, or size;
- comparing lengths (longer, shorter);
- counting up to 10;
- recognizing numerals 1–9;

- using words to describe location such as above, below, beside;
- identifying groups of objects with more, less, or the same amount by matching; and
- recognizing and describing circles, triangles, squares, and rectangles.

### 5. Social studies

Shares knowledge of self, family, school, and community by—

- discussing how things change;
- talking about family events;
- drawing pictures of family and friends;
- understanding safety rules; and
- learning to use technology.

### 6. Scientific thinking

Uses cognitive skills to explore and make sense of the world by—

- taking walks and exploring environments;
- observing and talking about weather conditions, plants, and animals;
- using senses safely;
- using sensory vocabulary to describe an object, event, or activity; and
- using tools and resources (magnifying glass, computer, books, photographs, videos) to investigate areas of interest.

### 7. The arts

Engages in movement, music, visual art, and drama to express feelings and ideas by—

- singing songs;
- drawing and painting;
- dancing to music;
- exploring with paints, crayons, chalk, and clay; and
- using imagination to role-play characters.

.....

## Entering Kindergarten

.....

### Your child is starting kindergarten

The Maryland State Board of Education has set birth date guidelines for children entering Prekindergarten, Kindergarten, and Grade 1 for all public schools in Maryland. This includes the elementary schools in Montgomery County. Children need to be 5 years of age by September 1 to enter Kindergarten.

The Montgomery County Board of Education has a policy (Board Policy JEB, *Early Entrance to Prekindergarten, Kindergarten, and First Grade*) governing early entrance to kindergarten for children whose birth dates fall beyond the prescribed date of September 1. Parents/guardians who wish to apply for early entrance should contact their local school and complete MCPS Form 271-6, *Application for Early Entrance to Kindergarten*.

For the 2024–2025 school year, registration sessions will be held in person beginning March 18, 2024.

Families moving into Montgomery County during the summer should register their children as soon as possible. School offices are open year-round. It is recommended that you call the school and schedule an appointment as soon as possible.

## ..... **Finding your school**

MCPS has boundaries that determine your child’s home school. To determine which school serves your neighborhood, call the Boundary Information Line at 240-314-4710, between the hours of 9:00 a.m. and 5:00 p.m., Monday–Friday. You also can use the *School Assignment Tool* found on the MCPS website or email [BoundaryInquiries@mcpsmd.org](mailto:BoundaryInquiries@mcpsmd.org) for assistance.

## ..... **Required documentation**

Documentation is needed to register your child for school. Please have one of the following forms of identification for each of the categories below:

### **Proof of child’s age** (examples of documentation below)

- Birth Certificate
- Passport/Visa
- Physician’s Certificate
- Baptismal or Church Certification
- Hospital Certificate
- Parent’s notarized affidavit
- Birth Registration
- Other legal or notarized identification

### **Proof of identity of parent/guardian enrolling the student** (examples of documentation below must include photograph)

- Driver’s license
- Passport
- Other legal form of identification

### **Proof of parent/guardian relationship to child** (examples of documentation below)

- Birth certificate of student which identifies the parents
- Court order
- Separation agreement or divorce decree
- Other legal form of identification

### **Proof of residency in Montgomery County**

- If you are a homeowner, an acceptable document is a current property tax bill. A copy can be obtained from Montgomery County Department of Finance at 240-777-0311 or at [montgomerycountymd.gov/finance](http://montgomerycountymd.gov/finance), OR

- If you are a renter, an acceptable document is a copy of your current rental lease; if the original term of the lease has expired, a copy of a current utility bill or a lease extension should be provided. **OR**
- If you are living in shared housing with a homeowner or renter who has a bona fide residence within an MCPS school area, a notarized MCPS Form 335-74, *Shared Housing Disclosure* must be completed, and you must provide, appropriate, evidence of residency. For homeowners, an acceptable document is a current property tax bill, for a renter, an acceptable document is a current rental lease (if the original term of your lease has expired, a copy of a current utility bill or a lease extension should be provided); sign and have notarized the affidavit on MCPS Form 335-74; and provide two documents to demonstrate that the parent/guardian is living at the address. An acceptable document of address should be a communication from the following types of entities:
  - » Financial Institutions (i.e. banks, insurance companies, etc.)
  - » Utility Company (i.e. phone, water, power, etc.)
  - » Governmental (i.e. federal, state, local)
  - » Medical organizations
  - » Religious institutions
  - » Nonprofit/Community Organizations
- Anyone who is not a resident of Montgomery County who would like to request to enroll a nonresident tuition-paying student in MCPS should contact the MCPS International Admissions and Enrollment office at 240-740-4500.
- If you are homeless, please refer to the MCPS Enrollment Information/Homeless Children web page or contact the MCPS Homeless Liaison at 240-740-4511.

Supporting documents must be in the name of parent/guardian at the address shown on MCPS Form 335-74, and include the name of the sending organization, and a date within 90 days of the current date.

### **Proof of immunizations**

- Maryland Department of Health (MDH) Form 896, *Maryland Immunization Certificate* (see page 23)
- Documentation from an authorized health care provider’s office. Consult with your authorized health care provider or call the Montgomery County Customer Service Center at “311” to determine what immunizations are required by state law for entrance into kindergarten. Children will be excluded from school if they have not had their immunizations. Exceptions are made only for medical and religious reasons. Vaccine requirements for school and the Maryland Immunization Certificate also are available at <https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/back-to-school-immunization-requirements.aspx> and the MCPS website, search MDH 896.

.....

## Keeping your child healthy

Every school health room is staffed by a School Community Health Nurse (SCHN), or school nurse, and a School Health Room Technician (SHRT). The SHRT is a certified nursing assistant located in every school, who provides first aid for students who become ill or injured at school and ensures students take medications appropriately. The school nurse, a registered nurse, assesses the health needs of all students and works with the family, school, and authorized health care provider to develop and implement individual health care plans when needed. The school nurse is assigned to one or more schools.

The school nurse is the liaison for health matters between the school, the Montgomery County Department of Health and Human Services, and the student's authorized health care providers. It is important to talk to the nurse about health concerns so that appropriate accommodations can be made.

Your child will be scheduled for vision and hearing screenings during the kindergarten year. You will be notified of the screening results and whether you should contact your authorized health care provider for further hearing or vision testing. Parents/guardians must submit a written request if they do not want their child to participate in hearing and vision screenings. Information about vision and hearing problems in children, resources, and vision and hearing screenings in schools is found at <https://www.montgomerycountymd.gov/HHS-Program/PHS/SchoolHealth/HearingVision.html>.

If your child will need any medication (prescribed or over-the-counter) during the school day, you must provide the school with an authorized prescriber's order and complete MCPS Form 525-13, *Authorization to Administer Prescribed Medication* (available at your child's school and on the MCPS website). Prescription medication must be properly labeled by a pharmacist and brought to school in its original container. Nonprescription over-the-counter medication must be in the manufacturer's original container with the seal intact. MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis*, is the preferred authorized prescriber's order form for epinephrine auto-injectors. All medications MUST be hand-delivered to school by the parent or guardian. If your child will need a treatment (e.g., tube feeding, catheterization) during the school day, you must provide the school with the authorized prescriber's order and complete MCPS Form 525-12, *Authorization to Provide Medically Prescribed Treatment*. According to MCPS regulations children are not allowed to self-carry medications in school. Emergency medications may be self-carried with written authorization from the authorized prescriber and following an evaluation and approval by the school nurse.

If your child has any health issues, particularly those that may require emergency action, such as asthma, diabetes, seizures, or an allergy to insect stings or food, please notify the principal and school nurse, and note that information on MCPS Form 565-1, *Student Emergency Information*, found on page 19 in this handbook.

.....

## Keeping your child home from school

Please do not send your child to school with any of the following:

- Fever (100° F or greater)
- Nausea or vomiting
- Stomachache
- Diarrhea
- Pale or flushed face
- Headache
- Persistent cough
- Earache
- Thick yellowish discharge from nose
- Sore throat
- Rash or infection of the skin
- Red or pink eyes
- Loss of energy or decrease in activity

If there is any doubt about whether or not to send your child to school, it is probably best to keep your child at home. Children who have a fever of 100° F or greater should be kept home for 24 hours after they are fever free, without the use of fever-reducing medications. This not only benefits your child, but also other children and staff in the school. Whenever possible parents/guardians of elementary school-aged children will be contacted by 12:00 p.m. of each first day of an absence, if the parent/guardian has not previously notified the school of the absence. There is a health room at the school, but it is for emergencies and is not equipped or staffed to care for a sick child for more than the short time until a parent/guardian arrives at the school. **Parents/guardians are urged to make a plan to have their designated emergency contact(s) (noted on enclosed MCPS Form 565-1, *Student Emergency Information*, see page 19) pick up their sick child if they are unable to do so themselves.**

# Montgomery County Department of Health and Human Services Enrollment Health Requirements—School Health Services

In order to provide the best learning experience for your child, school staff need to be aware of any special health or developmental problems that your child may have. Documentation of a student’s health status is required as stated below.

## Physical Examination

All students enrolling in Maryland public schools for the first time, or transferring from private schools within or outside of Maryland, are required to have a physical examination. To be in compliance with the law, the physical examination must be done within nine months before or six months after enrollment. Your child’s health information should be submitted on MCPS Form SR-5, *Maryland Schools Record of Physical Examination*, and will be made available only as appropriate to school staff.

Children who do not have health insurance coverage, may be eligible for the Maryland Children’s Health Program (MCHP) or the Montgomery County Care for Kids (CFK) Program. Both programs offer preventive health check-ups, sick care, and other services. For assistance in applying for MCHP or CFK, please visit the Office of Eligibility and Support Services (OESS) according to your zip code. Call 311, Montgomery County’s phone number for non-emergency government information and services, for the OESS location near you and a list of the documents you need to bring to the OESS when enrolling for one of these health programs. You also may apply for MCHP online by visiting [www.marylandhealthconnection.gov/](http://www.marylandhealthconnection.gov/).

## Dental Examination

It is recommended that students have an annual dental examination. Please have your dentist/dental hygienist complete MCPS Form 525-17, *Dental Health Form*, found on page 21 of this handbook, and then return it to the health room.

## Immunizations

An Immunization Certificate (preferably the MDH Form 896 found on page 23 of this handbook), with appropriate immunizations, must be submitted at the time of

enrollment. Go to <https://health.maryland.gov/phpa/OIDEOR/IMMUN/pages/back-to-school-immunization-requirements.aspx> to see the list of Minimum Vaccine Requirements for the current school year. The only exceptions to the required immunizations are—

- documentation of medical contraindication by an authorized health care provider,
- documentation of religious exemption by the parent/guardian,
- documentation of medical contraindication due to a temporary condition—too early for next dose in a series of vaccine doses, or
- proof of a medical appointment to obtain immunizations or immunization documentation within 20 calendar days of the enrollment date (students will be excluded on the day following the appointment if documentation is not provided).

Parents/guardians may register at Maryland MyIR to view and print copies of their child’s immunization records directly from ImmuNet. As of October 2019, health care providers are required to enter all immunizations they administer into ImmuNet, Maryland’s immunization information system. Many health care providers may have also entered your child’s previous immunizations in this free web based system. The Montgomery County Department of Health and Human Services offers immunizations by appointment only at three clinics for children ages 18 years and under who meet one of the following eligibility criteria:

- Are enrolled in Medicaid (MA, MCHP, CFK, etc.)
- Do not have private health insurance
- Are under-insured (have health insurance that does not cover vaccines)

### Clinic locations:

#### School Health Services Center at the Rocking Horse Road Center

4910 Macon Road, Rockville, MD 20852  
Call (240)740-4430 for appointment (Children ages 3-18 years only)

#### Dennis Avenue Health Center

2000 Dennis Avenue, Silver Spring, MD 20902  
Call (240) 777-1050 for an appointment

#### Germantown Health Center

12900 Middlebrook Road, Germantown, MD 20874  
Call (240) 777-3380 for an appointment

#### Silver Spring Health Center

8630 Fenton Street, Silver Spring, MD 20910  
Call (240) 777-0311 for an appointment (reference <https://www.montgomerycountymd.gov/HHS-Program/PHS/PHSImmunizations-p275.html>)

.....  
**Lead**

The *Blood Lead Testing Certificate* (DHMH 4620), found on page 25 of this handbook, must be submitted for students enrolling in *special education preschool programs, kindergarten, or first grade*. Head Start, prekindergarten students, and all children born on or after January 1, 2015, must submit DHMH Form 4620 (or an electronic report of the child’s blood lead analysis), certifying that the child has been screened and/or has undergone blood testing for lead poisoning during the 12-month visit and again during the 24-month visit with an authorized health care provider. (See <https://ww2.montgomeryschoolsmd.org/departments/policy/detail.aspx?recID=303&policyID=JPA-RB&sectionID=10>).

.....  
**Tuberculosis**

Certification that a student is free from tuberculosis is recommended at the time of enrollment for students who enter MCPS from any country outside the United States or those who have lived 12 months or more outside the United States prior to enrollment. Tuberculosis screening via a skin test is available through private health care providers and at the School Health Services Immunization Center (SHSIC) at Rocking Horse Road Center, 4910 Macon Road, Rockville, Maryland, telephone 240-740-4430.

.....  
**Safety Information**

.....  
**Safety between home and school:  
riding the school bus**

Parents/guardians are responsible for their children on the way to the bus stop, at the bus stop, and on the way home from the bus stop. School bus transportation is provided for elementary school children who live more than one mile from their home school. Schools distribute information about bus routes, times, and stop locations prior to the start of the school year. This information also is available on the MCPS website. If you live near the school and do not see a stop on the list that is in your neighborhood, your child may not be eligible for transportation. Questions about transportation should be directed to your transportation depot. Your school or the MCPS website can provide you with contact information for your transportation depot manager.

Children should arrive at their bus stop at least five minutes before the established pick-up time. Parents/guardians are responsible for children once they arrive at the afternoon bus stop and should plan to meet the bus or arrange for a caregiver or other responsible adult to accompany the children safely home or to a child care provider. Parents/guardians should instruct their children where to get off the bus and familiarize them with unique aspects of the bus stop or landmarks so

that, prior to the first day they will ride the bus, the children will clearly know the stop where they should get off the bus.

**Please note: Bus operators do not know all of the possible caregivers who might be picking up a student on a particular day, and are unable to match each child with a specific adult. When students get off the bus, they are entirely in the care of the parent/guardian or other caregiver. They are on their own to walk home if no parent/guardian or caregiver is present.** Please provide specific information for your children to become independent riders by making sure they know exactly where to get off the bus as well as alert the bus operator, before getting off the bus, if they do not see a parent/guardian or familiar person who normally meets them at the bus stop. Once alerted, the bus operator will return the student to the school, or take other steps to ensure the child’s safety.

If you usually meet your child at the bus stop and cannot make it on a given day, call the school well before dismissal time and ask that your child be kept at the school to be picked up rather than placed on the bus at the end of the school day. This is an emergency back-up plan that should be used only in those rare circumstances when you are unexpectedly and unavoidably delayed in making it to the bus stop. Keep the school phone number in your cell phone or other convenient place should an emergency arise. Establishing a buddy plan for your child with an older sibling or classmate is advised, in case your child arrives at the afternoon bus stop without meeting you or another caregiver. Bus schedules are approximate and may vary due to traffic, weather conditions, and student changes. It is best to be present at the bus stop ahead of the normal arrival time.

The kindergarten teacher will discuss bus safety in detail during the first week of school. Following safety rules when boarding, riding, and getting off the bus is very important. Reviewing safety rules with your child will help to ensure bus safety.

If you want your child to be supervised by an adult while walking home from the afternoon bus stop, we recommend the following:

- Plan for you or another caregiver to be at the bus stop ahead of the normal drop-off time, as the bus may arrive early on any given day.
- Plan in advance for another adult who is normally at the bus stop to care for your child if you are not there.
- If you have an emergency and cannot make it to the bus stop, call the school well before dismissal time, so your child will be kept at school for pickup rather than put on the bus. Be sure you always have the school phone number with you in case of the emergency.
- Be sure your child knows and can identify the proper bus stop and understands not to get off the bus at any other stop.
- Arrange for an older student “buddy” to walk home with your child, or allow your child to stay at the older student’s house until you are able to pick up your child. Be sure to work with the other student’s parent/guardian when arranging this plan.

- Be sure your child knows to tell the bus driver, before getting off the bus, if something is “not right.” This includes a parent/guardian or caregiver who is usually at the stop not being visible; missing the stop; or getting on the wrong bus and not recognizing any stop or familiar adults.

**Once the student gets off the bus, only you can ensure your child is appropriately supervised.**

.....  
**Walking to school**

Adult crossing guards and student safety patrols are on duty at many busy intersections and at some schools in the morning and afternoon. Teach your child to follow safe walking rules and instructions from those who are on duty. A kindergarten child should never walk alone. Walking with a parent/guardian, caregiver, sibling, friend, or older student is advised. If your child will not be accompanied by an adult, show your child the best route to walk to and from school. Be sure to consider traffic, visibility along streets and at intersections, use of crosswalks, and possible hazards. Walk along this route with your child a few times before school starts. Practice good safety habits and make sure your child knows exactly where to go. Impress upon your child to take the route you have practiced and the need to go directly to school and come directly home after school.

Teaching children safe walking practices when they are young, even though they do not walk alone, will help to build safe walking habits for later years when they may walk alone or with same-age peers. Parents/guardians should develop a back-up plan with instructions for what their child should do if they arrive home and no one is there. In cases where they walk home alone or with older children, there must be an emergency plan in place to address this possibility.

.....  
**Elementary Language Immersion Program**

The MCPS Elementary Language Immersion Program is an optional special program for students who may be interested in learning another language. There are seven elementary schools and four middle schools that house the programs. It begins in Kindergarten and continues until Grade 8.

.....  
**What languages are offered?**

Chinese, French, and Spanish are the three languages offered in these immersion programs; some are partial and others are full. Partial programs have two content areas (such as math and science) that are taught in the language, and full

programs have four content areas (such as math, science, reading, and social studies) taught in the language. Students learn the remaining MCPS curriculum in English.

.....  
**How can my child participate?**

Each program has limited seats, and a lottery is used to invite students. To enter the lottery, parents/guardians should go to the MCPS Language Immersion website at [www.montgomeryschoolsmd.org/immersion](http://www.montgomeryschoolsmd.org/immersion) or call the MCPS Division of Consortia Choice & Application Services at 240-740-7800. Kindergarten students, as well as anyone new to MCPS, must be pre-enrolled for the 2024–2025 school year at their home elementary school prior to applying to the program as the MCPS student ID is required. Students enter the lottery process from February until the immersion deadline on April 19, 2024. Parents/guardians will receive notification of results by mid-May. Parents/guardians can apply for as many immersion programs as desired. Transportation varies for each program. Parents/guardians who are interested in an immersion program after the deadline has passed may still apply and will be added to the bottom of the waitlists.

The immersion programs are offered at the following seven sites in the county:

- Burnt Mills Elementary School: Spanish (full)
- Maryvale Elementary School: French (full)
- Potomac Elementary School: Chinese (partial)
- Bayard Rustin Elementary School: Chinese (partial)
- Rock Creek Forest Elementary School: Spanish (full)
- Sligo Creek Elementary School: French (full)
- William Tyler Page Elementary School: Spanish (full)

For more information, see pages 27–29 of this handbook for the information flyer and frequently asked questions (FAQs), or visit: [www.montgomeryschoolsmd.org/curriculum/specialprograms/admissions/immersion.aspx](http://www.montgomeryschoolsmd.org/curriculum/specialprograms/admissions/immersion.aspx) or call the Division of Consortia Choice and Application Program Services (DCCAPS) at 240-740-7800.

In addition, MCPS offers Two-Way Language Immersion programs (Spanish–English) at six elementary schools. The Two-Way Immersion Programs are only open to students whose home school is one of the following schools, and are not included in the lottery for MCPS’s Elementary Language Immersion programs.

- Brown Station Elementary School
- Gaithersburg Elementary School
- Kemp Mill Elementary School
- Oakland Terrace Elementary School
- Rolling Terrace Elementary School
- Washington Grove Elementary School

## Parent Academy

You may have many questions about helping your child:

- How can I help my child get the most out of homework?
- What are the learning skills that will help my child in school?
- How do I communicate with my child's teachers and advocate for my child?

The Parent Academy TO GO is designed to inform and empower parents as advocates and partners in their children's education. Through a variety of learning opportunities hosted by MCPS staff and community partners, we hope to strengthen our engagement with families and the community. We recognize that behind every successful student are supportive families, teachers, school staff, and community members who take an active role in educating our students.

We now offer the Parent Academy TO GO, a series of virtual workshops for families to view at home. Our virtual workshops include research-based strategies and resource segments that offer families opportunities to build deeper knowledge, and to learn and practice the skills they need to support their children's learning.

Our virtual chats provide opportunities for families to learn tips, share resources, and engage in meaningful discussions with MCPS staff, mental health experts, community partners, and other parents.

All virtual events are free, Advance registration is required. Participants will receive an email with the link to join prior to the event. Please register at [www.montgomeryschoolsmd.org/departments/parentacademy/](http://www.montgomeryschoolsmd.org/departments/parentacademy/). For more information, contact Student, Family, and School Services at 240-740-4620.

choose the right program for their child. LOCATE: Child Care identifies both family child care providers and child care centers that have been approved by the Maryland State Department of Education's Office of Child Care.

Parents/guardians should look for high-quality programs that exhibit the following characteristics: the staff understands the developmental needs of the children; the program has a variety of educational materials, supplies, and games geared to the ages served; parents/guardians are welcomed and involved; and staff works with school personnel regarding schedules, policies, procedures, and programming.

State and county laws require that children under the age of 8 be supervised at all times by a parent/guardian, child care provider, or babysitter who is at least 13 years old. Parents/guardians also can search for child care information online at [www.marylandfamilynetwork.org](http://www.marylandfamilynetwork.org).

## School Closings

There are times when it is necessary to delay or cancel school for the day, or to send students home early. The safety of children is the primary factor in making decisions to alter the school schedule. When bad weather is occurring or expected, there are several ways to find out about school closings or delays. If school is going to be canceled, delayed, or closed early, a message will be posted on the MCPS website; the MCPS Twitter account ([twitter.com/MCPS](https://twitter.com/MCPS)); the MCPS Facebook account; and on MCPS TV (Channel 34 on Comcast, 36 on Verizon, and 89 on RCN cable). MCPS also will send out an e-mail message via Connect-ED (a recorded phone and e-mail messaging system that uses emergency contact numbers and e-mail addresses supplied by parents/guardians). New MCPS Operating Status and Color Codes for the emergency closing of schools can be found using this link: <https://www.montgomeryschoolsmd.org/emergency/closings/>. Also, you can sign up to receive text and e-mail messages through the county's alert system (to sign up, visit [www.montgomeryschoolsmd.org/emergency/alertmcps.aspx](http://www.montgomeryschoolsmd.org/emergency/alertmcps.aspx)). Additionally, you can call the MCPS recorded information line at 301-279-3673. Closing information also will be broadcast on local radio and television stations.

Information about closings and delayed openings is communicated early in the morning, by 5:00 a.m. If schools are closing early, announcements are made by 11:00 a.m.

Sometimes water, heating, or electrical problems make it necessary to close an individual school for all or part of a day. Individual schools generally inform parents/guardians of a

## Choosing Child Care

Parents/guardians who need a child care provider can call LOCATE: Child Care at 1-877-261-0060 for free assistance with finding a licensed child care provider, school-age program, summer camp, preschool, and/or nursery school program. LOCATE identifies providers based on each family's individual needs, such as hours of care, location, number and ages of children, and child care cost. This service may be accessed in multiple languages.

For school-age children, LOCATE can identify providers located in or near the school's service area. In addition, counselors will provide tips on how to identify good-quality programs and easy-to-follow tips to help parents/guardians

closing of this type using ConnectEd. It is important that you prepare for these or other emergencies by providing your child's school with up-to-date telephone numbers and e-mail addresses where you may be contacted. Also, it is important to provide the school with the name and telephone number of at least one emergency contact who has agreed to care for your child if you cannot be reached. That information should be provided to your child's school on the enclosed *Student Emergency Information Form 565-1* on page 15. Please inform the school immediately if any of this information changes.

## Forms and Registration

MCPS has provided families with the capability to register for kindergarten online.

- MCPS families with ParentVUE accounts can log into the parent portal and register a child for kindergarten by clicking on the Online Registration link and selecting the *2024-2025 New Enrollment* option from the list of registrations.
- MCPS parents/guardians who have not set up a ParentVUE account should contact their school for their activation letter.
- Parents NEW to MCPS can create a ParentVUE account by registering on the Online Registration system. ([https://md-mcps.edupoint.com/PXP2\\_OEN\\_Login.aspx](https://md-mcps.edupoint.com/PXP2_OEN_Login.aspx))
- Parents/guardians who wish to register via paper forms can return the completed forms, provided in this handbook, to the school.

The following forms can be completed electronically using the Kindergarten Online Registration. If completing registration via paper, the forms below should be removed from this Kindergarten Handbook, completed by the student's parent/guardian, and returned to the school:

- MCPS Form 560-24, *New Student Information*

- MCPS Form 345-17, *Maryland State Department of Education Prekindergarten Experience*
- MCPS Form 565-1, *Student Emergency Information*

If completing registration electronically, the following forms should be printed, completed by an authorized health care provider, and uploaded as part of the student's online registration. You can also choose to provide the forms to the school later. If completing registration via paper, the following forms are to be removed from this Kindergarten Handbook, completed by an authorized health care provider, and returned to the school before the first day of school:

- MCPS Form 525-17, *Dental Health Form*
- MDH 896, Maryland Department of Health Immunization Certificate (<https://ww2.montgomeryschoolsmd.org/departments/forms/detail.aspx?formID=442&formNumber=DHMH%20896&catID=2&subCatid=0>)
- DHMH 4620, Blood Lead Testing Certificate (<https://ww2.montgomeryschoolsmd.org/departments/forms/pdf/dhmh%204620.pdf>)

If completing registration electronically, the following form should be printed and Part I should be completed by the parent/guardian. Part II should be completed by an authorized health care provider and uploaded as part of the online registration or returned to the school by the parent/guardian. If completing registration via paper the form should be removed from this Kindergarten Handbook and Part I should be completed by the parent/guardian. Part II should be completed by an authorized health care provider and returned to the school by the parent/guardian.

- MCPS Form SR-6, *Maryland Schools Record of Physical Examination*

The Maryland Vaccine Requirements for School Year 2023–24 have not yet been finalized. This information will be available on the Maryland Department of Health website once the requirements have been finalized.



# MONTGOMERY COUNTY PUBLIC SCHOOLS

## New Student Information

Office of Shared Accountability, Records Unit  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**INSTRUCTIONS:** This form is to be completed by parent/guardian or eligible student. For all students new to or reentering MCPS, the verification of the following must be presented at the time of enrollment: Montgomery County residency, age and immunizations, unless homeless.

<b>STUDENT INFORMATION</b>
<p><b>Must match birth certificate or other evidence of birth</b></p> <p>Legal Last Name _____ Legal First Name _____ Legal Middle Name _____</p> <p>Student's Identified First Name _____</p> <p>Birthdate ____/____/____ Gender <input type="checkbox"/> M (Male) <input type="checkbox"/> F (Female) <input type="checkbox"/> X (unspecified/non-binary)</p> <p>School Name _____ MCPS ID# _____ Grade _____</p>
<b>MARYLAND HOME LANGUAGE SURVEY</b>
<p>In accordance with federal and state requirements, the Home Language Survey will be administered to all students and <b>used only for determining whether a student needs English language support services</b> and will not be used for immigration matters or reported to immigration authorities. If a language other than English is indicated on two of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.</p> <p>What language(s) did the <b>student</b> first learn to speak? _____</p> <p>What language does the <b>student</b> use most often to communicate? _____</p> <p>What language(s) are spoken in your home? _____</p>
<b>PROOF OF AGE—(evidence of birth) Indicate which document was provided</b>
<p><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport/Visa <input type="checkbox"/> Physician's Certificate <input type="checkbox"/> Baptismal or Church Certification <input type="checkbox"/> Hospital Certificate <input type="checkbox"/> Parent's Notarized Affidavit</p> <p><input type="checkbox"/> Birth Registration <input type="checkbox"/> Other Legal or Notarized Identification (Specify) _____</p>
<b>RESIDENCY</b>
<p>Street Address _____ City _____ State _____ Zip _____</p> <p>E-mail Address _____ Primary Home or Cell Phone Number _____ - _____ - _____</p> <p><b>Circumstances (if applicable)</b></p> <p><input type="checkbox"/> Homeless Child/Unaccompanied Youth (complete MCPS Form 335-77, <i>Homeless Status</i>)</p> <p><input type="checkbox"/> Informal Kinship Care (complete MCPS Form 334-17, <i>Affidavit: Children in Informal Kinship Care</i>)</p> <p><input type="checkbox"/> Maryland State Supervised Care (complete MCPS Form 560-35, <i>Enrollment of Child in Maryland State-Supervised Care and Transfer of Educational Records</i>)</p> <p><b>Proof of Residency—MCPS Regulation JEA-RB, Enrollment of Students, lists the following acceptable documents for evidence of residency that should be provided (unless homeless):</b></p> <p><input type="checkbox"/> Current property tax bill <input type="checkbox"/> Current rental lease <input type="checkbox"/> If original term of the lease is expired, a copy of a current utility bill or a lease extension</p> <p><input type="checkbox"/> Shared Housing Disclosure Form (MCPS Form 335-74)</p>
<b>IMMIGRANT SERVICES AND EXEMPTIONS FROM CERTAIN TESTS</b>
<p>For the purpose of determining eligibility for immigrant services and/or exemption from certain tests, please provide the following information:</p> <p>Was the student born outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes:</b> How many months has the student been in U.S. K–12 schools? _____</p> <p>Date student entered a U.S. K–12 <b>school</b> for the first time ____/____/____</p>
<b>IMMUNIZATIONS</b>
<p>Proof of immunization compliance—MCPS Regulation JEA-RB, <i>Enrollment of Students</i>, lists the following acceptable documents:</p> <p><input type="checkbox"/> Maryland Department of Health Immunization Certificate 896</p> <p><input type="checkbox"/> Computer form generated by a physician or health clinic <input type="checkbox"/> Other _____</p>
<b>ETHNICITY</b>
<p>1. <b>ETHNICITY DESIGNATION.</b> Read the definition below and check the box that indicates this student's heritage.</p> <p><b>Is this student Hispanic or Latino?</b> (Select one answer.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered <b>Hispanic or Latino</b>.</p> <p>2. <b>RACE DESIGNATION.</b> Check the boxes that indicate this student's race. <b>You must select at least one race, regardless of ethnicity designation. More than one response can be selected. Indicate this student's race.</b> (Select all that apply.)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p>

**PRIOR SCHOOL EXPERIENCE**

Has student previously attended a Montgomery County Public School?  Yes  No  
**If Yes:** Last Montgomery County Public School attended \_\_\_\_\_  
 Dates of attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Grade \_\_\_\_

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED**

\_\_\_\_\_  
 Date of withdrawal \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Grade \_\_\_\_  Public School  Private School

**PARENTS/GUARDIANS RESPONSIBLE FOR STUDENT\***

Primary parent/guardian responsible for student living at student's address: _____ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Employer _____ Phone #1 ____-____-____ Phone #2 ____-____-____ Phone #3 ____-____-____ Parent Preferred Language: <input type="checkbox"/> Amh <input type="checkbox"/> Chi <input type="checkbox"/> Fre <input type="checkbox"/> Kor <input type="checkbox"/> Por <input type="checkbox"/> Spa <input type="checkbox"/> Viet	Parent/guardian responsible for student living at student's address: _____ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Employer _____ Phone #1 ____-____-____ Phone #2 ____-____-____ Email _____ Parent Preferred Language: <input type="checkbox"/> Amh <input type="checkbox"/> Chi <input type="checkbox"/> Fre <input type="checkbox"/> Kor <input type="checkbox"/> Por <input type="checkbox"/> Spa <input type="checkbox"/> Viet
--	--

Name of parent/guardian (if other than parent/guardian above): _____ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Address _____ Phone ____-____-____	Name of parent/guardian (if other than parent/guardian above): _____ Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ Address _____ Phone ____-____-____
---	---

\*  Parent(s)/Guardian(s) Legal Identification (including photograph) and proof of relationship to student verified (specify)  
 \_\_\_\_\_

Is the student a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Space Force, Marine Corps, Coast Guard, National Guard, or Reserve Forces (Army, Army National Guard of the U.S., Navy, Air Force, Space Force, Marine Corps, Air National Guard of the U.S., or Coast Guard)?  Yes  No

Sibling's (name)	Birthdate	Current School
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**NON-CUSTODIAL PARENT (if applicable)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Custody concerns?  Yes  No If yes, contact school.

**OTHER INFORMATION**

Does the student have an Individualized Education Program (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a Section 504 plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been an Emergent Multilingual Learner (EML) receiving ELD* services in a Language Instruction Educational Program (LIEP) in a U.S. school? <b>If Yes</b> , date first entered ELD* in a U.S. school ____/____/____ If exited, what was the exit date? ____/____/____ <small>*ELD–English Language Development/ESOL–English for Speakers of Other Languages/ESL–English as a Second Language/ENL–English as a New Language</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever been suspended from school? <b>If Yes</b> , is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Has the student ever been expelled from school? <b>If Yes</b> , is the student currently expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
If enrolling after start of school year, do you want directory information to be withheld? <b>If Yes</b> , complete MCPS Form 281-13, <i>Annual Notice for Directory Information and Student Privacy</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information as submitted on this form and on any attachments is accurate, complete and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of enrollment. Furthermore, I understand I am responsible for reporting to the school principal if the student becomes a non-resident of this county and that I am liable for tuition for any periods that the student may be a non-resident, unless homeless. If student has an IEP, I understand that an IEP team must determine student's placement.  
 I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
 Signature, Parent/Guardian or Eligible Student Date

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Student Record Card 6

Maryland State Department of Education (MSDE)  
Maryland Department of Health (MDH)  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland

### MARYLAND SCHOOLS RECORD OF PHYSICAL EXAMINATION

To Parents or Guardians:

In order for your child to enter a Maryland public school for the first time, the following are **required**:

- **A physical examination by an authorized health care provider must be completed within nine months prior to entering the public school system or within six months after entering the system.** A physical examination form designated by the Maryland State Department of Education and the Maryland Department of Health must be used to meet this requirement.
- **Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in preschool through the twelfth grade.** A Maryland Immunization Certification form for newly enrolling students may be obtained from the local Department of Health and Human Services or from school personnel. The form and the required immunizations must be completed before a child may attend school. (Form MDH 896).
- **Evidence of blood lead testing is required for all students who reside in a designated at risk area or who are enrolled in Medicaid when first entering Prekindergarten, Kindergarten, and Grade 1, and for ALL children born on or after January 1, 2015.** The Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate (DHMH 4620) (or another written document signed by an authorized health care provider) shall be used to meet this requirement.

Exemptions from immunizations are permitted if they are contrary to a student's or family's religious beliefs, and require parent/guardian signature on MDH Form 896. Students also may be exempted from immunization requirements if an authorized health care provider certifies that there is a medical reason not to receive a vaccine. Exemptions from blood lead testing is permitted if it is contrary to a family's religious beliefs and practices. The Blood Lead Testing Certificate must be signed by an authorized health care provider stating a questionnaire was done.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

In order to assist your child in gaining the most from their educational experience, please complete Part I of this Physical Examination form. Part II must be completed by an authorized health care provider, or attach a copy of your child's physical examination to this form. If your child requires medication and or a treatment to be administered in school, you must have the authorized health care provider complete a medication and or treatment administration form for each medication and or treatment to be administered. These forms can be obtained from your child's school or online from the Montgomery County Public Schools (MCPS) website at [www.montgomeryschoolsmd.org](http://www.montgomeryschoolsmd.org): MCPS Form 525-12, *Authorization to Provide Medically Prescribed Treatment, Release and Indemnification Agreement*, MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector*. If you do not have access to an authorized health care provider or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.

**Please complete this Physical Examination form and return it to your child's school as quickly as possible.**

<b>PART 1 HEALTH ASSESSMENT</b>		<b>To be completed by parent/guardian</b>		MCPS ID#
Student's Name (Last, First, Middle) (Preferred Name)		Birthdate (Mo., Day, Yr.)	Name of School	
			Grade	
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care? Name: _____ Address: _____			Phone No. _____	
When was the last time your child had a physical exam?    Month                      Year				
When was the last time your child had a dental exam?    Month                      Year				
Where do you usually take your child for dental care? Name: _____ Address: _____			Phone No. _____	

<b>ASSESSMENT OF STUDENT HEALTH</b>			
To the best of your knowledge, does your child have any of the following? Please check yes or no below.			
	Yes	No	Comments
Anaphylaxis or severe allergic reactions			
Allergies (Food, Insects, Medications, Latex)			
Allergies (Seasonal)			
Asthma or Breathing Problems			
Behavioral or Emotional Problems			
Birth Defects			
Bleeding Problems			
Cerebral Palsy			
Dental Problems			
Diabetes			
Ear Problem or Deafness			
Eating Problems			
Eye or Vision Problems			
Head Injury			
Heart Problems			
Hospitalization (When, Where, Why)			
Lead Poisoning/Exposure			
Learning problems/disabilities			
Limits on Physical Activity			
Meningitis			
Prematurity			
Problem with Bladder			
Problem with Bowels			
Problem with Coughing			
Seizures			
Sickle Cell Disease			
Speech Problems			
Surgery			
Other			

Does your child take any medication?     No     Yes  
 If yes, name(s) of medications: \_\_\_\_\_

Will your child require any medication to be administered in school?     No     Yes  
 If yes, name(s) of medications: \_\_\_\_\_

Will your child require any emergency medications (epinephrine auto-injectors, inhalers, glucagon, Diastat, nebulized medication, etc.) to be administered in school?     No     Yes    If yes, please list \_\_\_\_\_

Will your child require any special treatments (G-tube feedings, catheterizations, etc.) to be administered in school?     No     Yes  
 If yes, please list \_\_\_\_\_

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

<b>PART II SCHOOL HEALTH ASSESSMENT</b> <b>To be completed ONLY by authorized health care provider</b>		MCPS ID#	
Student's Name (Last, First, Middle) (Preferred Name)	Birthdate (Mo., Day, Yr.)	Name of School	Grade
1. Does the child have a diagnosed medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____ _____			
2. Does the child have a health condition which may require EMERGENCY ACTION while at school? (e.g., seizure, severe allergic reaction/anaphylaxis to food or insect sting, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please work with the school nurse to develop an emergency plan. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____ _____			
3. Are there any abnormal findings on evaluation of concern? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____ _____			

EVALUATION FINDINGS/CONCERNS						
PHYSICAL EXAM	WNL	ABNL	Area of Concern	HEALTH AREA OF CONCERN	Yes	No
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/Orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		
REMARKS: (Please explain any abnormal findings/health concerns.)  _____ _____						
4. <b>RECORD OF IMMUNIZATIONS:</b> MDH 896 is required to be completed and attached by an authorized health care provider <b>or</b> a computer generated immunization record must be provided.						
5. Is the child on medication? If yes, indicate medication and diagnosis. <input type="checkbox"/> No <input type="checkbox"/> Yes  _____ (MCPS Form 525-13, <i>Authorization to Administer Prescribed Medication, Release and Indemnification Agreement and/or MCPS Form 525-14, Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector, must be completed for medication administration in school</i> ).						
6. Will the child require medically provided treatments, such as urinary catheterization, tracheostomy, gastrostomy feedings, and oral suctioning? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, MCPS Form 525-12, <i>Authorization to Provide Medically Prescribed Treatment, Release and Indemnification Agreement</i> , must be completed.						
7. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction. <input type="checkbox"/> No <input type="checkbox"/> Yes MCPS Form 345-22 may be completed.  _____ _____						

**PART II SCHOOL HEALTH ASSESSMENT (continued)**  
**To be completed ONLY by authorized health care provider**

8. Screenings	Results/Date Taken	Comments
Tuberculin Test (PPD, QFT, Questionnaire)		
Blood Pressure/Heart Rate		
Height		
Weight		
BMI %tile		
Blood Lead Testing (DHMH 4620)		
Hemoglobin/Hematocrit		

(Student Name) \_\_\_\_\_ has had a complete physical examination and has:

- No evident problem that may affect learning or full school participation       Problems noted above

Additional Comments:

Name of Authorized Health Care Provider (Type or Print)	Phone No.	Authorized Health Care Provider Signature	Date



# Maryland State Department of Education Prekindergarten Experience

Department of Elementary Curriculum and Districtwide Programs  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 345-17  
February 2019**

**INSTRUCTIONS:** The Maryland State Department of Education (MSDE) requires Montgomery County Public Schools (MCPS) to collect information about the early care experiences of all newly enrolling kindergarten students. Using the definitions provided below, please provide the following information and return to the school in which your child will be enrolled along with MCPS Form 560-24, *New Student Information*.

Student Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_

In what kind of care did the child spend most of their time since September of the previous year?

**Place one check in the correct box for full day or two checks in the correct half day boxes.**

Include the name of the school, center, or provider on the line.

PRIOR CARE	NAME OF PRIOR CARE SCHOOL, CENTER, OR PROVIDER	FULL DAY	HALF DAY—1	HALF DAY—2
Informal Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prekindergarten in a public school (general education or special education)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Center		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Child Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonpublic Nursery School		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten (repeated)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MSDE Defined Categories of Early Care Experiences

<b>Informal Care</b>	Care provided in a home by a relative or non-relative.
<b>Head Start Program</b>	A federal pre-school program for 3- to 5-year olds from low income families: funded by the U.S. Department of Health and Human Services and licensed by the Maryland Department of Education, Office of Child Care.
<b>Prekindergarten in a public school</b>	Public school general or special education prekindergarten for four year olds administered by MCPS and regulated by MSDE according to COMAR 13A.06.02 Prekindergarten Programs school (general education or special education in a public school)
<b>Child Care Center</b>	Child care provided in a facility, usually non-residential, for part or all of the day that provides care to children in the absence of a parent. The centers are licensed by the Maryland State Department of Education, Office of Child Care.
<b>Family Child Care</b>	Regulated care given to a child younger than 13 years old, in place of parental care for less than 24 hours, in a residence other than the child's residence and for which the provider is paid. Family child care is regulated by the Maryland State Department of Education, Office of Child Care.
<b>Non-public Nursery Schools</b>	Pre-school programs with an "education" focus for 2,3, or 4 year olds; approved or exempted by MSDE; usually part-day, nine months a year.





# Student Emergency Information

Office of Student and Family Support and Engagement  
Montgomery County Public Schools  
Rockville, Maryland 20850

**INSTRUCTIONS:** Please complete both sides of this form and return to your child's school as soon as possible.

Student Name (Last, First, Middle)			Student's Identified First Name		
Student ID	Grade	Section	Homeroom Teacher		
Primary Phone	Date of Birth	<b>GRADES 6-12 ONLY</b> YRBS/YTS (see reverse) <input type="checkbox"/> May <b>NOT</b> Participate		<b>GRADES 11 AND 12 ONLY</b> <input type="checkbox"/> Do Not Release Contact Information to Military Recruiters.	
Home Address		Language Spoken at Home	Preferred Language for Correspondence <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Amharic		
Bus Route #	Custody Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Contact School)				
Is the student a dependent of a member of the active duty forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserve Forces (Army, Army National Guard of the U.S., Air National Guard of the U.S., Navy, Air Force, Marine Corps, or Coast Guard)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Parent/Guardian Living at Student's Home Address Noted Above. (Last, First, MI) (Contact First)			Name of Parent/Guardian Living at Student's Home Address Noted Above. (Last, First, MI)		
Work Phone	Cell Phone		Work Phone	Cell Phone	
E-mail			E-mail		
Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)			Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)		
Name of Parent/Guardian <b>NOT</b> Living at Student's Home Address Noted Above. (Last, First, MI)			Name of Parent/Guardian <b>NOT</b> Living at Student's Home Address Noted Above. (Last, First, MI)		
Home Address of this Adult			Home Address of this Adult		
Work Phone	Cell Phone		Work Phone	Cell Phone	
Home Phone	E-mail		Home Phone	E-mail	
Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)			Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)		
Person/Organization Responsible for Student <b>Before School</b> —Name (Last, First) (If other than parents/guardians noted above)					
Address					
Home Phone	Cell Phone		E-mail		
Work Phone	Relationship to Student (if any)				
Person/Organization Responsible for Student <b>After School</b> —Name (Last, First) (If other than parents/guardians noted above)					
Address					
Home Phone	Cell Phone		E-mail		
Work Phone	Relationship to Student (if any)				
Emergency Contacts: In an emergency that requires the school to release student using parent/child reunification protocols, and when parents/guardians and other responsible adult(s) already listed cannot be reached, the school may release the student to these individuals.					
Emergency Contact #1: (Last, First)			Relationship to Student		
Home Phone	Cell Phone		Work Phone	E-mail	
Emergency Contact #2: (Last, First)			Relationship to Student		
Home Phone	Cell Phone		Work Phone	E-mail	
Emergency Contact #3: (Last, First)			Relationship to Student		
Home Phone	Cell Phone		Work Phone	E-mail	

*continued on page 2*

Physician/Authorized Health Care Provider Name	Physician/Authorized Health Care Provider Phone
Dentist/Hygienist Name	Dentist/Hygienist Phone
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check one) <input type="checkbox"/> Private <input type="checkbox"/> Health Choice (Medical Assistance) <input type="checkbox"/> Care for Kids	
School officials will administer first aid and/or take your child to a physician or hospital for emergency treatment in the event it appears necessary and parents/guardians or other responsible adults noted on this form cannot be contacted. (The rescue squad will be used as deemed necessary in emergency situations.)	
Does the student have an allergy to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide additional information such as reaction description, medication, etc.)	
Does the student have an allergy to any foods and/or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide additional information such as reaction description, medication, etc.)	
Does the student have any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide additional information such as allergen, reaction description, medication, etc.)	
Does student self-carry an Epinephrine Auto-Injector? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, MCPS Form 525-14 must be completed and returned to the school)	
Does student self-carry any other emergency medication (e.g., Asthma Inhaler)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, MCPS Form 525-13 must be completed and returned to the school)	
Are there any other medical considerations that you would like to share regarding this student? (e.g., Asthma or Breathing problems, Diabetes, Seizures, or other problem?) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes (Specify)	
Does the student have a health condition requiring possible emergency care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes (Specify)	
Currently prescribed medications (Optional)	
Is medication or a treatment (tube feeding or catheterization) being administered by school staff on a continuing basis, daily, or as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, MCPS Form 525-12, 525-13 OR MCPS Form 525-14 must be completed and returned to the school)	
Printed Parent/Guardian Name	
I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature. Signature of Parent/Guardian	Date

**For Students in Grades 6 through 12 ONLY**

**Information to Parents/Guardians of Middle School and High School Students Regarding the Maryland Youth Risk Behavior Survey/Youth Tobacco Survey**

This section of the form is to notify you about the Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) and procedures to follow if you **DO NOT** want your child to participate in the YRBS/YTS.

Your child's school may be taking part in the YRBS/YTS, conducted by the Maryland Department of Health (MDH) in collaboration with the Maryland State Department of Education (MSDE) and the Centers for Disease Control and Prevention (CDC). The survey was designed by the CDC to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts, depression and mental health; use of tobacco, alcohol, or other drugs; nutrition and physical activity; and sexual behavior.

The survey has been designed to protect your child's privacy. The survey is confidential and **students will not put their names on the survey**. No school or student will ever be mentioned by name in a report of the results.

**The survey is voluntary. If your child is not comfortable answering a question, your child may skip it.** No action will be taken against the school, you, or your child, if your child does not take part. In addition, students may stop participating in the survey at any point without penalty.

If you have any questions about your child's rights as a participant in this survey, or if you feel your child will be harmed in any way by taking part, please call toll-free 1-877-878-3935, leave a message including your name and phone number, and someone will call you back as soon as possible. For more information about the survey, please visit [www.cdc.gov/HealthyYouth/](http://www.cdc.gov/HealthyYouth/).

**If you DO NOT want your child to take part in the survey, (1) please complete the section on the front of the form which indicates "YRBS/YTS—May Not Participate," (2) return your child's Student Emergency Information form to your child's school.**

**FREQUENTLY ASKED QUESTIONS**

**Q. Why is the Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) conducted?**

A. The MDH and the MSDE will use the results from the YRBS/YTS to (1) monitor how priority health risk behaviors among middle and high school students change over time; (2) evaluate the impact of broad state and local efforts to prevent health risk behaviors; and (3) improve school health education policies and programs.

**Q. Are sensitive questions asked?**

A. Some questions may be considered sensitive by some districts, schools, or parents/guardians. All such questions are presented in a straightforward and sensitive manner and were designed by the CDC. Topic areas covered include use of helmets and seat belts; depression and mental health; use of tobacco, alcohol, other drugs, nutrition and physical activity; and sexual behavior.

**Q. Will student names be used or linked to the surveys?**

A. No. The survey is designed to protect your child's privacy. The survey is administered by specially trained field staff. Students do not put their name on the survey. When students finish the survey, they place the completed survey in a large box or envelope.

**Q. Are students tracked over time to see how their behavior changes?**

A. No. Students who participate cannot be tracked because no identifying information is collected.

**Q. How are children picked to be in the survey?**

A. Statewide, approximately 360 schools and 85,000 students are picked to take part. First schools are randomly picked, and then classrooms in selected schools are randomly picked. Every student in a selected class may participate.



# Dental Health Form

Montgomery County Department of  
Health and Human Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 525-17**  
**February 2023**

**INSTRUCTIONS:** School health professionals review student health information, including dental health, when students enroll in school. When health problems are identified, school health professionals assist students and parents/guardians in accessing appropriate health services, including dental care.

Please complete Section I of this form and ask your child's dentist or dental hygienist to complete and sign Section II of this form. Return the completed form to the health room at your child's school.

Help in locating a dentist/dental hygienist may be obtained by contacting the Maryland State Dental Association at [www.msda.com](http://www.msda.com). If you do not have access to dental care, please contact the school nurse in your child's school.

### SECTION I: To be completed by Parent/Guardian

Name of Student	Student ID	
Name of School	Date of Birth	Grade

### SECTION II: To be completed by the Dental office.

This is to certify that I have examined the teeth of \_\_\_\_\_

*and:*

- All necessary dental work has been completed.
- Treatment is in progress.
- No dental work is necessary.
- Dental fluoride was applied:     Yes     No

Date of last preventive visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Further recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Dentist/Dental Hygienist	Telephone
Signature of Dentist/Dental Hygienist	Date Signed
Address	Fax Number

**PLEASE RETURN THIS FORM TO THE HEALTH ROOM AT YOUR CHILD'S SCHOOL.**



MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE



STUDENT/SELF NAME: \_\_\_\_\_  
 LAST FIRST MI

STUDENT/SELF ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEX: MALE  FEMALE  OTHER  BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

COUNTY: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**FOR MINORS UNDER 18:**  
 PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

#	DTP-DTAP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr	
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1		DOSE #1	DOSE #6
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2	DOSE #7
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	DOSE #3	DOSE #8
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4				DOSE #4					DOSE #9	
5	DOSE #5			DOSE #5				DOSE #5					DOSE #10	

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name  
 Office Address/ Phone Number

- Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Medical provider, local health department official, school official, or child care provider only)
- Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_
- Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Lines 2 and 3 are for certification of vaccines given after the initial signature.

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a:  Permanent condition OR  Temporary condition until \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

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

## How To Use This Form



The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

**Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.**

### Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

**MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE**

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

CHILD'S NAME: \_\_\_\_\_  
LAST FIRST MI

SEX: MALE  FEMALE  BIRTHDATE: \_\_\_\_\_  
MM/DD/YYYY

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Test Date (mm/dd/yyyy)	Type of Test (V = venous, C = capillary)	Result (µg/dL)	Comments

**Health care provider or school health professional or designee only:** To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

1. \_\_\_\_\_  
Name Title

\_\_\_\_\_

Signature Date

2. \_\_\_\_\_

Name Title

\_\_\_\_\_

Signature Date

<b>Clinic/Office Name, Address, Phone</b>

**Health care provider:** Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

Lead Risk Assessment Questionnaire Screening Questions:

- Yes  No  1. Does the child live in or regularly visits a house/building built before 1978?
- Yes  No  2. Has the child ever lived outside the United States or recently arrived from a foreign country?
- Yes  No  3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?
- Yes  No  4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?
- Yes  No  5. Does the child have contact with an adult whose job or hobby involves exposure to lead?
- Yes  No  6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?
- Yes  No  7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

**Provider:** If any responses are **YES**, I have counseled the parent/guardian on the risks of lead exposure. \_\_\_\_\_  
Provider Initial

**Parent/Guardian:** I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

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

# MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

## How To Use This Form

- **A health care provider may provide the parent/guardian with a copy of the child’s blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).**

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child’s health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child’s health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child’s school health record.

## Frequently Asked Questions

### **1. Who should be tested for lead?**

All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

### **2. What is the blood lead reference value, and how is it interpreted?**

Maryland follows the [CDC blood lead reference value](#), which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

### **3. If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?**

Yes, if a capillary test shows a blood lead level of  $\geq 3.5$  µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See [Table 1](#) (CDC) for the recommended schedule.

### **4. What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?**

Providers should refer to the CDC’s Recommended Actions Based on Blood Lead Level (<https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>).

### **5. What programs or resources are available to families with a child with lead exposure?**

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: <https://health.maryland.gov/phpa/OEHFP/EH/Pages/Lead.aspx>.

Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention: <https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx>

Families can also contact the Mid-Atlantic Center for Children’s Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/nursing/macche.html>



# INTERESTED IN Having Your K-5 Student LEARN A NEW LANGUAGE?

- » MCPS offers **Chinese, French and Spanish** elementary language immersion programs.
- » Students entering **grades K-5** may participate in the lottery.
- » Accepted students would attend the **immersion program school for the full day**
- » Admittance to the program for Grades 2-5 is also contingent on **passing a language assessment**.
- » Students may choose to continue into the **feeder middle school language immersion program**.



## How to Apply .....

- » The Immersion Program Lottery for the 2024-2025 school year **begins February 1, 2024 through April 21, 2024**.
- » For more information about the language immersion programs and to enter the lottery, visit [montgomeryschoolsmd.org/immersion](https://montgomeryschoolsmd.org/immersion)

**For Questions, contact the MCPS Division of Consortia Choice  
& Application Program Services at 240-740-2540 or [dccaps@mcpsmd.org](mailto:dccaps@mcpsmd.org).**





# Elementary Immersion Programs Lottery Process

[www.montgomeryschoolsmd.org/curriculum/specialprograms/](http://www.montgomeryschoolsmd.org/curriculum/specialprograms/)

Board of Education Policy JEE, *Student Transfers*

## 1. Does MCPS offer elementary immersion programs?

Yes, MCPS offers three Spanish, two French, and two Chinese elementary immersion programs at seven sites in the county. The French and Spanish programs are full immersion. The Chinese programs are partial immersion. In full immersion, all core subjects, including reading/language arts, are taught in the target language. In partial immersion, some core subjects are taught in the target language. Some immersion programs are based on geographic location and/or give preference to students for whom that school is their home school. For more information, please visit the special programs website above, or call the Division of Consortia Choice and Application Program Services (DCCAPS) at 240-740-7800.

## 2. Who can participate in the immersion lottery process? Can students entering Grades 1–5 participate in the lottery?

Any Montgomery County resident scheduled to enter Grades K–5 in the following school year may participate in the elementary immersion lottery. For students entering kindergarten, approximately 24 or 48 seats are available depending on the program. For students entering Grade 1, seat availability varies year to year. Admission for Grades 2–5 is determined by both language proficiency and available space.<sup>1</sup>

## 3. Are younger siblings of students currently in the immersion program guaranteed a seat in that program?

Any child who has an older sibling who is currently enrolled in a language immersion program, and will continue to be enrolled in that language immersion program the year the younger sibling seeks to enroll, may participate in a lottery established by the superintendent of schools for admission into the language immersion program. Such lottery shall include a weighting process that takes into consideration factors to include: (a) students who have an older sibling who is currently enrolled in a language immersion program

and will continue to be enrolled in that language immersion program in the year the younger sibling seeks to enroll; (b) socio-economic status and poverty; and, (c) other factors as identified by the superintendent of schools, such as, in specific circumstances, a catchment area.

An exception to this includes any child who has an older sibling who was enrolled in a language immersion program during the 2017-2018 school year and has an older sibling who will continue to be enrolled in the language immersion program the year the younger sibling seeks to enroll, may enroll in the language immersion program without the necessity of participating in the lottery conducted for admission into that program. **An interest form must still be submitted for each student.**

## 4. How can I participate in the lottery? Where and when can I get a form?

Interested Montgomery County parents/guardians whose child(ren) will be entering kindergarten through Grade 5 for the upcoming school year must complete the *Elementary Immersion Interest Form* online via Google, using the student’s MCPS ID number, and submit it to DCCAPS for processing. Immersion interest forms will be available February 1, 2024 on the website noted above. The deadline for submitting the form is April 19, 2024. Completed forms must be submitted online by the deadline. Parents/guardians may indicate their interest in multiple immersion programs on one entry. Kindergarten students, as well as anyone who will be new to MCPS, must be pre-enrolled for the 2024–2025 school year at their home elementary school prior to submitting the form as the MCPS ID number is required.

<sup>1</sup> The language proficiency assessment is administered after the student has been invited to the program. Admittance to an immersion program for Grades 2-5 is contingent on the student passing the language assessment.

**5. When are the immersion interest meetings for each of the programs?**

Interested parents/guardians and students may attend immersion interest meetings hosted by the local school program from January 2024–April 2024. Please contact the school or visit the individual school website for dates.

**6. Is transportation to these programs provided?**

Immersion programs have central stop transportation from the areas that the program serves (with the exception of Potomac ES). Stops may be several miles from the student’s home. Parents/guardians are responsible for arranging transportation to and from central stops. Bus trips are usually significantly longer than local school transportation and vary by program or location. It is important to consider transportation options and responsibilities. The continuation of transportation for the 2024–2025 school year for regional and countywide immersion programs is pending budget approval.

**7. What factors are considered in the lottery?**

Depending on the program, there are approximately 24 or 48 seats available in the lottery for students entering kindergarten. The available seats in the lottery for students entering Grades 1–5 are those seats vacated by students who withdraw from the program. Factors that may be considered when running each school’s lottery include—

- the student’s high school cluster (eligibility);
- seats available for Grades 1–5;
- the student’s older siblings who are currently enrolled in the language immersion program (see # 3 above);
- socio-economic status and poverty; and
- other factors as identified by the superintendent of schools, such as, in specific circumstances, a catchment area.

All other assignments are made by a random lottery process.

**8. When will I be notified of lottery results for the 2024–2025 school year?**

All students who participate in the lottery process will receive notification in mid-May 2024. For those not selected for the program, a wait list is maintained. Students are assigned in a random order to the wait list and are invited to the program when a vacancy occurs. In order to be selected from the wait list, the student must be enrolled in MCPS. If a student is invited and accepts the invitation, the student’s name will be removed from the other wait lists. The lottery is conducted in May, and the wait list is valid through the following January.

**9. What are the options for immersion students in middle school?**

Students may continue in the feeder middle school immersion program, return to their home school, and/or apply to other special programs. A *Notice of Intent* will be sent to parents/guardians of Grade 5 students to indicate their intentions for middle school.

**10. Is my child eligible to participate in the lottery and enter kindergarten if born after the September 1 entrance date known as Early Entrance to Kindergarten (EEK)?**

Students applying for EEK may participate in the immersion lottery. If invited to any immersion program, the MCPS ID number will be assigned after the student qualifies for EEK. Contact the student’s home school for specific details.

**11. What if my child has special needs?**

For students with special needs that can only be addressed through an Individualized Education Program (IEP), best interest meeting, alternative placement or English Language Development (ELD) program, the school assignment via the immersion process may be superseded.

# Contact Information

## MCPS

All MCPS resources listed below can be accessed at [www.montgomeryschoolsmd.org](http://www.montgomeryschoolsmd.org), search by topic.

Board of Education . . . . .	240-740-3030
<i>(information about Board meetings, Montgomery County Board of Education Ombudsman)</i>	
Call Center, MCPS . . . . .	240-740-3000
<i>(general information about MCPS; including multilingual and hearing-impaired access)</i>	
Child Find . . . . .	240-740-2170
<i>(educational services for children with disabilities, ages 2 years 10 months to 5 years)</i>	
Curriculum and Instructional Programs Prekindergarten–12 . . . . .	240-740-4090
Department of Transportation, Central Administration . . . . .	240-740-6200
<i>Link to Questions about your Bus Route, and Transportation Managers and Dispatchers: <a href="http://www.montgomeryschoolsmd.org/departments/transportation/contact/supervisors.aspx">www.montgomeryschoolsmd.org/departments/transportation/contact/supervisors.aspx</a></i>	
Division of Consortia Choice and Application Program Services (DCCAPS) . . . . .	240-740-7800
<i>(information about language immersion programs)</i>	
Emergency announcements . . . . .	301-279-3673
<i>(recorded message during inclement weather)</i>	
English Language Development (ELD) . . . . .	240-740-4004
Facilities . . . . .	240-314-1060
<i>(information on starting or improving school-age care at school sites)</i>	
Infants and Toddlers . . . . .	240-777-3997
<i>(intervention services for children with developmental delays, ages birth to 3 years)</i>	
International Admissions and Enrollment (IAE) . . . . .	240-740-4500
Magnet and Other MCPS Special Programs . . . . .	240-740-3110
Prekindergarten/Head Start . . . . .	240-740-4530
<i>(preschool program targeting income-eligible children)</i>	
Public Information Office . . . . .	240-740-2837
School Boundary Information Line	
<i>(<a href="http://gis.mcpsmd.org/SchoolAssignmentTool2/Index.xhtml">http://gis.mcpsmd.org/SchoolAssignmentTool2/Index.xhtml</a>) or call . . . . .</i>	
<i>9:00 a.m. to 12:00 p.m. (to find out which school serves your neighborhood)</i>	
Special Education Services . . . . .	240-740-3900
Volunteer in a school . . . . .	240-314-1039

## Non-MCPS

Child Care Subsidy InfoLink . . . . .	240-777-1155
<i>(information and access to county child care subsidy programs)</i>	
Child Care Resource and Referral Center . . . . .	240-777-3110
<i>(provides training, technical assistance, and resources for child care professionals)</i>	
LOCATE: Child Care . . . . .	877-261-0060
<i>(free referral service assists parents/guardians in finding child care for children of all ages)</i>	
LOCATE: Child Care Special Needs Enhanced Service . . . . .	800-999-0120
<i>(free assistance in finding child care for children with special needs)</i>	
ChildLink . . . . .	240-777-4769
<i>(information and referral service for families with young children. Callers may receive simple referrals, consultation on child development, or parenting issues)</i>	
School Health Services Access to Care . . . . .	311
School Health Services Central Office . . . . .	240-777-1550
<i><a href="https://www.montgomerycountymd.gov/HHS-Program/PHS/SchoolHealth/Index.html">https://www.montgomerycountymd.gov/HHS-Program/PHS/SchoolHealth/Index.html</a> (includes information about Vision and Hearing screening and resources)</i>	

# Will your child be 4 years old by September 1?

Low income  
families may be  
eligible for **FREE**  
Pre-Kindergarten  
or Head Start  
programs.

## Register Online!

[montgomeryschoolsmd.org](http://montgomeryschoolsmd.org)

Search "Head Start"

Accepting Applications!  
¡Aceptando Solicitudes!

Acceptation de  
Demandes de Service!

Chúng tôi đang nhận đơn

ማመልከቻ እንቀበላለን!

現正接受申請  
신청서 접수중

TTY Users

240-740-4530

Dial 711, MD Relay  
or MC311





# MCPs NONDISCRIMINATION STATEMENT

Montgomery County Public Schools (MCPS) prohibits illegal discrimination based on race, ethnicity, color, ancestry, national origin, nationality, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family structure/parental status, marital status, age, ability (cognitive, social/emotional, and physical), poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations. Discrimination undermines our community's long-standing efforts to create, foster, and promote equity, inclusion, and acceptance for all. The Board prohibits the use of language and/or the display of images and symbols that promote hate and can be reasonably expected to cause substantial disruption to school or district operations or activities. For more information, please review Montgomery County Board of Education Policy ACA, *Nondiscrimination, Equity, and Cultural Proficiency*. This Policy affirms the Board's belief that each and every student matters, and in particular, that educational outcomes should never be predictable by any individual's actual or perceived personal characteristics. The Policy also recognizes that equity requires proactive steps to identify and redress implicit biases, practices that have an unjustified disparate impact, and structural and institutional barriers that impede equality of educational or employment opportunities. MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.\*

- A. It is the policy of the state of Maryland that all public and publicly funded schools and school programs operate in compliance with:
- (1) Title VI of the federal Civil Rights Act of 1964; and
  - (2) Title 26, Subtitle 7 of the Education Article of the Maryland Code, which states that public and publicly funded schools and programs may not
    - (a) discriminate against a current student, a prospective student, or the parent or guardian of a current or prospective student on the basis of race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability;
    - (b) refuse enrollment of a prospective student, expel a current student, or withhold privileges from a current student, a prospective student, or the parent or guardian of a current or prospective student because of an individual's race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability; or
    - (c) discipline, invoke a penalty against, or take any other retaliatory action against a student or parent or guardian of a student who files a complaint alleging that the program or school discriminated against the student, regardless of the outcome of the complaint.\*\*

<b>For inquiries or complaints about discrimination against MCPS students***</b>	<b>For inquiries or complaints about discrimination against MCPS staff***</b>
Director of Student Welfare and Compliance Office of District Operations Student Welfare and Compliance 850 Hungerford Drive, Room 55, Rockville, MD 20850 240-740-3215   SWC@mcpsmd.org	Human Resource Compliance Officer Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2500, Rockville, MD 20850 240-740-2888   DCI@mcpsmd.org
<b>For student requests for accommodations under Section 504 of the Rehabilitation Act of 1973</b>	<b>For staff requests for accommodations under the Americans with Disabilities Act</b>
Section 504 Coordinator Office of School Support and Well-being Office of Well-being, Learning, and Achievement 850 Hungerford Drive, Room 257, Rockville, MD 20850 240-740-5630   504@mcpsmd.org	ADA Compliance Coordinator Office of Human Resources and Development Department of Compliance and Investigations 45 West Gude Drive, Suite 2500, Rockville, MD 20850 240-740-2888   DCI@mcpsmd.org
<b>For inquiries or complaints about sex discrimination under Title IX, including sexual harassment, against students or staff***</b>	
Title IX Coordinator Office of District Operations Student Welfare and Compliance 850 Hungerford Drive, Room 55, Rockville, MD 20850 240-740-3215   TitleIX@mcpsmd.org	

\*This notification complies with the federal Elementary and Secondary Education Act, as amended.

\*\*This notification complies with the Code of Maryland Regulations Section 13A.01.07.

\*\*\*Discrimination complaints may be filed with other agencies, such as the following: U.S. Equal Employment Opportunity Commission (EEOC), Baltimore Field Office, GH Fallon Federal Building, 31 Hopkins Plaza, Suite 1432, Baltimore, MD 21201, 1-800-669-4000, 1-800-669-6820 (TTY); Maryland Commission on Civil Rights (MCCR), William Donald Schaefer Tower, 6 Saint Paul Street, Suite 900, Baltimore, MD 21202, 410-767-8600, 1-800-637-6247, mccr@maryland.gov; Agency Equity Officer, Office of Equity Assurance and Compliance, Office of the Deputy State Superintendent of Operations, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, MD 21201-2595, oeac.msde@maryland.gov; or U.S. Department of Education, Office for Civil Rights (OCR), The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107, 1-800-421-3481, 1-800-877-8339 (TDD), OCR@ed.gov, or www2.ed.gov/about/offices/list/ocr/complaintintro.html.

This document is available, upon request, in languages other than English and in an alternate format under the *Americans with Disabilities Act*, by contacting the MCPS Office of Communications at 240-740-2837, 1-800-735-2258 (Maryland Relay), or PIO@mcpsmd.org. Individuals who need sign language interpretation or cued speech transliteration may contact the MCPS Office of Interpreting Services at 240-740-1800, 301-637-2958 (VP) mcpainterpretingservices@mcpsmd.org, or MCPsInterpretingServices@mcpsmd.org.

