

INSTRUCTIONS: This form is to be completed by parent or legal guardian. 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.

Must match birth certificate or other evidence of birth

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Social Security Number _____
School Name _____ ID # _____ Date of Birth _____
 Male Female Grade _____ Language Spoken at Home _____

Proof of Age

Birth Certificate/Registration Baptism/Church Certificate Hospital Certificate Passport/Visa Parent's Affidavit
 Physician's Certificate Other _____

Residency

Street Address _____ City _____
State _____ Zip _____ Home Phone _____

Circumstance (if applicable)

- Homeless (complete MCPS Form 335-77, *Homeless Status*)
- Informal Kinship Care (complete MCPS Form 334-16, *Informal Kinship Care Status* and MCPS Form 334-17, *Affidavit: Children in Informal Kinship Care*)
- Maryland State Supervised Care (complete MCPS Form 560-35, *Enrollment of Child in Maryland State-Supervised Care and Transfer of Educational Records*)

Proof of Residency—MCPS Regulation JEA-RB, Enrollment of Students, requires a copy of one of the following unless homeless:

- Current property tax bill Current lease
- If lease is more than 1 year old, lease and current utility bill
- Shared Housing Disclosure Form (MCPS Form 335-74)
- Determination of Residency and Tuition Status Form (MCPS Form 335-73)

Language for Written Communication

- Chinese English French Korean Spanish Vietnamese

F-1/J-1 Immigration Status Yes N/A U.S. Citizen Yes No

If No: Date entered U.S. _____ Date of 1st entry into U.S. school _____

Immunizations

Proof of immunization compliance—MCPS Regulation JEA-RB: *Enrollment of Students*, requires a copy of one of the following:

- Maryland Department of Health and Mental Hygiene Immunization Certificate 896
- Computer-generated printout from doctor's office Other _____

Ethnicity

1. **ETHNICITY DESIGNATION.** Read the definition below and check the box that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino.** Yes No

2. **RACE DESIGNATION.** Read the descriptions below and check the boxes that indicate this student's race. **You must select at least one race, regardless of ethnicity designation. More than one response can be selected.**

Indicate this student's race. (Select all that apply.)

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

PRIOR SCHOOL EXPERIENCE

Has student previously attended a Montgomery County Public School? Yes No

If yes _____
Name of last Montgomery County Public School attended *Dates of attendance* *Last Grade*

NAME AND ADDRESS OF LAST SCHOOL ATTENDED

Date of withdrawal *Last Grade*

Public School Private School

Name of adult responsible for student living at current address:

Relationship: Parent Guardian

Other _____

Employer _____

Work Phone _____

Cell Phone _____

Name of adult responsible for student living at current address:

Relationship: Parent Guardian

Other _____

Employer _____

Work Phone _____

Cell Phone _____

Name of parent/guardian (if other than responsible adult above):

Relationship: Parent Guardian

Other _____

Address: _____

Phone _____

Name of parent/guardian (if other than responsible adult above):

Relationship: Parent Guardian

Other _____

Address: _____

Phone _____

Sibling's (name)	Birth date	Current School
_____	_____	_____
_____	_____	_____

Non-custodial parent (if applicable)

Name *Address*

Custody concerns? Yes No If yes, contact school.

OTHER INFORMATION

Does the student have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been in an ESOL program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the student currently expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If enrolling after start of school year, do you want directory information to be withheld?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please request form from school staff.	<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 my child has an IEP, I understand that an IEP team must determine his/her placement.

Signature, Parent/Legal Guardian

Date



Student Emergency Information

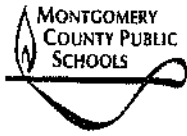
(Elementary and Middle School Students Only)

Office of the Deputy Superintendent of Schools
Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 565-1
August 2008

If a change of address has occurred, a new proof of residency must be attached to this form before the address can be updated in the computer. Call your school to see what documentation is needed to complete this process.

STUDENT NAME (LAST, FIRST, MIDDLE)		STUDENT ID	GRADE	SECTION	HOMEROOM TEACHER
HOME PHONE	DATE OF BIRTH	GENDER	BUS NO.	CUSTODY CONCERNS <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, contact school)	
HOME ADDRESS			ADDITIONAL MAILING ADDRESS		LANGUAGE SPOKEN AT HOME
NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI)			NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI)		
WORK PHONE (EXT):	CELL PHONE:	WORK PHONE (EXT):	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)		
IF PARENT CANNOT BE REACHED, PERSON TO BE CONTACTED IN CASE OF EMERGENCY--NAME (LAST, FIRST)					
PHONE (EXT.):	CELL PHONE:	E-MAIL:			
RELATIONSHIP TO STUDENT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER					
PERSON RESPONSIBLE FOR STUDENT AFTER SCHOOL--NAME (LAST, FIRST):			LANGUAGE IN WHICH YOU WISH TO RECEIVE 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		
ADDRESS:					
PHONE (EXT.):	CELL PHONE:	E-MAIL:			
RELATIONSHIP TO					
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 neither parent (guardian) can be contacted. (The rescue squad will be used as deemed necessary in emergency situations.)					
PHYSICIAN CONTACT: (NAME)			PHYSICIAN PHONE:		
DENTIST CONTACT: (NAME)			DENTIST PHONE:		
HOSPITAL PREFERENCE:					
ALLERGIES - MEDICATIONS:					
ALLERGIES--BEE STINGS: <input type="checkbox"/> NO <input type="checkbox"/> YES ADDITIONAL INFORMATION:					
ALLERGIES--OTHER:					
CURRENTLY PRESCRIBED MEDICATIONS: (OPTIONAL):					
OTHER CONCERNS:					
HEALTH INSURANCE: <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, CHECK ONE) <input type="checkbox"/> PRIVATE <input type="checkbox"/> HEALTH CHOICE (MEDICAL ASSISTANCE) <input type="checkbox"/> CARE FOR KIDS					
DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES (SPECIFY)					
IS MEDICATION BEING ADMINISTERED BY SCHOOL STAFF ON A CONTINUING BASIS? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, MCPS FORM 525-13 MUST BE COMPLETED AND RETURNED TO THE SCHOOL)					
Printed Parent/Guardian Name		Signature of Parent/Guardian		Date	



Información de Emergencia del Estudiante

(Solamente Estudiantes de Escuelas Elementales y de Enseñanza Media)

Office of the Deputy Superintendent of Schools
Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 565-1
August 2008
Spanish

Si ha habido un cambio de domicilio, se debe adjuntar a este formulario un nuevo comprobante de residencia antes de que se pueda actualizar la información en la computadora. Llame a su escuela para averiguar que documentación es necesaria para completar este proceso.

NOMBRE DEL ESTUDIANTE (APELLIDO, PRIMER NOMBRE, SEGUNDO NOMBRE) STUDENT NAME (LAST, FIRST, MIDDLE)		NO. DE IDENTIFICACIÓN DEL ESTUDIANTE STUDENT ID		GRADO GRADE	SECCIÓN SECTION	MAESTRA DE AULA HOMEROOM TEACHER
TELÉFONO DE LA CASA HOME PHONE	FECHA DE NACIMIENTO DATE OF BIRTH	GÉNERO SEXUAL GENDER	NÚMERO DE AUTOBÚS BUS NO.	PROBLEMAS DE CUSTODIA/CUSTODY CONCERNS <input type="checkbox"/> NO/NO <input type="checkbox"/> SI/YES (Si la respuesta es sí, póngase en contacto con la escuela)		
DIRECCIÓN HOME ADDRESS		DIRECCIÓN ADICIONAL PARA ENVÍO DE CORRESPONDENCIA ADDITIONAL MAILING ADDRESS		IDIOMA QUE SE HABLA EN EL HOGAR LANGUAGE SPOKEN AT HOME		
NOMBRE DEL ADULTO RESPONSABLE (APELLIDO, NOMBRE, INICIAL) NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI)			NOMBRE DEL ADULTO RESPONSABLE (APELLIDO, NOMBRE, INICIAL) NAME OF RESPONSIBLE ADULT (LAST, FIRST, MI)			
TELÉFONO DEL TRABAJO (EXTENSIÓN): WORK PHONE (EXT):	TELÉFONO CELULAR: CELL PHONE:	TELÉFONO DEL TRABAJO (EXTENSIÓN): WORK PHONE (EXT):	TELÉFONO CELULAR: CELL PHONE:			
CORREO ELECTRÓNICO/E-MAIL:		CORREO ELECTRÓNICO/E-MAIL:				
PARENTESCO CON EL ESTUDIANTE/RELATIONSHIP TO STUDENT <input type="checkbox"/> MADRE/MOTHER <input type="checkbox"/> PADRE/FATHER <input type="checkbox"/> GUARDIÁN/GUARDIAN <input type="checkbox"/> OTRO (POR FAVOR ESPECIFIQUE)/OTHER (SPECIFY)			PARENTESCO CON EL ESTUDIANTE/RELATIONSHIP TO STUDENT <input type="checkbox"/> MADRE/MOTHER <input type="checkbox"/> PADRE/FATHER <input type="checkbox"/> GUARDIÁN/GUARDIAN <input type="checkbox"/> OTRO (POR FAVOR ESPECIFIQUE)/OTHER (SPECIFY)			
SI NO SE PUEDE LOCALIZAR A LOS PADRES/GUARDIÁN, EL CONTACTO PARA CASOS DE EMERGENCIA ES—NOMBRE (APELLIDO, PRIMER NOMBRE): IF PARENT CANNOT BE REACHED, PERSON TO BE CONTACTED IN CASE OF EMERGENCY—NAME (LAST, FIRST):						
TELÉFONO (EXTENSIÓN): PHONE (EXT):	TELÉFONO CELULAR: CELL PHONE:	CORREO ELECTRÓNICO: E-MAIL:				
PARENTESCO CON EL ESTUDIANTE/RELATIONSHIP TO STUDENT: <input type="checkbox"/> MADRE/MOTHER <input type="checkbox"/> PADRE/FATHER <input type="checkbox"/> GUARDIÁN/GUARDIAN <input type="checkbox"/> OTRO/OTHER						
PERSONA RESPONSABLE DEL ESTUDIANTE DESPUÉS DE LAS HORAS DE CLASE—NOMBRE (APELLIDO, PRIMER NOMBRE)/PERSON RESPONSIBLE FOR STUDENT AFTER SCHOOL—NAME (LAST, FIRST)			IDIOMA EN EL CUAL DESEA RECIBIR CORRESPONDENCIA/LANGUAGE IN WHICH YOU WISH TO RECEIVE CORRESPONDENCE <input type="checkbox"/> INGLÉS/ENGLISH <input type="checkbox"/> CHINO/CHINESE <input type="checkbox"/> FRANCÉS/FRENCH <input type="checkbox"/> COREANO/KOREAN <input type="checkbox"/> ESPAÑOL/SPANISH <input type="checkbox"/> VIETNAMITA/VIETNAMESE			
DOMICILIO: ADDRESS						
TELÉFONO (EXTENSIÓN): PHONE (EXT):	TELÉFONO CELULAR: CELL PHONE:	CORREO ELECTRÓNICO: E-MAIL:				
PARENTESCO CON EL ESTUDIANTE/RELATIONSHIP TO STUDENT: <input type="checkbox"/> MADRE/MOTHER <input type="checkbox"/> PADRE/FATHER <input type="checkbox"/> GUARDIÁN/GUARDIAN <input type="checkbox"/> OTRO/OTHER						
Los funcionarios escolares administrarán primeros auxilios y/o llevarán a su hijo/a a un médico o a un hospital para que reciba tratamiento de emergencia en caso que parezca necesario y que no sea posible comunicarse con el padre, la madre o el guardián. (En situaciones de emergencia, se utilizarán los servicios de personal de rescate, si se estima necesario.)						
CONTACTO MÉDICO: (NOMBRE) PHYSICIAN CONTACT (NAME)			TELÉFONO DEL DOCTOR: PHYSICIAN PHONE:			
CONTACTO DE DENTISTA: (NOMBRE) DENTIST CONTACT (NAME)			TELÉFONO DEL DENTISTA: DENTIST PHONE:			
HOSPITAL DE PREFERENCIA: HOSPITAL PREFERENCE:						
ALERGIAS—MEDICAMENTOS: ALLERGIES—MEDICATIONS:						
ALERGIAS—PICADURA DE ABEJAS/ALLERGIES—BEE STINGS <input type="checkbox"/> NO/NO <input type="checkbox"/> SI/YES INFORMACIÓN ADICIONAL:						
ALERGIAS—OTRAS: ALLERGIES—OTHER:						
MEDICAMENTOS RECETADOS ACTUALMENTE (OPCIONAL): CURRENTLY PRESCRIBED MEDICATIONS (OPTIONAL):						
OTRAS PREOCUPACIONES: OTHER CONCERNS:						
SEGURO DE SALUD/HEALTH INSURANCE: <input type="checkbox"/> NO/NO <input type="checkbox"/> SI/YES (SI LA RESPUESTA ES SÍ, MARQUE UNO) <input type="checkbox"/> PRIVADO/PRIVATE <input type="checkbox"/> HEALTH CHOICE (ASISTENCIA MÉDICA) <input type="checkbox"/> CARE FOR KIDS						
¿SUFRE EL ESTUDIANTE DE UN ESTADO DE SALUD QUE PODRÍA REQUERIR CUIDADOS DE EMERGENCIA? <input type="checkbox"/> NO/NO <input type="checkbox"/> SI/YES SI LA RESPUESTA ES SÍ, POR FAVOR ESPECIFIQUE DOES THE STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE?						
¿LE ADMINISTRA EL PERSONAL DE LA ESCUELA ALGÚN MEDICAMENTO DE MANERA CONTINUA? / IS MEDICATION BEING ADMINISTERED BY SCHOOL STAFF ON A CONTINUING BASIS? <input type="checkbox"/> NO/NO <input type="checkbox"/> SI/YES (SI LA RESPUESTA ES SÍ, DEBERÁ COMPLETAR EL FORMULARIO MCPS FORM 525-13 Y DEVOLVERLO A LA ESCUELA)						
Nombre del Padre/Madre/Guardián/Printed Parent/Guardian Name			Firma del Padre/Madre/Guardián/Signature of Parent/Guardian		Fecha/Date	



Maryland State Department of Education Prekindergarten Experience

Department of Policy, Records, and Reporting
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 345-17
February 2012

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 _____ Date of Birth ____/____/____

School _____ ID# _____
(completed by school staff)

1. Has your child been cared for exclusively at home or by a relative since last September?

Yes No

2. If **No**, in what kind of early care did your child spend most of his/her time since last September? (Check only 1 box)

- | | |
|--|--|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Prekindergarten |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Nonpublic Nursery School | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Exemption to Kindergarten | |

In addition to the experience selected above, has your child had any of the following services? (Check as many as may apply)

- | | |
|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> MCPS Prekindergarten |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Nonpublic Nursery Preschool | <input type="checkbox"/> Even Start |
| <input type="checkbox"/> HIPPY | <input type="checkbox"/> Parents as Teachers |
| <input type="checkbox"/> MCPS Preschool Special Education | <input type="checkbox"/> Others not listed |
| <input type="checkbox"/> MCPS Judy Center | |

MSDE Defined Categories of Early Care Experiences

Head Start. Preschool program for 2- to 5-year-olds from low-income families provided by local public school system or nonpublic organization. (Licensed by Maryland Child Care Administration or another state's licensing entity.)

MCPS Prekindergarten. Preschool education program for 4-year-old children. (Administered by local board of education and regulated by MSDE or another state's department of education.)

Child Care Center. Care provided in a facility, usually non-residential, that for part or all of the day provides care in the absence of the parent (Licensed by the Maryland Child Care Administration or another state's child care administration.)

Family Child Care. Care provided in a residence other than the child's and for which the provider is paid. (Licensed by the Maryland Child Care Administration or another state's child care administration.)

Nonpublic Nursery School. Preschool program with an "educational" focus for 3- and 4-year-old children, usually part-day, nine months a year. (Regulated by MSDE or another state's department of education.)

Kindergarten. Student who repeats kindergarten.

Exemption to Kindergarten. One-year exemption to delay child's entry into Kindergarten due to immaturity, full-time attendance in a licensed child care center, or registered family child care. (MCPS Form 560-19)

Even Start. Family literacy program that includes early childhood, parenting, and adult education services. Administered by local boards of education and monitored by MSDE.

HIPPY. Home Instruction for Parents of Preschool Youngsters. Home visiting program for parents to support their children's early learning. Administered by public and nonpublic organizations.

Parents as Teachers. Home visiting program for parents to support their children's early learning. Administered by public and nonpublic organizations.

MCPS Preschool Special Education. Services for children with disabilities.

MCPS Judy Center. School readiness support provided to young children (0-5 years) and their families.

Others not listed. Any program or service not listed above, including those attended in another country.



Experiencia de Prekindergarten Maryland State Department of Education

Department of Policy, Records, and Reporting
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 345-17
Febrero 2012

INSTRUCCIONES: Maryland State Department of Education (MSDE) requiere que Montgomery County Public Schools (MCPS) reúna información sobre las experiencias de cuidado infantil de todos los estudiantes recién matriculados en kindergarten. Usando las definiciones que se proveen más adelante, por favor suministre la siguiente información y devuélvala a la escuela en la que su hijo/a estará matriculado/a junto con el formulario MCPS Form 560-24: *New Student Information*.

Nombre del Estudiante _____ Fecha de Nacimiento ____/____/____

Escuela _____ No. de Estudiante _____
(completado por personal escolar)

1. ¿Ha sido su hijo/a cuidado/a exclusivamente en el hogar o por un pariente desde el pasado mes de septiembre?
 Sí No
2. Si la respuesta es **No**, ¿en qué tipo de establecimiento de cuidado infantil pasó su hijo/a la mayoría de su tiempo desde el pasado mes de septiembre? (Marque solamente 1 casillero)
 Head Start Prekindergarten
 Centro de Cuidado Infantil Cuidado Infantil en Una Casa de Familia
 Guardería Infantil Privada Kindergarten
 Exención Para Kindergarten

Además de la experiencia seleccionada arriba, ¿ha recibido su hijo/a alguno de los siguientes servicios? (Marque todo lo que aplique.)

- | | |
|--|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Prekindergarten de MCPS |
| <input type="checkbox"/> Centro de Cuidado Infantil | <input type="checkbox"/> Cuidado Infantil en Una Casa de Familia |
| <input type="checkbox"/> Guardería Infantil Preescolar Privada | <input type="checkbox"/> Even Start |
| <input type="checkbox"/> HIPPY | <input type="checkbox"/> Parents as Teachers (padres como maestros) |
| <input type="checkbox"/> Educación Especial Preescolar de MCPS | <input type="checkbox"/> Otros que no figuran en la lista. |
| <input type="checkbox"/> Judy Center de MCPS | |

Categorías de Experiencias de Cuidado Infantil Definidas por MSDE

Head Start. Programa preescolar para niños entre las edades de 2 y 5 años provenientes de familias de bajos ingresos que se ofrece en el sistema escolar público local o en una organización privada. (Con licencia operativa otorgada por Maryland Child Care Administration u otra entidad estatal de licencias.)

Prekindergarten de MCPS. Programa preescolar de educación para niños de 4 años de edad. (Administrado por el consejo de educación local y regulado por MSDE u otro departamento de educación estatal.)

Centro de Cuidado Infantil. Atención que se provee en un establecimiento, generalmente no residencial y que por parte del día o por todo el día brinda servicios de cuidado en ausencia de los padres. (Con licencia operativa otorgada por Maryland Child Care Administration u otra entidad administrativa estatal de cuidado infantil.)

Cuidado Infantil en Una Casa de Familia. Atención que se provee en una residencia privada que no es la del niño/a y por la cual el proveedor de estos servicios recibe pago. (Con licencia operativa otorgada por Maryland Child Care Administration u otra entidad administrativa estatal de cuidado infantil.)

Guardería Infantil Privada. Programa preescolar con un enfoque "educacional" para niños de 3 y 4 años de edad, generalmente por parte del día, nueve meses al año. (Regulado por MSDE u otro departamento de educación estatal.)

Kindergarten. Estudiante que repite kindergarten.

Exención Para Kindergarten. Exención de un año para retrasar el ingreso de un niño/a a kindergarten por causa de inmadurez o por asistencia a tiempo completo a un centro de cuidado infantil con licencia operativa o una casa de familia certificada para ofrecer cuidado infantil. (MCPS Form 560-19)

Even Start. Programa de alfabetización para la familia que incluye servicios para primera infancia, crianza de niños y educación para adultos. Administrado por consejos de educación locales y supervisado por MSDE.

HIPPY. Home Instruction for Parents of Preschool Youngsters (instrucción a domicilio para padres de niños de edad preescolar). Programa de visitas a domicilio para que los padres apoyen las primeras experiencias de aprendizaje de sus hijos. Administrado por organizaciones públicas y privadas.

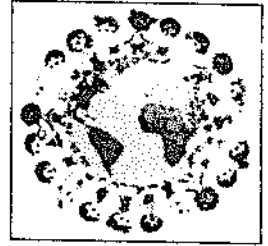
Parents as Teachers. Programa de visitas a domicilio para que los padres apoyen las primeras experiencias de aprendizaje de sus hijos. Administrado por organizaciones públicas y privadas.

Educación Especial Preescolar de MCPS. Servicios para niños con impedimentos.

Judy Center de MCPS. Provee apoyo para preparación escolar para niños (0-5 años de edad).

Otros que no figuran en la lista. Cualquier programa o servicio que no figura en la lista de arriba, inclusive aquellos en los que el estudiante participó en otro país.

ESOL Home Language Survey



- ❖ Federal, state, and local regulations require school districts to determine the language(s) used by students in their homes.
- ❖ Please answer each question below.
- ❖ Languages other than or in addition to English will result in the administration of the state mandated English language proficiency assessment.
- ❖ The results of this assessment will determine your child's eligibility for enrollment in the English for Speakers of Other Languages (ESOL) program.

Thank you for your cooperation!

Student's Name: _____

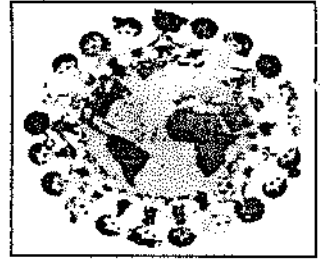
Elementary School: Laytonsville ES

1. What language(s) do you or others speak to your child?

2. What language(s) does your child speak to you or others?

Parent/Guardian Signature

Encuesta de ESOL Sobre el Idioma Que Se Habla en el Hogar



- ❖ Las normas federales, estatales, y locales exigen que los distritos escolares determinen el/los idioma/s que los estudiantes usan en el hogar.
- ❖ Por favor, conteste todas las siguientes preguntas.
- ❖ Idiomas que no sean el inglés, o además de inglés, resultarán en la administración del examen de evaluación de competencia en el idioma inglés exigido por el estado.
- ❖ Los resultados de este examen de evaluación determinarán la elegibilidad de su hijo/a para matricularse en el programa English for Speakers of Other Languages (ESOL).

Agradecemos su cooperación.

Nombre del Estudiante: _____

Escuela Elemental: Laytonville E.S. _____

1. ¿Que idioma/s usa usted y otras personas para hablar con su hijo/a?

2. ¿Qué idioma/s usa su hijo/a para hablar con usted o con otras personas?

Firma del Padre/Madre/Guardián

Learning Profile

Child's Name _____ Date of Birth _____

What name does your child prefer if different than above? _____

During Kindergarten Orientation, we begin to gather information about your child so we can best plan for his/her academic and social learning. We also value your input as you know your child best. The insights you provide below will be used by our teachers in the planning process.

1. What language is primarily spoken at home? _____

What language(s) does your child understand? _____

What language (s) does your child speak? _____

2. Please describe your child's strengths in academics, creative thinking/problem solving, and social/emotional development.

3. What are your child's interests? What are topics/concepts that spark excitement and conversation?


(Continue on back)

4. My child was evaluated by Child Find. Yes____ No____

My child qualified for services. Yes___ No _____

My child currently has an Individualized Educational Plan (IEP). Yes ___ No ____

5. On a scale of 1-3, with 3 being the strongest rating, please circle your child's present level of performance in each area below:

	Emerging		Strength
Use of fine motor skills (cutting and drawing)	1	2	3
Completes work independently	1	2	3
Follows directions and procedures	1	2	3
Demonstrates self-control	1	2	3

6. What do you like best about your child? *(We know you need a lot more space!)*

7. What else would you like us to know about your child?

Dear Parent(s):

In order to provide the best learning experience for your child, teachers 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 the attached Health Inventory Form and will be made available only as appropriate to school staff.

If your child does not have health insurance coverage, he or she may be eligible for the Maryland Children's Health Program or the Montgomery County Care for Kids Program. Both programs offer preventive health check-ups, sick care and other services. For an application or for assistance in obtaining medical care for your child, please call the School Community Health Nurse at (301) ~~340 7145~~. The application is also available at your local library or may be downloaded from the Internet. To print an application, go to <http://mmcp.dhmn.maryland.gov/chn/SitePages/Home.aspx>

Dental Examination

It is recommended that students have an annual dental examination. Please submit the attached Dental Health Card.

Immunizations

An Immunization Certificate (preferably the attached DHMH 896) with appropriate immunizations must be submitted at the time of admission. Go to http://phpa.dhmn.maryland.gov/OIDEOR/IMMUN/SitePages/back_to_school-immunization_requirements.aspx (click on "Immunization Requirement") or see the attached list of Minimum Vaccine Requirements for the current school year. The **only exceptions** to the required immunizations are:

- ❖ documentation of medical contraindication(s) by a physician.
- ❖ documentation of religious exemption by the parent.
- ❖ documentation of immunizations in progress, but up-to-date (students will be excluded if additional required immunizations become past due), **or**
- ❖ proof of a medical appointment to obtain immunizations or immunization documentation within 20 days of the enrollment date (students will be excluded on the day following the appointment if documentation is not provided).

The Montgomery County Department of Health and Human Services offer immunization clinics for county residents at different locations. (See attached Walk-in Immunization Clinic Schedule.)

Lead

The Blood Lead Testing Certificate (DHMH 4620) must be submitted for students enrolling in special education pre-kindergarten programs, kindergarten or first grade. See DHMH 4620 for details.

Tuberculosis

Certification that a student is free from tuberculosis is recommended at the time of enrollment for students who enter Montgomery County Public Schools from any country outside the United States or those who have lived twelve months or more outside the U.S. prior to entry.

Please complete and return the Health Inventory Form, Dental Card, Lead and Immunization Certificates as requested.

Donna Sagona

Principal

Jennifer Lichter, RN

School Community Health Nurse

Enclosures:

Health Inventory (MCPS SRS-6)

Dental Health Card (MCPS 525-17)

Minimum Vaccine Requirements (State of Maryland)

TB Prevention/Management Recommendations (L22 a, b, c, or d)

Blood Lead Testing Certificate (DHMH4620)

Maryland Immunization Certificate (DHMH 896)

Walk-in Immunization Clinic Schedule

Padres de Familia:

Para poder dar la mejor experiencia de aprendizaje a su hijo(a), los maestros necesitan estar al tanto de cualquier problema especial de salud o de desarrollo que su hijo(a) pueda tener. Por lo que es necesario tener una documentación del estado de salud del estudiante.

Examen Físico:

Todos los estudiantes inscritos por primera vez en las escuelas públicas de Maryland, o que son transferidos de escuelas privadas dentro o fuera de Maryland, tienen que tener un examen físico. Para estar dentro de los requisitos de ley, el examen físico tiene que ser hecho antes de los 9 meses o 6 meses después de haber sido inscrito. La información de salud de su hijo (a) deberá ser sometido en el inventario de salud adjunto y será disponible solo para el personal autorizado de la escuela. Si su hijo (a) no tiene cobertura de seguro de salud, el o ella pueden ser elegibles para el Programa de Salud de los niños de Maryland o para el Programa Care for Kids del condado de Montgomery. Ambos programas ofrecen cuidado de salud preventiva como: chequeos de salud, enfermedad y otros servicios. Para obtener una aplicación o para recibir asistencia en cuidado médico para su hijo (a) por favor llame a la enfermera de la escuela al (301) ~~8401145~~ ⁸⁴⁰¹¹⁴⁵. La aplicación también está disponible en la biblioteca local o a través del Internet. Para imprimir una aplicación vaya a <http://mmcp.dhmh.maryland.gov/clip/SitePages/Home.aspx>.

Examen Dental:

Se recomienda que los estudiantes tengan un examen dental anual. Por favor entregue la tarjeta dental adjunta

Vacunas:

El certificado de Vacunas (de preferencia el adjunto DHMH 896) con las vacunas requeridas tiene que ser provisto en el momento de la inscripción. Por favor revise la lista adjunta de las vacunas requeridas. Las **únicas excepciones** para no presentar vacunas son las siguientes:

- ❖ Documentación de contraindicación médica firmada por el médico.
- ❖ Documentación de excepción religiosa firmada por el padre de familia.
- ❖ Documentación de vacunas que se tiene que recibir, pero que serán administradas en la fecha indicada (Los estudiantes serán excluidos si no tienen la vacuna en la fecha indicada), o
- ❖ Prueba que tiene una cita para obtener la vacuna o la documentación necesaria dentro de los 20 días siguientes a la fecha de inscripción (los estudiantes serán excluidos en el día que dice la cita si la documentación no es provista).

El Departamento de Salud y Servicios Humanos del Condado de Montgomery y el Cuidado de Salud Adventista ofrecen clínicas de vacunación para residentes del Condado en siete diferentes localidades. Chequee el horario de las clínicas de vacunación adjunto.

Plomo

El certificado de la prueba del Plomo en la sangre (DHMH4620) deberá ser sometida por los estudiantes que están inscritos en educación especial en los programas de PRE-Kindergarten y Kindergarten o primer grado. Vea la forma DHMH 4620 por detalles.

Tuberculosis:

Una certificación de que el estudiante está libre de Tuberculosis es requerido al momento de la inscripción en las escuelas Públicas del Condado de Montgomery de cualquier país fuera de los Estados Unidos o para aquellos que han vivido 12 meses fuera de los Estados Unidos antes de entrar al país.

Por favor complete y regrese los siguientes documentos: Inventario de Salud, Tarjeta de Salud dental, y Certificado de Plomo en la sangre y vacunas.

Donna Sagona

Director(a) de la escuela

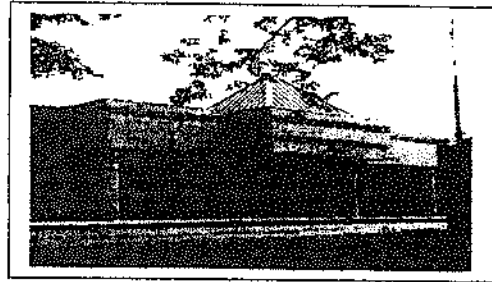
Jennifer Lichter, RN

Enfermera de la escuela

Ver la versión adjunta Inglés

LAYTONSVILLE ELEMENTARY SCHOOL

21401 Laytonsville Road
Laytonsville, Maryland 20882
Phone: 301-840-7145
Fax: 301-840-7147



Office of the Principal

March 9, 2014

Dear Parents and Students,

Your School Nurse and School Health Room Technician want to take this opportunity to welcome you to Laytonsville Elementary School.

As a registered nurse and school health technician, employed by the Montgomery County Department of Health and Human Services, School Health Services, our responsibilities include health appraisal, counselling, communicable disease prevention activities, crisis intervention, referrals, and health education. We work closely with school administration and staff as well as the parent and medical care providers to develop care plans for children with special needs.

If your child is injured or becomes ill while at school, there is a Health Room where he/she can receive basic first aid or rest for a short time. We expect that you or your emergency contact will be available to pick up your child within one half hour.

It is most important that the school have accurate home and work telephone numbers of parents, as well as numbers for an emergency contact, in case parents cannot be reached.

No medications (prescription or over-the-counter) will be given in school without the written permission of the parent and an order from the physician. A form for this purpose can be obtained for the health room at the school. The Maryland State requirements for physical examinations, immunizations, and tuberculosis are attached.

Please contact us if you have any questions or concerns about the health care your child may need while in school. We look forward to meeting you and wish you and your child a very successful school year.

Sincerely,

Jennifer Lichter, RN
School Community Health Nurse

Janet Ray, HRT, CNA
School Health Room Technician

A NOTE ON MEDICATIONS

The Montgomery County Public Schools and the Montgomery County Health Department have specific procedures for the administration of medication to students by School personnel or Health Room staff during school hours. Please note the following key points of this procedure:

1. Parents and the child's physician are required to complete an "Authorization to Administer Medication" (Form 525-13) for each medication requested to be administered at school. The parent is to complete Part I of this form and is responsible for obtaining the physician's statement, Part II. Medication cannot be administered to a student if the form is incomplete.
2. The medication bottle must be labelled accurately by the pharmacist and must match the written order provided by the physician on the "Authorization to Administer Medication" form. In many cases, this may require the pharmacy to make a separate "school" bottle or container. Administration directions are to include only the doses given at school and are to be as clear as possible to reduce the chance of error.
3. The medication container and the written authorization form must be hand delivered by the parent to the Health Room Technician or a school staff person. For the safety of your child as well as other students at the school, any medication delivered by a student to the school will be held for the parent to pick up.

Under no circumstances will either the health department or school personnel administer medication brought to school by the student.

4. The first full day's dosage of any new medication will not be given at school.
5. The parent is responsible for submitting a new form to the school each time there is a medication change in dosage or time of administration, as well as for providing medication for as long as it is prescribed.
6. The Montgomery County Health Department and the Montgomery Public Schools do not assume responsibility for medication not prescribed by a physician or medication administered by the student himself/herself.

These procedures have been developed to assist parents who request medication be given to their children at school. Because of the number of requests, and to reduce the risk of error, parents must assist the Health Room staff by following the procedures printed on Form 525-13. Please feel free to contact Janet Ray, Health Room Technician, or Jennifer Lichter, the Community Health Nurse for Laytonsville Elementary School, at (301) 840-7145, if you have any questions regarding this.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

CHILD'S NAME _____ / _____ / _____
 CHILD'S ADDRESS _____ LAST _____ FIRST _____ MIDDLE _____
 _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SEX: MALE FEMALE BIRTHDATE _____ / _____ / _____
 COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN _____ / _____ / _____ / _____
 _____ LAST _____ FIRST _____ MIDDLE _____ PHONE _____
 _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

CERTIFICATION INFORMATION

The following applies to blood lead testing requirements and the duties of health care providers, parents/guardians, and the public schools:

1. The health care provider for a child who resides in an at-risk area, or has ever resided in an at-risk area as designated by the Maryland Targeting Plan for Childhood Lead Poisoning, shall administer a blood test for lead poisoning during the 12-month visit and again during the 24-month visit. At-risk areas by Zip Code are listed on the back of this form.
2. Beginning not later than September 2003, the parent or guardian of a child who currently resides, or has ever resided, in an at-risk area, shall provide to the designated administrator of the child's school or program, evidence that the child has had blood lead testing, on entry into a Maryland public pre-kindergarten program or Maryland public school system at the level of pre-kindergarten, kindergarten or first grade.
3. Evidence of blood testing for lead poisoning sent to or received by a program or school shall be documented on a form approved by the Department that includes the following: name of the child, address of the child, date of the blood test(s) for lead poisoning, and the signature of the child's health care provider or designee, or school health professional or designee that transcribed the information onto the approved form.
4. A list of children (including home contact information) whose parent/guardian does not comply with the requirement to provide evidence of blood lead testing, must be forwarded to the Local Health Department in the jurisdiction where the child resides.

RECORD OF BLOOD LEAD TESTING

Test #1. _____ Date _____ Test # 2. _____ Date _____ Comments: _____

Signature _____ / _____
 Health Care Provider or Designee OR School Health Professional or Designee Date

RECORD OF BLOOD LEAD TESTING EXEMPTION

(see back of form)

I, _____ certify that my child does not AND has never resided in an at-risk area.
 Parent or Guardian (Print)

Signature _____ / _____
 Parent or Guardian Date

COMPLETE THE SECTION BELOW IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS. ANY LEAD TESTS THAT HAVE BEEN ADMINISTERED SHOULD BE ENTERED ABOVE. A LEAD RISK ASSESSMENT QUESTIONNAIRE MUST BE ADMINISTERED BY A HEALTH CARE PROVIDER IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS.

RELIGIOUS OBJECTION:

1. 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. Signed _____ / _____
 Parent or Guardian Date
2. Lead Risk Assessment Questionnaire Administered: YES NO Signed _____ / _____
 Health Care Provider Date

HOW TO USE THIS FORM

The documented tests should be the tests at 12 months and 24 months of age. Two test dates are required if the 1st test was done prior to 24 months of age. If the 1st test is done after 24 months of age, one test date is required. The child's **primary health care provider** may record the test dates directly on this form (check marks are not acceptable) and certify them by signing or stamping the signature section. 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. A list of children (including home contact information) whose parent/guardian does not comply with the requirement to provide evidence of blood lead testing, must be forwarded to the Local Health Department in the jurisdiction where the child resides.

Maryland Childhood Lead Poisoning Targeting Plan At Risk Areas by Zip Code

<u>Allegany</u>	<u>Baltimore Co. (Cont.)</u>	<u>Frederick. (Cont)</u>	<u>Montgomery (Cont)</u>	<u>Queen Anne's</u>
ALL	21239	21757	20812	21607
	21244	21758	20815	21617
<u>Anne Arundel</u>	21250	21762	20816	21620
20711	21251	21769	20818	21623
20714	21282	21776	20838	21628
20764	21286	21778	20842	21640
20779	<u>Baltimore City</u>	21780	20868	21644
21060	ALL	21783	20877	21649
21061		21787	20901	21651
21225	<u>Calvert</u>	21791	20910	21657
21226	20615	21798	20912	21668
21402	20714		20913	21670
		<u>Garrett</u>		
<u>Baltimore Co.</u>	<u>Caroline</u>	ALL	<u>Prince George's</u>	<u>Somerset</u>
21027	ALL		20703	ALL
21052		<u>Harford</u>	20710	<u>St. Mary's</u>
21071	<u>Carroll</u>	21001	20712	20606
21082	21155	21010	20722	20626
21085	21737	21034	20731	20628
21093	21776	21040	20737	20674
21111	21787	21078	20738	20687
21133	21791	21082	20740	
21155		21085	20741	
21161	<u>Cecil</u>	21130	20742	<u>Talbot</u>
21204	21913	21111	20743	21612
21206		21160	20746	21654
21207	<u>Charles</u>	21161	20748	21657
21208	20640		20752	21665
21209	20658	<u>Howard</u>	20770	21671
21210	20662	20763	20781	21673
21212			20782	21676
21215	<u>Dorchester</u>	<u>Kent</u>	20783	
21219	ALL	21610	20784	
21220		21620	20785	
21221	<u>Frederick</u>	21645	20787	<u>Washington</u>
21222	20842	21650	20788	ALL
21224	21701	21651	20790	
21227	21703	21661	20791	<u>Wicomico</u>
21228	21704	21667	20792	ALL
21229	21716		20799	
21234	21718	<u>Montgomery</u>	20912	<u>Worcester</u>
21236	21719	20783	20913	ALL
21237	21727	20787		