

Kindergarten Registration Information
For the 2019-2020 School Year
FAQ

IS MY CHILD ELIGIBLE FOR KINDERGARTEN?

Connecticut law requires public schools to be open to all children who reach the age of 5 on or before the first of January of any school year. [C.G.S.* Sec. 10-15c]. **In order for your child to be eligible for kindergarten, he/she must be born on or before January 1, 2015**

DOES MY CHILD NEED A PHYSICAL EXAMINATION?

Your child will need a physical examination. Physicals are acceptable if they are within one year of date of entry. Please bring the State of Connecticut Department of Education, Health Assessment Record with you to the doctor and return completed form to school with your application. **This form must be received and reviewed prior to the first day of school.**

WHAT DOCUMENTS DO I NEED TO BRING TO REGISTRATION?

- Child's full size Birth Certificate (child must be five on or before [January 1, 2020](#))
- Picture I.D. of Parent (Driver's License, Non-Driver Photo I.D., Valid Passport with photo)
- Child's Health Records (Completed Health Assessment Record, Completed HAR 3 Form, Complete Immunization Record)
- Proof of Residency: (one document from group A and two documents from group B)

A. One of the following documents: Mortgage Deed or Notarized Lease Agreement

B. Two of the following documents: Property Tax Bill, Mortgage Note, Current Utility Bill- UI, Gas, Home Telephone, Water, Updated Voter Registration Card. **Cell Phone Bills are not accepted. All documents must have the same home address and must have the address of the residence on the document.**

IS THERE AN ORIENTATION FOR NEW KINDERGARTEN STUDENTS?

The parents and students will be given an opportunity to visit the kindergarten before the start of the new school year. Our orientation program will be offered in the summer. Details will be available at a later date.

WHERE CAN I OBTAIN REGISTRATION FORMS?

The registration forms can be obtained at any one of our elementary schools and on The Hamden Public Schools' website www.hamden.org.

WHEN AND WHERE IS REGISTRATION?

Parents may obtain and submit registration information. Registration times and dates are as follows.

- | | | |
|---|------------------------------------|---|
| ○ | Thursday, March 21 st , | 5:30 PM – 7:30 PM at their child's designated elementary school |
| ○ | Friday, March 22 nd , | 1:30 PM – 3:00 PM at their child's designated elementary school |
| ○ | Monday, March 25 th , | 1:30 PM – 3:00 at their child's designated elementary school |

Registration will take approximately a half-hour. If you are not sure, which school your child will be attending, please call Central Office (203) 407-2000 or an elementary school in your neighborhood.

WHAT FORMS DO I NEED TO COMPLETE?

The following forms must be completed for kindergarten registration. You may use this checklist to help you keep track of all of the registration requirements.

- | | | |
|----|--------------------------|--|
| 1. | <input type="checkbox"/> | Registration Form: To be filled out by parent/guardian |
| 2. | <input type="checkbox"/> | Emergency Form: To be filled out by parent/guardian |
| 3. | <input type="checkbox"/> | Home Language Survey: To be filled out by parent/guardian |
| 4. | <input type="checkbox"/> | Hamden Public Schools Internet Use Policy Form: To be filled out by parent/guardian |
| 5. | <input type="checkbox"/> | Permission to Photograph/Videotape Form: To be filled out by parent/guardian |
| 6. | <input type="checkbox"/> | Pre School Observation Form: To be filled out by Preschool/Child Care Provider |
| 7. | <input type="checkbox"/> | Health History Form: To be filled out by parent/guardian |
| 8. | <input type="checkbox"/> | Residency Affidavit: To be filled out by parent/guardian |
| 9. | <input type="checkbox"/> | State of Connecticut Department of Education Health Assessment Form (HAR 3): To be filled out by physician |

We look forward to welcoming you and your family to the Hamden Public Schools' community. It is our belief all students will thrive in and be prepared for an ever-changing world when students, families, teachers, and the community form respectful relationships and strong, active partnerships.

Hamden Public Schools
Elementary Registration Card
2019 - 2020

Student's Name: _____ My child likes to be called: _____, Grade: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary United States Citizen? ☐ Yes ☐ No

Current Address: _____
(Include Apartment/Floor)

Student Lives With: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other (Please Specify): _____

Racial and Ethnic Identity: Please Check One : ☐ Hispanic/Latino ☐ Not Hispanic/ Latino

Choose one or more (regardless of ethnicity)

☐ White, ☐ Asian, ☐ Black or African American, ☐ American Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander

Parent/Guardian Name: _____ Relationship to student: _____

Address (if different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____ U.S. Citizen : ☐ Yes ☐ No

Parent/Guardian Name: _____ Relationship to student: _____

Address (if different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____ U.S. Citizen : ☐ Yes ☐ No

Student's Place of Birth (City and State): _____

Former Address (If applicable): _____

School Last Attended: _____ City and State: _____

Grade(s) Attended: _____ Dates Attended: _____

Pre-Kindergarten Information:

Was your child ever evaluated by CT's Birth to Three Program? ☐ Yes ☐ No

Did your child attend school preschool / child care? ☐ Yes ☐ No

If yes, please list the program attended: _____ City and State: _____

This program was in a ☐ Home ☐ Center

Signature of Parent/Guardian

Date



**Hamden Public Schools
Emergency Information
2019 - 2020
Important Please Print**

For Office Use Only

☐ Legal Restrictions on the release of child to non-custodial parent

☐ Child has a medical condition

Student's Name: _____ Grade: _____ Primary Phone Number: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary _____

Current Address: _____

(Include Apartment/Floor)

Student Lives With: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other (Please Specify): _____

Name of Custodial Parent(s)/Guardian(s): _____

In case of illness or accident it is vital that our office have a telephone number available where you can be contacted during the day.

PLEASE NOTIFY US OF ANY CHANGES DURING THE YEAR.

Parent/Guardian Name: _____ Employer: _____

Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Parent/Guardian Name: _____ Employer: _____

Address (If different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

List two people that we may contact during the school day and to whom your child may be released to if you cannot be reached. The two people listed below will be authorized to pick-up your child. You may add more names to the reverse side of the page.

Name: _____ Relationship to Student: _____

Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Are there any legal restrictions on the release of your child or his/her records to non-custodial parent?

☐ Yes ☐ No **If yes, please specify and provide documentation to the principal.**

☐ In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary.

Hospital of Preference: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Is there any medical problem that we should be alerted to? _____

Parent/Guardian Signature: _____ Date: _____

Hamden Public Schools
Hamden School Health Services
Health History Questionnaire

Revised 8/27/12
Revised 12/30/14

Dear Parent/Guardian,

Please fill out the following health history information if your child is a new entrant to Hamden elementary schools and return to the school nurse. If this is part of the kindergarten packet, please bring the completed form to the school nurse when you register for school along with your child's Immunization records.

1. Identifying Information

Student's Name: _____ Entering Grade: _____ Email: _____

Current Address: _____ Phone: _____ Cell: _____
(Include Apartment/Floor)

Date of Birth: _____ Birth Place: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary

Parent/Guardian Name(s): _____

Last School Attended: _____

2. Early Health and Developmental History

Birth Weight: _____

Please note any complications of pregnancy, labor or delivery, such as illness, infection, long labor, prematurity, etc.: _____

Have you or your primary health care provider identified any developmental problems or concerns?

☐ Yes ☐ No

If yes, please explain: _____

3. Medical Information

Primary Health Care Provider's Name: _____ Phone: _____

Date of last physical exam _____

Findings: _____

Is your child on regular medication? ☐ Yes ☐ No If yes, please name and explain: _____

Does your child occasionally need medication for any reason? ☐ Yes ☐ No If yes, please name and explain: _____

Does your child have an allergy to:

Food ☐ Yes ☐ No

Insects ☐ Yes ☐ No

Medication ☐ Yes ☐ No

Environment ☐ Yes ☐ No

Latex ☐ Yes ☐ No

Other ☐ Yes ☐ No

☐ If yes, explain: _____

☐ If yes, explain: _____

☐ If yes, explain: _____

☐ If yes, explain: _____

☐ If yes, explain: _____

☐ If yes, explain: _____

4. Review of Systems

If your child has/had any of the following within the past 12 months please check and briefly describe.

Head: ☐ None/No incidents ☐ Loss of Consciousness ☐ Pain

Eyes: ☐ None/No incidents ☐ Squinting ☐ Tearing ☐ Cross Eyes ☐ Loss/Impaired Sight

Ears: ☐ None/No incidents ☐ Excess Wax ☐ Frequent Infections ☐ PE Tubes ☐ Loss/Impaired Hearing

Nose: ☐ None/No incidents ☐ Frequent Colds ☐ Nose Bleeds ☐ Allergies (explain type)

Throat: ☐ None/No incidents ☐ Frequent Infections ☐ Strep Throat ☐ Difficulty Swallowing

Mouth & Teeth: ☐ None/No incidents ☐ Toothaches ☐ Cavities ☐ Sourness of the Mouth ☐ Speech Problems

Lungs: ☐ None/No incidents ☐ Difficulty Breathing ☐ Wheezing ☐ Persistent Cough ☐ Asthma ☐ Infections
(Bronchitis/Pneumonia)

Heart: ☐ None/No incidents ☐ Murmur ☐ Chest Pains ☐ Tires Easily ☐ Shortness of Breath
☐ High Blood Pressure ☐ Elevated Heart Rate

Stomach & Bowels: ☐ None/No incidents ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Frequent Stomachaches

Bladder & Kidneys: ☐ None/No incidents ☐ Painful Urination ☐ Infections ☐ Bed Wetting

Bones & Muscles: ☐ None/No incidents ☐ Joint Pain ☐ Joint Swelling ☐ Limp ☐ Knee Pain

Growth: ☐ None/No incidents ☐ Overweight ☐ Underweight ☐ Anemia (low red blood cells) ☐ Too short ☐ Too Tall

Skin & Lymph: ☐ None/No incidents ☐ Rashes ☐ Hives ☐ Infections ☐ Swollen Glands ☐ Bruise Easily ☐
Eczema

Hospitalization (explain):

Serious Injury/Accident (explain):

Surgery (explain):

5. Current Behavior and Development

Activities of daily living: Please briefly describe:

Usual sleep pattern (include any problem): _____

Usual eating pattern (include any dietary limitations): _____

Elimination Pattern (indicate any problem with urination or bowel movement):

Exercise Habits:

Behaviors Please check and explain as appropriate. My child...

is overly active	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
is easily distracted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
is very quiet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
has unusual fears	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
has temper tantrums	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
plays regularly with other children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
can cooperate with other children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____

Skills Can your child use...

pencils?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
crayons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
scissors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Language

Can strangers easily understand your child's speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child under care for speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What languages are spoken at home? _____

6. Family Information

Has your family had any recent significant changes? (death, divorce, move)

If yes, please explain:

Does any immediate family member or relative have any significant medical problem(s)?

If yes, please explain:

Please provide the following information for other children in your family:

Name	Age	Gender	Any Health Problems?	School (if still in school)

Medical Insurance: _____
(please list insurance company)

7. Health History

If your child has had one of the following health problems, please check the appropriate age(s) and provide details

[illegible]

Type of Health Problem (Please Check)	Unsure	Never	0-6 Months	7-12 Months	13-18 Months	19-24 Months	2 years	3 years	4 years	5-7 years	8-12 years	Explain (please use back of page to provide more information)
Ear Problem/Infection												
Anemia (low blood count)												
Cancer/Leukemia												
Other Serious Condition												
Surgery												
Lead Poisoning												
Serious Injury/Accident												
Hospitalization												

8. School Adjustment

How do you think your child will react on the first day of school?

Is there anything we can do or should know that might help your child in adjusting positively in school?

What does your child enjoy? _____

Please list your child's interests: _____

What does your child dislike? _____

Thank you for your time and assistance. This information will help me to provide appropriate health care for your child in the school setting. Please keep me updated about any future changes in your child's health status.

I can be reached at: _____

Sincerely,

School Nurse

Date

The above information is accurate to the best of my knowledge:

Parent/Guardian Signature

Date

Student Name _____

Revised 12/30/14
Revised 1/3/17

Hamden Public Schools Elementary Student Acceptable Use Policy (AUP) Annual Agreement

Your school has a lot of technology! The computers and other technologies are in your school to help you learn and develop new skills.

It is important that you use all technology in a way that is safe and respectful, both in and out of school. This AUP lists some of the important actions for being safe and respectful with technology.

Place a check next to each item and then sign your name at the bottom. This shows that you understand and agree to each item.

RESPECT

- ☐ I will handle all technology carefully and try not to damage it.
- ☐ I will only use usernames and passwords that are mine. I will not use another person's account.
- ☐ I will not change any settings on the computer without permission from a teacher.
- ☐ I will not download music, games, applications or other files without permission from a teacher.
- ☐ I will communicate in ways that are kind and respectful whenever I use technology. I will not write, post, or forward anything that might hurt another. This includes text and multimedia messages from a computer, phone or other device.

SAFETY

- ☐ I will report to a teacher anything that I see on the computer that might be bad or dangerous.
- ☐ I will not give or put private information about myself or anyone else on the Internet.
- ☐ I know that anything I do on the computer can be seen or recorded by another.
- ☐ I will only try to access Websites that are related to my school work.

FAIRNESS

- ☐ I will not make illegal copies of music, games or videos,
- ☐ I will not copy and paste words of others and claim they are my own (plagiarism).
- ☐ I will not copy and paste pictures or videos made by others and claim they are my own (plagiarism).

I agree to use technology as stated above. I understand that if I do not, I may lose my privileges to use technology at school or receive other penalties from teachers, principals, my parents, or other officials.

Student Signature _____ Date _____

Parent Signature _____ Date _____

AFFIDAVIT IN SUPPORT OF STUDENT RESIDENCY

STATE OF CONNECTICUT)
) ss: New Haven
COUNTY OF NEW HAVEN)

I, _____, hereby depose and state that:

1. I am over the age of eighteen and believe in the obligations of an oath.
2. I currently reside in the Town of Hamden. My residence address is _____, Hamden, Connecticut. I have resided at this address since _____.
3. The following children (hereinafter, the “Student(s)”) attend the Hamden Public Schools and reside with me at my resident address identified in the above paragraph:

Student's name

School attending

Student's name

School attending

Student's name

School attending

Student's name

School attending

Student's name

School attending

If more space is needed, please use back of page.

4. The Student(s) has/have resided at this address since _____.

5. I submit this affidavit in order to attest that the Student(s) is/are residing with me at my residence address in Hamden, Connecticut and, therefore, the Student(s) is/are legally entitled to attend the Hamden public schools. I further attest that I am providing the Student(s) with residence at my address in Hamden without payment or compensation to me or any other member of my family (directly or indirectly) and that such residence at my address is not being provided for the sole purpose of attending Hamden Public Schools.

6. If I move outside of Hamden, or the Student(s) no longer reside(s) with me at my Hamden residence, I agree to so inform the Hamden Public Schools immediately.

7. I understand and hereby acknowledge that the statements herein are true and that I may be subject to civil and criminal penalties if I have knowingly provided inaccurate information.

8. If it is determined that the Student(s) is/are not legally residing in Hamden and/or is/are not legally entitled to school accommodation in Hamden, I acknowledge and understand that the Hamden Board of Education may assess me tuition for the period of time that the Student(s) was/were not legally entitled to attend Hamden Public Schools. I hereby agree to waive any defenses or claims I may have in any administrative, legal or other proceeding brought by the Hamden Public Schools to collect tuition for the period of time that the Student(s) illegally attended Hamden Public Schools.

Dated: _____, 201_____, Connecticut
Month Day Year Town/City

By: _____

This document must be witnessed and signed by another person over the age of 18:

Witness

Hamden Public Schools
Permission to Photograph/Video Tape

In connection with the educational programs in our school building, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school or PTA newsletters, school web sites, yearbooks, bulletin boards, in local or regional newspapers, on television, to train staff members, or as part of a public performance.

In order to grant the school district permission to photograph and/or videotape your child parents/guardians of all students must complete and return the form below.

I hereby give permission for my child _____ to be photographed, videotaped, audio-taped, named on radio, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

Parent/Guardian Name (please print)

Parent Guardian Signature

Date

Please note: As per the Hamden Public Schools Web Site Policy (6141.311), no personal information and/or identification of any student (other than first name, and last initial) may be contained in a school web site, whether in conjunction with published photograph or not.

HAMDEN PUBLIC SCHOOLS HEALTH ASSESSMENT AND IMMUNIZATION REQUIREMENTS

Dear Parent/Guardian:

Connecticut law requires that every student entering a public school system must meet certain health requirements before being allowed to begin school. Hamden Public Schools complies with these requirements including immunizations and state mandated health assessments.

The same requirements apply to all students entering private and parochial schools that receive nursing services through Hamden Public Schools.

NO STUDENT MAY ENTER SCHOOL UNTIL THESE REQUIREMENTS HAVE BEEN SATISFIED.

HEALTH ASSESSMENTS

Hamden Public Schools requires physical examinations before a student may enter Pre-School, Kindergarten, Seventh Grade, and Eleventh Grade or the first time a student enters Hamden Public Schools from outside of Connecticut.

A physical exam is also required for a student re-entering Hamden Public Schools who has not received the grade appropriate required state physical.

Physical examinations must be recorded on the current Connecticut Form HAR-3. **The first page of the form must be completed and signed by the parent/guardian.** Pages two and three must be completed and signed by the primary health care provider.

Students transferring from out of state who do not have the required physical examination on the current Connecticut Form HAR-3 must submit an equivalent examination and form completed in another state by a physician, PA or APRN, performed within one year of the date of entry into school.

REQUIRED PHYSICAL EXAMINATIONS:

Pre-School Students: A physical examination must be performed within one year before the date of entry into school, and yearly while in pre-school.

Kindergarten Students: A physical examination must be performed within one year before the date of entry into school (This is in addition to the Pre-School physical examination).

First through Sixth Grade Students: Each student must show proof of either a Connecticut Kindergarten physical examination or a physical examination performed within one year before the date of entry into school.

Seventh through Tenth Grade Students: Each student must show proof of either a Connecticut Sixth Grade physical examination or a physical examination performed within one year before the date of entry into school.

Eleventh and Twelfth Grade Students: Each student must show proof of either a Connecticut Tenth Grade physical examination or a physical examination performed within one year before the date of entry into school.

Additional Health Assessments may be required of any entering student if the School Medical Advisor determines it is necessary for the protection of the student or others in school.

Revised
1/14/13

IMMUNIZATIONS

Students must show proof of completing Connecticut State Immunization Requirements before entering school.

Students who have not yet completed these requirements may enroll in school only if they have received at least the first dose of each required vaccine and continue on the recommended schedule to complete the remainder of these immunizations.

Students entering Hamden Public Schools from an area of high risk for tuberculosis, as determined by the World Health Organization, are required to have a recent PPD, and show proof of the results, or provide results of an interferon-gamma release assay (a blood test) prior to entering school.

The only acceptable proof of immunizations is a document listing the immunizations administered and the dates received (mm/dd/yr). This document must be signed by the student's primary health care provider or an authorized Department of Health Official.

Documented proof of immunity is only acceptable for Measles, Mumps, Rubella, Varicella, Hepatitis A and Hepatitis B. Verification of disease, by history, from an MD, PA, or APRN, is acceptable only for Varicella.

Exemptions from Connecticut State Immunization Requirements for medical or religious reasons are valid only with appropriate documentation. Exemption application forms can be found at the link below from The Connecticut Department of Health.

<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388416>

Students transferring from another Connecticut school system should obtain a copy of their immunizations and last state-required health assessment from their previous school. This will simplify the process of enrolling the student in Hamden Public Schools.

REFUSAL TO PERMIT ADMINISTRATION OF EPINEPHRINE FOR EMERGENCY FIRST AID

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency care to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit written notice to the school nurse and to the Director of Pupil Personnel Services that epinephrine shall not be administered by qualified school personnel to such student in emergency situations.

A form is available from the school nurse for those parents/guardians who refuse to have epinephrine administered to their child. The refusal is valid for only the **2017-2018** school year.

You must come to school and sign the form in the presence of the school nurse.

Please call your school's Nurse or Hamden School Health Services at 203- 407- 2084 if you have any questions about these requirements.



Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (Street, Town and ZIP code)

Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other
Primary Care Provider		

Health Insurance Company/Number* or Medicaid/Number*

Does your child have health insurance? Y N

Does your child have dental insurance? Y N

If your child does not have health insurance, call 1-877-CT-HUSKY

* If applicable

Part I — To be completed by parent/guardian.**Please answer these health history questions about your child before the physical examination.**

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Concussion	Y N
Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Fainting or blacking out	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N	Chest pain	Y N
Any other allergies	Y N	Any neck or back injuries	Y N	Heart problems	Y N
Any daily medications	Y N	Problems running	Y N	High blood pressure	Y N
Any problems with vision	Y N	"Mono" (past 1 year)	Y N	Bleeding more than expected	Y N
Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Problems breathing or coughing	Y N
Any problems hearing	Y N	Excessive weight gain/loss	Y N	Any smoking	Y N
Any problems with speech	Y N	Dental braces, caps, or bridges	Y N	Asthma treatment (past 3 years)	Y N
Family History				Seizure treatment (past 2 years)	Y N
				Diabetes	Y N
				ADHD/ADD	Y N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y N	
Any immediate family members have high cholesterol				Y N	

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in school**:

All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Part II — Medical Evaluation

HAR-3 REV. 4/2012

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

☐ I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____ % *Weight _____ lbs. / _____ % BMI _____ / _____ % Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made </div>		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening		History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: <u>Right</u> <u>Left</u>	Type: <u>Right</u> <u>Left</u>			
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass		*HCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail		*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made		Other:	

TB: High-risk group? ☐ No ☐ Yes PPD date read: _____ Results: _____ Treatment: _____

*IMMUNIZATIONS

☐ Up to Date or ☐ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma ☐ No ☐ Yes: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise induced

*If yes, please provide a copy of the **Asthma Action Plan** to School*

Anaphylaxis ☐ No ☐ Yes: ☐ Food ☐ Insects ☐ Latex ☐ Unknown source

Allergies *If yes, please provide a copy of the **Emergency Allergy Plan** to School*

History of Anaphylaxis ☐ No ☐ Yes Epi Pen required ☐ No ☐ Yes

Diabetes ☐ No ☐ Yes: ☐ Type I ☐ Type II

Other Chronic Disease:

Seizures ☐ No ☐ Yes, type: _____

☐ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: _____

Daily Medications (*specify*): _____

This student may: ☐ **participate fully in the school program**

☐ participate in the school program with the following restriction/adaptation: _____

This student may: ☐ **participate fully in athletic activities and competitive sports**

☐ participate in athletic activities and competitive sports with the following restriction/adaptation: _____

☐ Yes ☐ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness. Is this the student's medical home? ☐ Yes ☐ No ☐ I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Student Name: _____ Birth Date: _____

Immunization Record

To the Health Care Provider: Please complete and initial below.**Vaccine (Month/Day/Year)** Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above _____ (Specify) _____ (Date) _____ (Confirmed by)

Exemption

Religious _____ Medical: Permanent _____ Temporary _____ Date _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools**KINDERGARTEN**

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart – 1st dose on or after 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

*** Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Signature of health care provider MD / DO / APRN / PA

Date Signed

Printed/Stamped Provider Name and Phone Number

HAMDEN SCHOOL HEALTH SERVICES

PERMISSION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

Student's Name: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Medical Health Care Provider: _____

(Name)

(Organization)

(Address)

(Telephone Number)

I hereby authorize the medical health care provider listed above and the Hamden School Health Services staff to release and exchange medical information (both verbally and in writing) concerning my son/daughter named above. I further authorize the Hamden School Health Services staff to share such health information on a confidential basis with appropriate staff who have legitimate educational interest in such information. I understand that this information may be used only for such educational purposes, and that it will be maintained as confidential as provided by the Family Educational Rights and Privacy Act, 20, U.S.C. Section 1232g.

This consent is effective indefinitely or from _____ to _____.

Also, this consent is subject to revocation in writing at any time. Any such revocation will operate to prevent disclosure of further information by and between the Hamden School Health Services and the health care provider(s) named above.

I am (please check one)

☐ Parent

☐ Legal Guardian

Signature of Parent/Legal Guardian

Date

Hamden Public Schools Preschool Information Form

Dear Parent/Guardian,

The information we are seeking will assist your child's kindergarten teacher in planning appropriate learning and social activities. Please sign below and **give this form to your child's Preschool/Child Care Provider to complete** and return to the Hamden Public Schools.

I give permission for _____ to complete this form and share the information with the Hamden Public Schools. (Name of Preschool/Child Care Provider)

Name of Student: _____ Phone Number: _____

Date of Birth _____ Parent's/Guardian's Signature: _____ Date: _____

Does your child speak English? ☐ yes ☐ no Language(s) your child speaks at home: _____

Please circle the Hamden public elementary school your child will be attending:

Bear Path 10 Kirk Road Hamden, CT 06514	Church Street 95 Church Street Hamden, CT 06514	Dunbar Hill 315 Lane Street Hamden, CT 06514	Helen Street 285 Helen Street Hamden, CT 06514	Ridge Hill 120 Carew Road Hamden, CT 06517	Shepherd Glen Skiff Street Ext. Hamden, CT 06514	Spring Glen School 1908 Whitney Ave Hamden, CT 06517	West Woods 350 W. Todd St. Hamden, CT 06518
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If your child will not be attending kindergarten at one of the schools listed above please provide the address of the school where he/she will be attending:

Preschool/Child Care Provider _____ Phone Number: _____

By the time this child enters kindergarten he/she will have attended this program for _____ years and _____ months. During this past year this child attended _____ hours _____ days/week.

Teacher: Place an ☒ next to those skills/behaviors that the child displays on a consistent basis.

Language and Early Literacy Skills:

- | | |
|---|--|
| <input type="checkbox"/> Identifies own first name | <input type="checkbox"/> Points to pictures in a book when asked about the characters or objects |
| <input type="checkbox"/> Identifies upper case letters. How many out of 26? _____ | <input type="checkbox"/> Identifies lower case letters. How many out of 26? _____ |
| <input type="checkbox"/> Tracks text during a read aloud | <input type="checkbox"/> Answers questions about stories <input type="checkbox"/> Asks questions |
| <input type="checkbox"/> Tells about the events of his/her day | <input type="checkbox"/> Engages in conversation <input type="checkbox"/> Retells stories |

Listening Skills/Social Emotional Develop:

- | | | |
|---|---|--|
| <input type="checkbox"/> Socializes/Plays with other children | <input type="checkbox"/> Shares with others | <input type="checkbox"/> Knows first and last name |
| <input type="checkbox"/> Seeks adult assistance when needed | <input type="checkbox"/> Maintains self-control | <input type="checkbox"/> Knows body parts <input type="checkbox"/> Takes turns |
| <input type="checkbox"/> Appropriate response to authority | <input type="checkbox"/> Transitions easily | <input type="checkbox"/> Adjusts to new situations appropriately |
| <input type="checkbox"/> Follows simple directions | <input type="checkbox"/> Expresses self verbally | <input type="checkbox"/> Participates appropriately during group times |
| <input type="checkbox"/> Uses classroom materials appropriately | <input type="checkbox"/> Follows classroom routines | <input type="checkbox"/> Cares for own toilet needs |

Colors, Shapes, Numbers:

- | | | |
|--|--|---|
| <input type="checkbox"/> Recognizes basic colors | <input type="checkbox"/> Identifies numbers to 10 | <input type="checkbox"/> Recognizes circle, square, triangle, rectangle |
| <input type="checkbox"/> Counts objects to 10 | <input type="checkbox"/> Can sort objects by attribute (color, shape size etc) | |

Motor Skills:

- | | | |
|--|---|---|
| <input type="checkbox"/> Is able to complete simple puzzles | <input type="checkbox"/> Is able to cut with scissors | <input type="checkbox"/> Is able to control pencil and crayon |
| <input type="checkbox"/> Is able to draw some recognizable objects | <input type="checkbox"/> Is able to build with blocks | <input type="checkbox"/> Writes own first name |

Child's Strengths: _____

Child is working on: _____

Has this child received special support services or were they referred for services? ☐ yes ☐ no If yes, please explain:

Please have this child draw a picture of him/herself or another person, write their name on the paper and attach it to this form

Teacher's Signature: _____ Date: _____

Please put additional information that would be helpful to the kindergarten teacher on the back side. ➡➡➡➡➡➡➡➡➡➡

Preschool Provider: Please send this for directly to the elementary school indicated above by June 1st