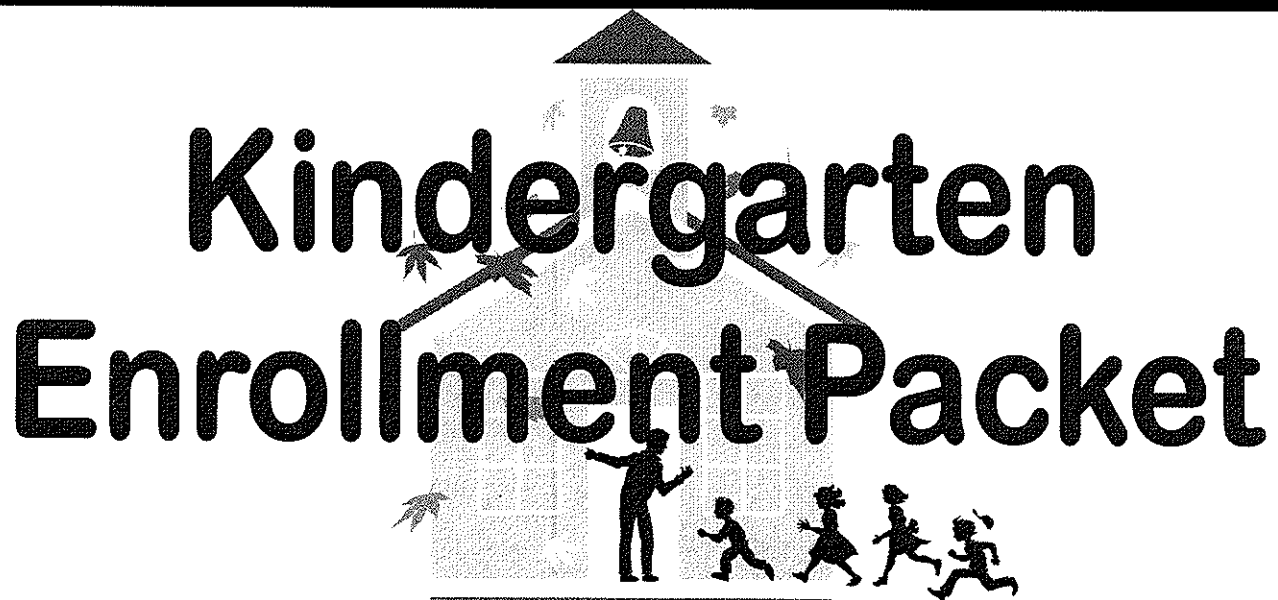


Welcome To New Bedford Academy

“Taking Kids Into the Future”



Additional Information: Call 734-854-5437 or visit our Website:
www.newbedfordacademy.com



New Bedford Academy



"Taking Kids Into the Future"

6315 Secor Rd.
Lambertville, MI 48144-9546

Telephone (734) 854-5437
Fax (734) 854-1573

www.newbedfordacademy.com

Dear Parent/Guardian,

In order for your child's **Kindergarten** enrollment papers to be complete, the following information is **necessary**:

- _____ **Front & Back of Registration**
- _____ **Completely Filled Out**
- _____ **Emergency & Medical Form**
- _____ **Parent Profile**
- _____ **Special Service Questionnaire**
- _____ **Student Photo Release**
- _____ **Pesticide Application Release**
- _____ **Permission to Transport Form**
- _____ **Computer Equipment Acceptable Use Agreement**
- _____ **iPad Use Agreement**
- _____ **Concussion Acknowledgement Receipt**

- _____ **Immunization Record**
- _____ **Health form (This form **MUST** be signed by a**
- _____ **Physician, include all Immunizations, and a**
- _____ **Vision screening to be accepted)**

- _____ **Photo copy of Parent's/Guardian's**
- _____ **Michigan Drivers License (plus one other proof**
- _____ **of Residency)**
- _____ **Certified, Notarized, Original, Birth Certificate**

Without the above information, we cannot enroll your child, and your child will not be able to start school until all necessary forms are turned in.

Student's Name: _____ Grade Entering: _____

New Bedford Academy

Enrollment Registration

20__-20__

This box is for office use only

Student Information:

| | | | | |
|--|-----------------------------------|-------------------------|---|--------------------------|
| Last Name: | Grade entering in fall | Application Date: _____ | Active: _____ | Withdrawn: _____ |
| | First Name: | Start Date: _____ | Waiting List: _____ | Withdrawal Date: _____ |
| Street Address: | District Transferring from: | Learning Family: _____ | Graduated: _____ | Transferred To: _____ |
| City: | Gender: Male: _____ Female: _____ | Moved: _____ | Other (Specify): _____ | Date Records Sent: _____ |
| Residential Status: House or Apartment _____ Vehicle, shelter, Hotel _____ | Date of Birth: _____ | Other (Specify): _____ | Zip Code: _____ | Phone: _____ |
| Living in relatives household _____ | Length of time _____ | Other (Specify): _____ | Race or Ethnicity: Asian _____ White _____ Black _____ Hispanic _____ Native American _____ | |

NBA requires a copy of the student's birth certificate, immunization record, and Michigan Driver's License with another proof of residency at the time of registration.

Parent or Guardian Information:

| | Mother | Father | Guardian (if applicable) |
|--|--------|--------|--------------------------|
| Parent/Guardian Data: | | | |
| Name | | | |
| Address (if different from child's) | | | |
| City, Zip | | | |
| Home Phone | | | |
| Occupation | | | |
| Place of Employment | | | |
| Work Phone Number | | | |
| Marital status: Single, Married, Divorced, Separated | | | |
| With whom does child reside? | | | |
| Is a custody decree in place? Yes No | | | |
| Has a copy been provided for school records? Yes No | | | |
| E-mail address | | | |

If child's parents are remarried, please complete the following:

| | | |
|--|--------------------|--------------------|
| Child's STEP PARENT data: | Step-Mother | Step-Father |
| Name | | |
| Occupation | | |
| Place of employment | | |
| Work phone number | | |
| Does your child have any health conditions that should be brought to the school's attention? | Yes | No |
| If yes, please explain in the space provided: | | |
| Is either custodial parent in the military? | Yes | No |
| | Branch: | |

PARENT/STUDENT HANDBOOK

The Parent/Student Handbook containing New Bedford Academy's policies, guidelines, and procedures, will be updated regularly and distributed to all school families. Parents and students are required to read the handbook and sign the handbook agreement indicating that they have received, read, and agree to abide by New Bedford Academy's policies, procedures, and guidelines.

DRESS CODE

A copy of New Bedford Academy's dress code will be in the Parent/Student Handbook. Any questions concerning the dress code should be directed to the school office prior to the student wearing the item.

ATTENDANCE POLICY

Good attendance is essential to academic success, and New Bedford Academy has the obligation to set minimum standards. Students are expected to be in school and on time every day. Parents are responsible to see that their son/daughter is in school and that the requirements of the attendance policy and procedures are met. **Parents are required to call the school office when their child will be absent from school.** Excessive tardiness will result in the Administrator taking further appropriate action. See the Parent/Student Handbook for details concerning attendance and tardiness.

VOLUNTEER HOURS

It is recommended that families volunteer 10 hours a year at New Bedford Academy. This can be done in a variety of ways. Volunteering at a function or event, getting library books for teachers, making phone calls, etc. Volunteer hours are counted as anything that you do for the school whether in the building or outside of the building.

This Academy is a Michigan Public School Academy and does not discriminate on the basis of intellectual or athletic abilities, "measures of achievement or aptitude", handicapped status, religion, creed, race, sex, color or national origin.

Has your child ever been expelled from another school?
Yes No

Is you child a citizen of the USA?
Yes No

What is the primary language spoken at home?

What language is your child's native tongue?

I, the undersigned, declare that I and the student for which this application is submitted, physically reside in the **State of Michigan**. Furthermore I understand that only residents of the State of Michigan may attend this Academy, which is a Michigan Public School Academy. If statements made on this application are false, the enrollment of my child/children will be terminated immediately.

Parent/Guardian Signature

Please print name

Date

Office use only:

Immunization records:

Waiver:

Birth Certificate:

**New Bedford Academy – 20 -20 School Year
Emergency & Medical Form**

| | | |
|-------------------------------------|----------------------|-----------|
| Student Name: | Grade: | O S M H E |
| Street Address: | Date of Birth | / / |
| City, State, Zip: | | |
| Phone Number With Area Code: | | |
| Mother's/Guardian's Name: | | |
| Daytime Phone #: | Cell: | |
| Father's/Guardian's Name: | | |
| Daytime Phone #: | Cell: | |

Student will only be released to people listed above and below. Include childcare provider. In case of illness, if parents/guardians cannot be reached the below persons will be contacted in case of emergency. There must be someone who can be reached during the day on your child's emergency form.

| Name | Relationship to Student | Phone Numbers w/ Area Code Daytime | Area Code Cellular |
|------|-------------------------|---------------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

Allergies: Asthma , Bee Sting , Food _____, Medication _____
Other _____ Any known medical problem: _____

Any current medication student is taking: _____

Any other info school should know: _____

EMERGENCY: I give permission to NEW BEDFORD ACADEMY to secure emergency medical and/or emergency surgical treatment for the minor child named above while in its care. I will be financially responsible for the emergency care and/or transportation of said minor, New Bedford Academy will not be so liable.

Name, address & phone number of Child's Physician or Health Clinic: _____

Hospital and phone number preferred for emergency treatment: _____

Health Insurance Policy Name and Number: _____
Date of last tetanus shot: _____

Parent Signature: _____ Date: _____



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NEW BEDFORD ACADEMY'S PTT PARENT PROFILE

DATE: _____

STUDENT NAME(S)/GRADE(S): _____

MOTHER'S/GUARDIAN'S NAME: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____

FATHER'S/GUARDIAN'S NAME: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____

P.T.T. – Parent Teacher Team (New Bedford Academy's PTA)

Our Parent Teacher Team coordinates many activities during the year. As you are an important member of our educational team, we recommend that families volunteer 10 hours a year. Please indicate which times would be most convenient for you:

_____ Assisting with activities such as cutting, coloring, tracing patterns, etc., from my home. _____ Mom _____ Dad

_____ During school hours, in the classrooms or with school-wide activities, at centers, fun lunches, driving and chaperoning for field trips, book fair, etc. _____ Mom _____ Dad

_____ After school or evening hours, working with clubs or committees, such as Science Club, PTT meetings, Bonfire, movie night, grounds maintenance, etc. _____ Mom _____ Dad

Please list any hobbies or activities that might be helpful to the education of your child.

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PARENT/GUARDIAN QUESTIONNAIRE for Special Education Services

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child/children's eligibility for Special Education was discussed?

_____ Yes _____ No

If yes, where/when? _____

2. Is your child currently enrolled in Special Education or received special services?

_____ Yes _____ No

3. Do you have a copy of your child's current I.E.P. (Individualized Education Plan)?

_____ Yes _____ No

4. Did your child receive any other special services such as social work referrals to other resources, counseling, tutoring, etc...?

_____ Yes _____ No

If yes, please explain _____

5. Do you feel your child is a candidate for Special Services?

_____ Yes _____ No

If yes, please explain _____

When is the best time to contact you by phone? _____

At what phone number can you be reached? _____

Student Name/Grade: _____

Signature of Parent/Guardian: _____ Date: _____



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Pesticide Application Advisory

Dear Parent/Guardian:

As part of the New Bedford Academy's pest management program, pesticides are occasionally applied around the perimeter of the building; however, these applications are made only after hours. You have the right to be informed prior to any pesticide application made to the school grounds and/or building(s). Notification of scheduled application will be posted on the back page of each month's ROCKETEER, alerting you as to the scheduled day each month. In certain emergencies, pesticides may be applied without prior notice; however, notification will be posted as a sticker on the front door Rocket decal. Please complete the information below and return this form to the school office.

You may also contact the school office at 734/854-5437 if you have any questions regarding this letter.

PESTICIDE PRIOR NOTIFICATION REQUEST

Parent/Guardian Name (please print): _____

Student's Name (please print): _____

I have read and understand where notification of scheduled and emergency pesticide application will be posted. I also understand that it is my responsibility to read notifications and follow through with my concerns.

Parent/Guardian Signature: _____

Date: _____



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PHOTO POLICY

In an effort to keep the academy community up-to-date on school events, New Bedford Academy will, on occasion, invite local media representatives into our schools to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to a designated area from which they can take photos or video publication. We do not allow media representatives to interview students on school property unless they are accompanied by academy personnel.

Academy personnel will also take photos of classroom activities and/or individual students from time to time for either release to the local media or use in academy media or brochures. Identification of students is always limited to name, school, and grade.

Permission to photograph a student either individually or as part of a group is assumed, **unless** you indicated otherwise below. *If you prefer that your student NOT be shown in any photo or video for media use or academy publication, we must have this notification on file in the school office. If you should have any questions regarding the Academy Community Relations plan, please call us at 734/854-5437.*

PHOTO CONSENT/DENIAL FORM

No, I do not wish my child's picture to be used in any newspaper or on-line publications (including classroom newsletters and THE ROCKETEER which are posted on the Academy's website).

Please Print.

| | | | |
|-----------------|-------|--------|-------|
| Student's NAME: | _____ | Grade: | _____ |
| Student's NAME: | _____ | Grade: | _____ |
| Student's NAME: | _____ | Grade: | _____ |
| Student's NAME: | _____ | Grade: | _____ |

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

Permission to transport for New Bedford Academy Field Trips

I, the undersigned parent or guardian of _____,

do hereby give my permission to New Bedford Academy to transport said minor child for the purpose of field trips throughout the school year. I agree that my child may be transported either by means of the school's contracted bus service, or properly belted in the private vehicle of a school designated chaperon.

I understand that I will be notified well in advance of each excursion and will be given the opportunity to volunteer as a chaperone. If it is not my desire that my child attend any given field trip, I will notify my child's teacher immediately upon receipt of the notification.

Further, I hereby attest that New Bedford Academy has been given my permission to arrange for emergency transport and medical care for my child as may be deemed necessary. This permission may be found on the "Emergency Medical Form" already on file in the school office. I am to be held responsible for any charges arising from such care.

Agreed to by _____ Date _____

New Bedford Academy

Computer/Internet Acceptable Use Agreement

Parents and Students: This agreement outlines the rules for responsible use of the Internet at New Bedford Academy, and is in compliance with the federal Children's Internet Protection Act (47 USC 254 (h) and (l)). NBA has installed on its computers and computer network a technology protection measure that protects against Internet (which, as used in this policy, includes the World Wide Web) access by both adults and minors¹ to material which is: obscene: child pornography², or; harmful to minors³. Please read this carefully. In order for your child to utilize the school's computers and software, or to access the Internet, we require that this agreement be signed and returned to school.

1. New Bedford Academy will provide each student with training in the proper use and care of computer equipment, the Internet, and software.
2. The use of school computers and Internet access is a privilege, which may be withheld if the student damages, is irresponsible, or malicious in their use.
3. The school has the right to remove any material from school computers that the staff deems as inappropriate or not in keeping with our educational mission. Students will not install unauthorized software on school computers.
4. Each student is responsible for proper behavior while using computers and/or the Internet. The same rules and behaviors identified in the Code of Conduct apply to computer usage.
5. The school has the right to monitor all activity, e-mail correspondences, and material transmitted or received by students on school computers.
6. Students are not permitted to transmit or publish any defamatory, abusive, profane, threatening, or illegal material.
7. Students must respect all copyright laws that protect software owners, artists, and writers.
8. Security is a high priority at New Bedford Academy. Using someone else's logon ID or password is prohibited. Trespassing in another's files without written permission is prohibited.
9. New Bedford Academy will take appropriate measures to protect students from accessing inappropriate information and from receiving or engaging in inappropriate communications. However, due to the unregulated and ever-changing nature of the Internet, we assume no liability for any damages a user may incur as a result of Internet access.
10. The New Bedford Academy staff and Board of Directors are solely responsible for deciding what constitutes appropriate use and defines acceptable content.
11. Violation of this agreement may result in disciplinary action including loss of computer privileges, Internet access, or financial restitution for equipment damage, or other disciplinary action as determined by the school. Users are subject to all applicable local, state, and federal laws.

Please read completely, and then sign the back of this agreement.

¹ Individuals under the age of eighteen (18) years.

² Any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image of picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where: 1) the production of such visual depiction involves the use of a minor engaging in sexually explicit conduct; 2) such visual depiction is, or appears to be, of a minor engaging in sexually explicit conduct; 3) such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct; or 4) such visual depiction is advertised, promoted, presented, described, or distributed in such a manner that conveys the impression that the material is or contains a visual depiction of a minor engaging in sexually explicit conduct.

³ Any communication, picture, image, graphic image file, article, recording, writing, or other matter of any kind that: 1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; 2) depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals, and 3) taken as a whole, lacks serious literary, artistic, political or scientific value to minors.

I have reviewed this agreement with my child, understand, and agree to abide by the terms and conditions as stated. I understand that the school's computing resources are for educational purposes only.

As the parent or legal guardian of _____, I grant permission for my child to use the school computers, software, and to access the Internet. I understand that it is impossible for New Bedford Academy to restrict access to all controversial material and I release New Bedford Academy from any and all claims that may result from my child's use of the Internet or internal computer network. I accept full responsibility for supervision of my child when accessing Internet resources provided by New Bedford Academy outside the school premises.

Signature of Parent/Guardian

Date

New Bedford Academy Student Pledge for iPad Use

- I will use the iPad in ways that are appropriate and educational.
- I will use appropriate language when using emails, journals, wikis, blogs, or any other forms of communication. I will not create, or encourage others to create, discourteous or harmful content. I will not use electronic communication to spread rumors, gossip, or engage in any activity that is harmful to other people.
- I will take good care of the iPad.
- I will never leave the iPad unattended and will always know where the iPad is.
- I will not deface my iPad in any way.
- I will always wash my hands before using the iPad.
- I will always use two hands when carrying the iPad.
- I will make sure to have an adult plug the iPad in when it needs to be charged.
- I will only use apps and programs my teacher has instructed me to use.
- I will not have liquids or food around the iPad.
- I will be responsible and make smart learning choices when using the iPad.
- Students and Parents agree that any inappropriate use of the iPad will result in school discipline that may include the loss of iPad use and school suspension. Inappropriate use includes but is not limited to:
 - * visiting inappropriate or unauthorized sites
 - * sending inappropriate or unauthorized emails
 - * possessing inappropriate pictures and/or media files
 - * cheating
 - * installing unapproved apps
- I understand that although the school works hard to provide safe access on the network, it is impossible for NBA to restrict access to all controversial materials, and I will not hold the school responsible for materials accessed on the network. I also agree to report any inappropriate iPad use to the teacher or school administrator.

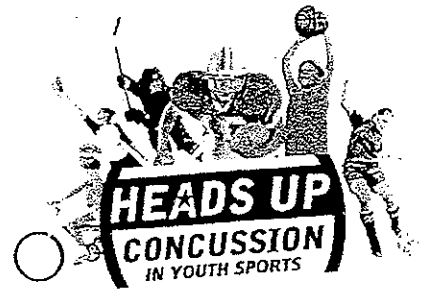
By signing below, we agree to the expectations and procedures as detailed above.

Parent Signature

Student Signature

Date

Date



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

| SIGNS OBSERVED BY COACHING STAFF | SYMPTOMS REPORTED BY ATHLETES |
|---|--|
| Appears dazed or stunned | Headache or "pressure" in head |
| Is confused about assignment or position | Nausea or vomiting |
| Forgets an instruction | Balance problems or dizziness |
| Is unsure of game, score, or opponent | Double or blurry vision |
| Moves clumsily | Sensitivity to light |
| Answers questions slowly | Sensitivity to noise |
| Loses consciousness (<i>even briefly</i>) | Feeling sluggish, hazy, foggy, or groggy |
| Shows mood, behavior, or personality changes | Concentration or memory problems |
| Can't recall events <i>prior</i> to hit or fall | Confusion |
| Can't recall events <i>after</i> hit or fall | Just not "feeling right" or "feeling down" |

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

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Mr. Gregory Sauter, Principal

TO PARENTS WHO ARE NEW TO NBA:

The State of Michigan recently passed a Concussion law (Public Acts 342 and 343), which pertains to all grade levels at all public schools for not only their sports programs, but also for all physical education classes and camps. This law requires all public schools to collect forms to insure that the parents of all participating students are made aware of the nature and possible dangers of concussions.

We have attached an information sheet for you to read and to keep with other important papers in the event you may need to refer to it in the future. After you have read the sheet, please sign the form below and return to our office. To learn more, go to www.cdc.gov/concussion.

New Bedford Academy thanks you for working together with us to keep your children as safe as possible in our school setting.

Sincerely,

Mr. Greg Sauter, Principal, New Bedford Academy

RECEIPT OF CONCUSSION INFORMATION ACKNOWLEDGEMENT

As attested by my signature below, I acknowledge that I have received and reviewed the educational material pertaining to **concussions** for parents and students as provided by **New Bedford Academy**, and understand Michigan Law, Public Act 342 and 343, effective June 30, 2013.

Student's Printed Name

Parent of Guardian's Printed Name

Student's Signature

Parent or Guardian's Signature

Date

Date

Please submit a signed form for each child enrolled with our Academy, as we must keep one in each student's file for as long as they are actively enrolled with us.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

| | | |
|---|----|---------------------------------|
| CHILD'S NAME (Last, First, Middle) | | DATE OF BIRTH (mm/dd/yy) / / |
| ADDRESS (Number & Street) (City) (ZIP Code) | MI | TODAY'S DATE (mm/dd/yy) / / |
| PARENT/GUARDIAN (Last, First, Middle) | | HOME TELEPHONE NUMBER () |
| ADDRESS (Number & Street) (City) (ZIP Code) | MI | WORK TELEPHONE NUMBER () |

SECTION I - HEALTH HISTORY

| Yes | No | Resoluted | # Is your child having any of the problems listed below? | |
|--------------------------|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Allergies or Reactions (for example, food, medication or other) | Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Hay Fever, Asthma, or Wheezing | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Eczema or Frequent Skin Rashes | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Convulsions/Seizures | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Heart Trouble | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Diabetes | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Frequent Colds, Sore Throats, Earaches (4 or more per year) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 Trouble with Passing Urine or Bowel Movements | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 Shortness of Breath | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 Speech Problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 Menstrual Problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 Dental Problems: Date of Last Exam / / | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (please describe): _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child take any medication(s) regularly? | |
| | | | Reason for Medication _____ | |
| | | | _____ / _____ / _____ | |
| | | | Parent/Guardian Signature _____ Date _____ | |

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

| No | Yes | Was child tested for: | Test results: | Normal | Referred | Under Care | No | Yes | Was child tested for: | Test results: | Normal | Referred | Under Care |
|--------------------------|--------------------------|-------------------------------|---|--------|----------|------------|--|--------------------------|--|---------------|--------|----------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | VISION Date: / / | Visual Acuity Muscle Imbalance Other: _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> | HEIGHT & WEIGHT Height Weight Other: _____ | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | HEARING Date: / / | Audiometer Other: _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> | HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____ | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | URINALYSIS Date: / / | Sugar Albumin Microscopic | | | | <input type="checkbox"/> | <input type="checkbox"/> | TUBERCULIN Type: _____ Date: / / Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | BLOOD LEAD LEVEL Date: / / | Level _____ ug/dl | | | | NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above. | | | | | | |

Examinations and/or Inspections

| |
|---|
| Essential Findings Deviating from Normal: |
| |
| Exam Date: / / |

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

| VACCINES (Circle Type) | DATE ADMINISTERED MM/DD/YYYY | | VACCINES (Circle Type) | DATE ADMINISTERED MM/DD/YYYY | |
|---|---------------------------------|---|--|---------------------------------|--------------------|
| Hepatitis B (HepB) | 1 | 3 | Hepatitis A (HepA) | 1 | 2 |
| | 2 | | | 2 | 3 |
| DTaP/DTP/DT/Td | 1 | 4 | Influenza (IIV/LAIV) | 1 | 4 |
| | 2 | 5 | | 2 | 4 |
| | 3 | 6 | Meningococcal (MCV4 / MPSV4) | 1 | 2 |
| Tdap | 1 | | Human Papillomavirus (HPV4/HPV2) | 1 | 3 |
| Haemophilus Influenzae type b (HIB) | 1 | 3 | | 2 | |
| Polio (IPV/OPV) | 1 | 3 | OTHER Vaccines Specify Date & Type | Type of Vaccine(s) | Date of Vaccine(s) |
| | 2 | 4 | | 1 | |
| Pneumococcal Conjugate (PCV7/PCV13) | 1 | 3 | | 2 | |
| | 2 | 4 | 3 | | |
| Rotavirus (RV1/RV5) | 1 | 3 | <i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i> | | |
| | 2 | | *NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department. | | |
| Measles, Mumps, Rubella (MMR) | 1 | 2 | Parent/Guardian refused immunizations: <input type="checkbox"/> | | |
| Varicella (Chickenpox) | 1 | 2 | | | |
| History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ | | | | | |
| I certify that the immunization dates are true to the best of my knowledge | | | | | |
| _____ Health Professional's Signature | | | _____ Title | | _____ / / Date |

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

| | | |
|--------------------------|--------------------------|---|
| No | Yes | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other |
| Other Recommendations | | |

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

_____ Dentist's Signature _____ / /
Date

PHYSICIAN'S SIGNATURE

_____ Examiner's Signature _____ / /
Date

_____ Examiner's Name (Print or Type) _____ Degree or License

_____ Number & Street _____ City _____ MI _____ ZIP Code _____ Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.