



Monticello Community Schools
Shannon Elementary / Carpenter Elementary
321 W. South St. / 615 N. Gill St., Monticello, IA 52310
(319) 465-5425 / (319) 465-3551

January 4-8, 2016

Dear Parents and Guardians,

Thank you for participating in Kindergarten Roundup. Kindergarten Roundup is an important series of events that helps ensure a smooth transition for our incoming kindergarten class. This yearly process is made up of three parts: 1.) Pre-registration, 2.) Hearing, Vision, and Preacademic Checks, and 3.) Parent-Student Night. All of these events take place at Shannon Elementary School.

Pre-registration (January 4-8, 2016) involves the exchange of important information and required medical forms. The Medical Exam Form, Immunization Card and Dental Exam Form will be handed out at this time. **According to Iowa law, we must have all of these completed medical forms on school file prior to your child attending school. The completed Immunization form is due by May 3, 2016,** the Dental and Physical can be returned at Registration in August or the first day of school (at the latest). You may mail the completed forms to Sandy Hinrichs (school secretary) at Shannon Elementary School, or you may drop them off to her during school hours. If you have any questions regarding the medical forms, please call our school nurse, Jen Speltz. (Please note that the Kindergarten Roundup Pre-registration does not take the place of the Monticello Community School District registration in August.)

Hearing, Vision, and Pre-academic Checks (April 5, 2016) provides Grant Wood Area Education Agency staff and Monticello CSD staff an opportunity to check students' hearing, vision, and pre-academic skills. Additional information (including an appointment time) will be mailed to you prior to this event. (Please note: The purpose of these checks is to provide information... not to determine readiness for kindergarten.)

Parent-Student Night (May 3, 2016) is an event that allows children and their parents to meet staff and explore the building. Please feel free to contact the teachers or me to learn more about our kindergarten program - or better yet, we could arrange for you to visit a kindergarten classroom. Please call the school office if you would like to arrange a classroom visit.

As you can see, Kindergarten Roundup allows families and school personnel to prepare for the following school year. The more accurate our numbers are, the better we can prepare. Therefore, if you are aware of someone with a child who will turn five on or before September 15, please encourage them to contact Shannon Elementary School.

For more information and copies of required forms, please visit our district web site: www.monticello.k12.ia.us, and click on Kindergarten Roundup and Registration Info.

Sincerely,


Denny Folken
Elementary Principal

Frequently Asked Questions by Kindergarten Parents

Q: Is my son or daughter ready for Kindergarten?

A: Our school staff tries to be ready for your son or daughter. We know that Kindergarten students come into our school with a variety of skills, past experiences and different stages of development. We try to meet these needs at a variety of levels and do our best to teach your son or daughter at his or her level - whatever that may be. It is very normal for kids to develop at different levels, but most often children "level out" after one or two years of instruction. We also have several programs in place that help students who are struggling or achieving at high levels. If you have any specific questions or concerns, please contact Mr. Folken, Mrs. Hospodarsky, or one of the Kindergarten or Multiage teachers.

Q: How will my son or daughter get to and from school?

A: If your child will ride a bus to school, bus routes will be handed out at Registration time in the Fall. The first few days of school, several adults will be at pick up and drop off sites to ensure your child does get to where they need to go. If your child lives in town, you can drop them off or they may walk to school. Again, adults will always be outside in the morning to watch children as they cross the streets. Shuttle buses will also be available at each of the school sites so that students simply can walk to the closest school and ride a shuttle bus to Shannon. Arrival and departure times will be available at registration.

Q: What if my child still takes a nap?

A: Again, teachers make every attempt to meet all students needs. As with all of us, it takes time to develop habits. At the beginning of the year, more time will be devoted to play and rest. As the year progresses students will start to do more academic tasks.

Q: Does my child need to know how to tie his or her shoes, letters of the alphabet, address and phone number, etc.?

A: No. It is great if your child knows those things, but those skills are not necessary to enter Kindergarten. Those skills will be taught or reinforced during the school year.

Q: What if my son or daughter gets sick at school and I work?

A: Our school nurse or building secretary will call parents/guardians or emergency contacts if your child is injured and needs to be seen by a doctor, is running a fever or has vomited. Otherwise, we try to keep the students in school. Of course, if parents/guardians cannot be reached we will seek medical help when necessary. At registration time, you will fill out a form designating a doctor or a hospital of your choice for your child.

Q: Is there a Kindergarten format that is best for my child?

A: Each teacher and format offers a rich social and educational experience for all of our kindergarten students. The best way for parents to decide if they have a format preference is to visit the classrooms. We welcome all parents to call to set up classroom visits.

If you have any further question, please call Mr. Folken, Mrs. Hospodarsky, or one of our teachers.

Thank you for coming today, and welcome to Shannon Elementary !!!!

NEW STUDENT REGISTRATION FORM (please print)

Enrollment Fee: _____

Monticello Community Schools

Name _____ Enrollment Grade _____ Age _____
Last First Middle

Gender _____ Date of Birth _____ Address _____

Parent/Guardian Email _____ City _____ State _____ Zipcode _____

Was student born in the United States? YES NO If no, Country of Birth _____ Date entered U.S. _____

List siblings (name & age) _____

Educational History: School last attended _____

Address of school _____
Street City State Phone

Does your student have an IEP (Individual Education Plan)? NO YES

Ethnicity: 1) Is this student Hispanic/Latino? NO YES
2) What is the student's race?

_____ Asian _____ Black/African American _____ White
_____ American Indian/Alaskan Native _____ Pacific Islander/Native Hawaiian

Student lives with (circle all that apply)

Mother Father Step Father Step Mother Guardian Self

Student Information Sent To (circle all that apply)

Mother Father Step Father Step Mother Guardian Self

Father: Name _____ Home Ph. _____ Cell Ph. _____
Last First

Address _____
Street City State Zipcode

Place of Employment _____ Business Ph. _____

Mother: Name _____ Home Ph. _____ Cell Ph. _____
Last First

Address _____
Street City State Zipcode

Place of Employment _____ Business Ph. _____

Other Guardian: Name _____ Home Ph. _____ Cell Ph. _____
Please specify relationship, Last First

Address _____
Street City State Zipcode

Place of Employment _____ Business Ph. _____

Emergency Contact Information: This should be someone that will be able to care for your child in the event of illness or accident at school and you are unable to be reached. Please list the names and phone numbers (preferably someone living in your neighborhood and/or in the school district) that we could contact.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Medication Information

Medications taken daily at school : _____ At home: _____

Any medication given at school including over-the-counter (Tylenol, Ibuprofen, cough drops, Midol, etc.) requires parent written authorization. Additional forms for daily medications are located in the nurse's office.

I give authorization for over-the-counter medication to be administered. _____
Parent/Guardian Signature

Grades 1st through 4th only can participate in a weekly fluoride rinse program to help in protecting their teeth against cavities.

I give authorization for my child to participate in the fluoride program. (Circle: YES NO) _____
Parent/Guardian Signature

Medical Injury

I give permission for my child, in case of an injury or emergency, to be given first aid treatment. (Circle: YES NO)

I give permission for my child to be transported by ambulance to the hospital. My hospital choice _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Enrollment Date _____ Start Date _____ Student ID _____ Locker No. _____

MONTICELLO COMMUNITY SCHOOL DISTRICT

HEALTH INFORMATION FORM (please print)

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____ Last Physical: _____

Last Tetanus: _____ Hepatitis B Series: _____ Other immunizations: _____
(received this past year)

Dentist: _____ Phone: _____ Last Appointment: _____

Injuries or operations: _____ Date: _____

Insurance Information

Insurance Company: _____

ID #: _____ Plan/Group #: _____

Special Needs

Specialist: _____ Phone: _____ Last Appointment: _____

Health Diagnosis/Medical Alerts: _____
[Asthma, Diabetes, Seizures, ADD/ADHD, Other (explain)]

Special Diet: _____ Allergies: _____

Other needs: _____
[Glasses, Contacts, Orthodontics, Other (explain)]

Medications

Medications taken daily at school _____ At home _____

Any medication given at school including over-the counter (Tylenol, Ibuprofen, cough drops, etc) requires parent written authorization. Additional for daily medications are located in the nurse's office.

I give authorization for over-the-counter medication to be administered. _____
Parent/Guardian Signature

Medical Injury

I give permission for my child, in case of an injury or emergency, to be given first aid treatment. YES NO

I give permissions for my child to be transported by ambulance to the hospital. My hospital choice: _____

Parent/Guardian Signature _____ Date _____

Dear Parents:

School districts are required to report the number of entering kindergarten students that attended preschool.

This report is required by the Iowa Department of Education.

Please fill out the bottom of this slip and return it to the Shannon Office.

If you have any questions, please contact the school at 465-5425.

Thank you for your cooperation.

Child's Name : _____

Please mark:

_____ Yes, my child attended preschool in the year _____.

Name of preschool: _____

_____ No, my child did not attend preschool.

Parent/Guardian Signature: _____

Grant Wood AEA

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female
 Parent/Guardian Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

10. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

RACE/ETHNICITY

The Iowa Department of Education is requiring the following information be identified each year and kept on file for a period of three years.

The following two-part question should be answered through self-identification by parent(s).

In the event that a student and/or parent(s) refuses to identify an ethnicity and/or race, observer identification may be used as a last resort.

Is this student Hispanic/Latino? (Choose only one)

_____ **No, not Hispanic/Latino**

_____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the student's race? (Choose one or more)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and 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.)

Student _____

Parent/Guardian Signature _____ Date _____



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Dear Parent / Guardian of Incoming Kindergartners.

The Iowa Immunization Law states that for your child to attend a public or private school in Iowa, he or she must be fully immunized against DPT, Polio, Chicken pox, MMR, and Hepatitis B. This means that to be fully immunized your child will need to have had:

Polio: 4 doses – with one dose given after the age of 4

DPT (Diphtheria, Pertussis, and Tetanus): 5 doses with one dose given after the age of 4

MMR (Measles, Mumps, and Rubella): 2 doses (usually the second dose is given after age 4)

Varicella (Chicken Pox): 2 doses (usually the second dose is given after age 4)

Hepatitis B: 3 doses

IT IS MANDATORY that a **COMPLETED IMMUNIZATION CERTIFICATE** for your child be **RETURNED TO SCHOOL** by **MAY 3, 2016**. Your child will not be able to attend school the first day if immunizations are not completed.

If there is a problem with completing the above vaccines by the first day of school, please call Jen Speltz, School Nurse at Shannon Elementary (319 – 465 – 5425 ext. 1327).

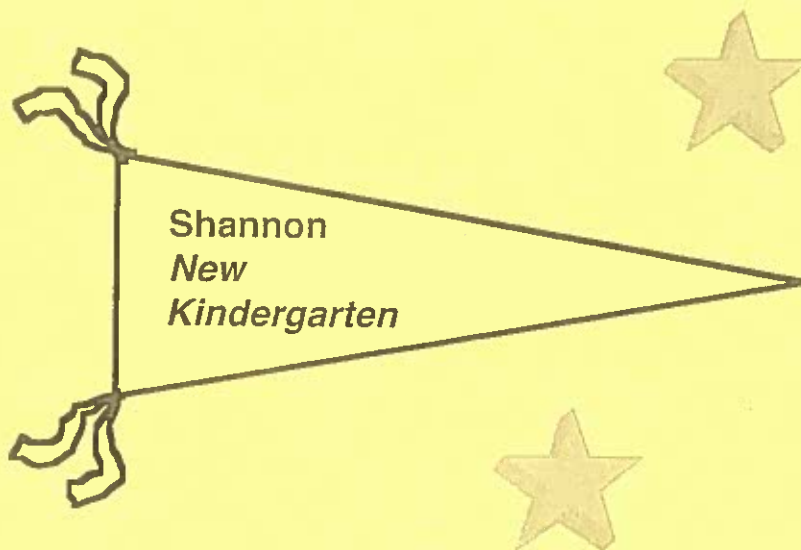
If you do not have insurance that covers the cost of the vaccines, you may be eligible to receive them through Community Health. You can call and make an appointment with them by calling 319- 462 -5539.

The state law has provided for religious, medical, or provisional certificates in the case that your child, for some reason, cannot complete the required immunizations by August. If you need one of these certificates, please contact your physician, the Community Health Office, or Jen Speltz.

We are happy to receive your child's immunization certificate as soon as it is completed, but it **MUST BE ON FILE AT SCHOOL** by the **FIRST DAY of CLASSES** in **AUGUST** of 2015. Your child, according to the state immunization law, is to be excluded from school if there is not one of the certificates (completed immunization certificate; provisional; religious; or medical) on file the first day of school in August 2016.

Sincerely,

Jen Speltz RN, BSN
Shannon Elementary School Nurse



Dear Parents/Guardians,

Attached to this note you will find a **Medical Exam Form** with a copy of the **Immunization Card** printed on back of Medical Exam Form, also attached is a **Dental Form** for your child's dentist to fill out at their next appointment. The Medical Exam Form, Immunization Card and Dental Form are being given to you now to allow more time for you to get your child to the doctor, and dentist. The doctor and dentist will know how to fill out each form. **We must have completed Immunization form by May 3, 2016 in order for your child to attend school.** The Dental & Physical can be returned at Registration in August, or the first day of school. When you have completed the forms you may either mail them to Sandy Hinrichs, Secretary, at Shannon Elementary School, drop them off during school hours or fax them to 319-465-3370.

******If there is a problem with completing the above exams by May 3, 2016, please call Jen Speltz, School Nurse at Shannon Elementary (319 – 465 – 5425 ext. 1327).**

*** Please let us know on the back of this sheet any additional information regarding your child that the teacher or other personnel should be aware of (allergies, medications, significant developmental history, etc.) or email Jen Speltz at jennifer.speltz@monticello.k12.ia.us**

Thank you for your cooperation in getting the medical records completed and turned in ASAP. If you have any questions, please call our school nurse, Jen Speltz at 319-465-5425 (ext. 1327)

Kindergarten Information to return to Shannon

- Preschool Attendance Sheet Return by January.
- Student - Parent Information Return by January.
- Home Language Survey Return by January.
- Race/Ethnicity - Return by January.
- Immunization-Dental- Physical-with LEAD screening date. (May3, 2016)

Monticello Community Schools
Medical Exam Form

Name _____ Date of Birth _____

Parent/Guardian Name _____

Doctor/Clinic Name _____

Health History:

Condition:	Date(s)
Hepatitis	_____
Pneumonia	_____
Strep Infection	_____
Chicken Pox	_____
Bladder/Kidney Trouble	_____
Seizure Disorder	_____
Ear Infection	_____

Major Injuries/Surgeries: _____

Allergies: _____

Physical Exam:

Ht. _____ Wt. _____ BP _____ P _____

Urinalysis _____

HGB _____

General Exam:

Head _____ Throat _____ GU _____

Eyes _____ Neck _____ Ext. _____

Ears _____ Lungs _____

Nose _____ Heart _____

Mouth _____ Abd. _____

Conditions which could effect school work _____

*** Lead Testing: Results _____ Date _____

Immunization Plan: IPV #4 _____ Dtap #5 4 _____ MMR #2 4 _____

Hep B _____ Varicella Vac _____

- Please fill out Immunization form on back of Medical Exam Form, or attach signed copy from IRIS.

Examiner's Signature _____

Date: _____



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____ Phone: () _____

Parent/Guardian: _____ Address: _____ Date: _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DI/ Td/Tdap		
Polio IPV/OPV		
Measles, Mumps, Rubella MMR		
Haemophilus influenzae type b Hib		
Hepatitis B		

Vaccine	Date Given	Doctor / Clinic / Source
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
Pneumococcal PCV/PPV		
Meningococcal MCV4/MPSV4		
Hepatitis A		
Rotavirus		
Human Papilloma Virus HPV		
Other		



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:	Telephone (home or mobile):	
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):
 DDS/DMD RDH MD/DO PA RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center
515-242-6383 • 866-528-4020 • www.idph.state.ia.us/ohds/OralHealth.aspx
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.