



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 9-13, 2017

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 9-13, 2017)** 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 2, 2017, 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 at ext. 1327. (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 11, 2017)** 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 2, 2017)** 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](http://www.monticello.k12.ia.us), and click on Kindergarten Roundup and Registration Info.

Sincerely,

Denny Folken  
Elementary Principal

## Frequently Asked Questions by Kindergarten Parents

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### **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 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. Adults will be outside at 7:50 am to supervise students. Shuttle buses will also be available at each of the school sites so that students 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: 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.

### **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: How do I keep my information on my child updated, phone-address-emergency contact-parent info.-etc.**

A: Update on E-Registration. New parents will be asked to go to the computer lab during Registration in August to set up their account. Updating can be done at any time. Once it has been updated, the Secretaries get a notification that there has been an update.

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 !!!!**

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: \_\_\_\_\_

**MONTICELLO COMMUNITY SCHOOL DISTRICT**  
**NEW STUDENT REGISTRATION FORM** (please print)

Enrollment Fee: \_\_\_\_\_

Name \_\_\_\_\_ Enrollment Grade \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City State Zip Code

Student lives with (circle all that apply)  
Mother Father Step Father Step Mother Guardian Self

Student information should be sent to (circle all that apply)  
Mother Father Step Father Step Mother Guardian Self

List siblings (name & age) \_\_\_\_\_

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**EDUCATIONAL HISTORY**

School Last Attended \_\_\_\_\_  
School Name Address Phone

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

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**ETHNICITY**

Was student born in the United States? YES NO If no, Country of Birth \_\_\_\_\_ Date entered US \_\_\_\_\_

Is your student Hispanic/Latino? YES NO

What is your student's race? \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ White  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Pacific Islander/Native Hawaiian

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## FAMILY INFORMATION

FATHER Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_  
Place of Employment/Phone \_\_\_\_\_  
Email \_\_\_\_\_

MOTHER Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_  
Place of Employment/Phone \_\_\_\_\_  
Email \_\_\_\_\_

OTHER  
GUARDIAN (specify relationship) Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_  
Place of Employment/Phone \_\_\_\_\_

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## EMERGENCY CONTACTS

This should be someone that will be able to care for your child if 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 \_\_\_\_\_

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### FOR OFFICE USE ONLY

Enrollment Date \_\_\_\_\_ Start Date \_\_\_\_\_ Student ID # \_\_\_\_\_ Locker \_\_\_\_\_

**MONTICELLO COMMUNITY SCHOOL DISTRICT**

**HEALTH INFORMATION FORM** (please print)

Student Name \_\_\_\_\_

**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: \_\_\_\_\_

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**Insurance Information**

Insurance Company: \_\_\_\_\_

ID #: \_\_\_\_\_ Plan/Group #: \_\_\_\_\_

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**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)]

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**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. \_\_\_\_\_  
(Tylenol, Ibuprofen, cough drops, etc) Parent/Guardian Signature

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**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 \_\_\_\_\_



Monticello Community Schools  
Shannon Elementary School/Carpenter Elementary School  
321 W South St/615 N Gill St , Monticello, IA 52310-1822  
(319) 465-5425/(319) 465-3551

### Helpful tips for Shannon Elementary

It is mandatory that a completed and signed immunization certificate be turned into the office by May 3, 2016. The physical, dental and eye exam form for your child needs to be returned to school by registration in August or the first day of school. If there is a problem with completing these forms please see the school Nurse, May 3rd or registration in August.

**\*Registration in August you will need to do E-Registration make sure all areas are fill out- Emergency-Permissions-Home Language if you have any questions on E-Registration please contact: Morgan Murray at 319-465-3575 ext. 2280.**

Call the school by 8:30 am if your child is going to be absent. Please include the reason for the absence and if your child is ill – please include the symptoms. You may leave a message. If there has not been a call on your child's absence you will be notified by School Messenger.

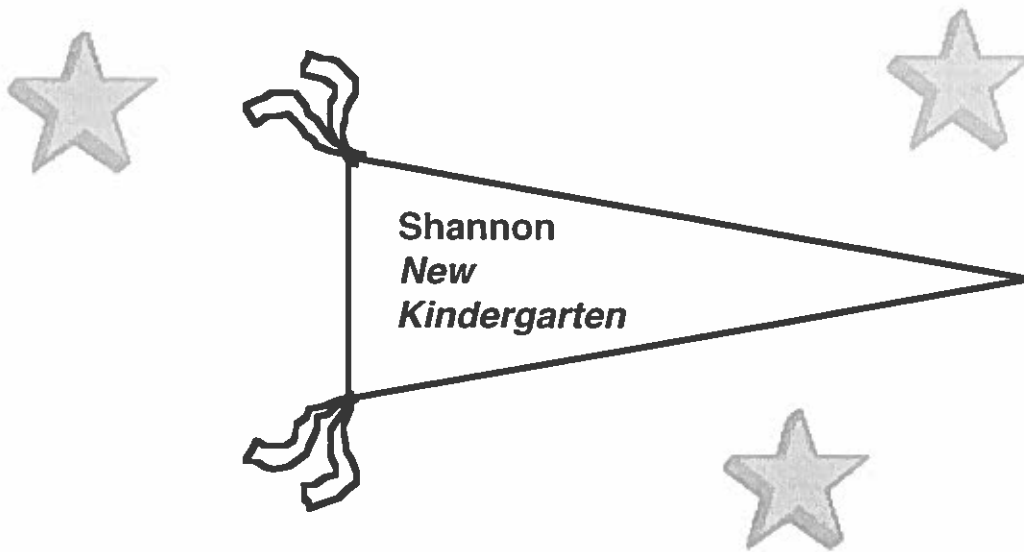
If your child is late to school, they will need to stop in the office so they can have a pass to the classroom.

Send notes for all changes in your child's afterschool plans. For safety reasons, if we do not have a note - your child will be sent home as our records indicate.

\*For any changes in address, phone, employment, medical and emergency contacts, etc., go to E-Registration to update. Please do so right away so we have correct information in case we need to contact you. Any questions call 465-5425 and press ext. 2280 for Morgan Murray or email at [morgan.murray@monticello.k12.ia.us](mailto:morgan.murray@monticello.k12.ia.us)

Always check your student's homework folder for important notes and information from teachers, office and nurse.

Lunch notices are sent by email that you have provided in E-Registration. We are no longer able to allow, "charging" on student school meal accounts. If you do not have



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 2, 2017 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 2, 2017, 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](mailto: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.
- Immunization-Dental- Physical-with LEAD screening date. (May 2, 2017)





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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 2, 2017. 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 2017. 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 2017.

Sincerely,  
Jen Speltz RN, BSN  
Shannon Elementary School Nurse

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: \_\_\_\_\_

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	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap			<b>Varicella</b> Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
Polio IPV/OPV			<b>Pneumococcal</b> PCV/PPV		
Measles, Mumps, Rubella MMR			<b>Meningococcal</b> MCV4/MPSV4		
Haemophilus influenzae type b Hib			<b>Hepatitis A</b>		
Hepatitis B			<b>Rotavirus</b>		
			<b>Human Papilloma Virus HPV</b>		
			<b>Other</b>		



**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 decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.

**Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> **Tooth decay:** A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

<sup>2</sup> **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.

<sup>3</sup> **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](http://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.