



Altoona Elementary



Learning Today, Leading Tomorrow

Dear Parents of Incoming 5 year old Kindergarten students,

The 2018 - 2019 school year seems far away, yet preparations have already begun for welcoming your child to the Altoona Elementary School. It is very important for our planning process to get an accurate count of the children who will be attending our five year old kindergarten program.

Since your child is currently enrolled in our 4 year old kindergarten program, we **do not** need another completed enrollment form. We will be holding a Kindergarten Orientation at a later date in August. Please watch for your invitation in the mail.

The enclosed health packet form needs to be completed and returned to the elementary office on or before September 4th.

If your child **will not be attending** Altoona Elementary in the fall, **please call our office no later than Friday, March 16th** to let us know. If we do not hear from you, we will assume that your child will be attending. You may also email Lisa Boss at lboss@altoona.k12.wi.us.

Starting kindergarten is always an exciting. We look forward to a wonderful beginning. Please contact us at 839-6050 if you have any questions.

Sincerely,

Tara Betlach

Principal

TB/lb

Enclosure: Health packet

Important Date to Remember

March 16th – Call 715-839-6050
by this date indicating if your
child will not be attending 5 year
old kindergarten at Altoona
Elementary.



Altoona Elementary



Learning Today, Leading Tomorrow

Dear Parent:

Please be aware that one dose of DTaP vaccine is required after the 4th birthday. For children who are "up to date" with their preschool DTaP series this will be final (5th) dose that is recommended to ensure prolonged protection, primarily against pertussis also known as whooping cough. For children who are not "up to date" this dose may be the 3rd or 4th in the series and no further doses are required. Because of a 4-day grace period, DTaP vaccine received 4 days or less before the 4th birthday is also acceptable.

The date (month, day, and year) of each immunization must be entered on the Student Immunization Record that is available from your child's school and should be submitted to the school your child will attend.

Waivers are available for religious, health, and personal conviction reasons. However, in the event of an outbreak of a vaccine preventable disease, students with waivers may be excluded from school until the outbreak subsides.

You are encouraged to have your child immunized well in advance of school opening to avoid the late summer rush at immunization clinics. For immunizations, contact your doctor, clinic, HMO or nearest public health department

Beginning October 1, 2012, local health departments will no longer be able to administer state supplied vaccine to children that have private insurance which includes coverage for immunizations. You are encouraged to check your health insurance policy to determine if it covers immunizations and if so, you should seek those services from your physician or clinic.

You may view your child's immunization record from your computer on the Wisconsin Immunization Registry (WIR). The WIR is a secure computerized data system that tracks immunizations given to people. The internet address is <http://dhfsWIR.org>. To obtain the dates of your child's immunizations, type in your child's name, social security or Medicaid number. In order to access your child's record their social security number must be in the system. If it is not, contact your medical provider and ask that the number be put into the WIR so that you can access your child's immunization record. Address information about your child is not provided.

If you would like further information on immunization, please see the following websites: <http://www.cdc.gov/vaccines/>, <http://www.immunize.org/> and <http://dhs.wisconsin.gov/immunization/index.htm>



Altoona School District
1903 Bartlett Ave Altoona, WI 54720
School Health Service

MEDICAL EXAMINATION

Student Name: _____ Date of Birth: _____

Health Care Provider to complete.

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Gross: _____

Dental: (teeth/gums) _____

Vision Screen: Right Eye: _____ Left Eye: _____ Hearing Screening: Right Ear _____ Left Ear: _____

Immunizations Given: _____

Prescribed Medications: _____

Significant physical/mental health findings: _____

Recommendations for school staff or school nurse follow up: _____

Health Care Provider Signature: _____ Name: (Print) _____

Phone: _____ Date: _____

DENTAL EXAMINATION

To the Parents:

Our School has a health program that is designed to improve, protect, and promote the health of each student. As a part of this health program we urge you to take your child to the dentist of your choice at least once per year for a dental examination and for whatever treatment may be necessary.

To the Dentist:

Check the following statements before signing this card:

- () No dental work necessary.
- () All immediate dental work has been completed.
- () Necessary dental work in progress.

Dentist Signature _____ Date _____

When the examinations are complete, please return this form to school.