



Altoona Elementary



Learning Today, Leading Tomorrow

**ONLINE
ENROLLMENT NOW
AVAILABLE!!**

Dear Parents of Incoming 5 year old Kindergarten Students,

The 2017 - 2018 school year seems far away, yet preparations have already begun for welcoming your child to our new **Altoona Elementary School**. It is very important for our planning process to get an accurate count of the children who will be attending Kindergarten this fall.

To enroll your child for Kindergarten, **please complete the online enrollment forms at www.altoona.k12.wi.us**. If you do not have access to a computer, we will have some available at the elementary school. **Please bring in the following information to the Altoona Elementary office at 157 Bartlett Avenue to complete the enrollment process:**

- **Your child's original birth certificate (we do not keep this)**
- **Proof of residency – rental agreement or electric bill, etc.**
- **Immunization form (only required if your child received their vaccinations from a different state)**
- **Other important documents if applicable (IEP, court documentation, etc.)**

The enclosed health packet needs to be completed and returned to the **elementary office** on or before the first day of school.

We will be holding a Kindergarten orientation at a later date in August! Please watch for your invitation in the mail.

Starting Kindergarten is always an exciting time. We look forward to a wonderful beginning. Please contact us at 839-6050 if you have any questions concerning the enrollment process.

Sincerely,

Joann Walker

Principal

Enclosures: health packet

JW/lb

**** If your child will not be attending Kindergarten at Altoona Elementary School, please contact the office at 839-6050 or email lboss@altoona.k12.wi.us as soon as possible. ****

Altoona Elementary School
157 Bartlett Ave. • Altoona, WI 54720 • (715)839-6050 • Fax (715)839-6166



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.



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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>

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA **PLEASE PRINT**

Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2 List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					*Hib vaccine is only required for children in licensed day care centers. Do <u>not</u> report the dates your child received Hib vaccine on this form.
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
 Sign at Step 5 and return this form to school.
 _____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed