

Fullerton Elementary School
4400 Fullerton Avenue
Baltimore, Maryland 21236
Telephone: 443-809-5234
Fax: 443-809-5235

Welcome to Fullerton Elementary School! We look forward to having you and your child(ren) join our school community. Included in this packet are the forms needed for enrollment.

All required registration documents should be completed prior to your registration appointment. Please call us so that we can add you to our appointment schedule.

Please return the completed forms and the documents listed below for registration.

- ❖ Registration Form
- ❖ Child's original birth certificate
- ❖ Child's immunization records, Maryland health packet and BCPS health forms
- ❖ Proof of Residence (please see the attached list of BCPS Registration Requirements)
- ❖ Three (3) pieces of legal mail to your current address dated within 60 days
- ❖ Photo Identification. If an address appears on the document used for photo identification, it should reflect the same address as all other submitted documents
- ❖ Prior Care Early Experience Form [Kindergarten only]
- ❖ Transportation form

We look forward to meeting you and your child(ren).

**STUDENTS WILL BE ENROLLED WHEN ALL DOCUMENTATION IS COMPLETE
PURSUANT TO BCPS POLICY 5150**

Doors Open	9:05 a.m.
Late Bell Rings	9:20 a.m.
Dismissal	4:05 p.m.



Required Registration Documents

	Preschool/ Prek	Kindergarten	Grades 1-12
Parent/Guardian Photo ID	✓	✓	✓
Original birth certificate, birth registration, or passport	✓	✓	✓
Immunization record	✓	✓	✓
Verification of domicile (proof of ownership or lease)*	✓	✓	✓
3 pieces of mail (dated within 60 days)			
-	✓	✓	✓
-			
-			
<i>School Registration Form (PS 515,F1)</i>	✓	✓	✓
<i>New Student Health History Form (BEBCO 5543-17)</i>	✓	✓	✓
<i>Prior Care Form</i>		✓	
<i>PreK Selection Criteria Form</i>	✓		
Proof of income (Tax forms, 2 most recent pay stubs or 2 bank statements)	<i>if applicable</i>		
Food Stamp, Temporary Cash Assistance (TCA), or Independence Card and award notification/eligibility letter.	<i>if applicable</i>		
Transfer papers from prior school (including report card)	<i>if applicable</i>	<i>if applicable</i>	✓
IEP/504 plan/Behavior plan	<i>if applicable</i>	<i>if applicable</i>	<i>if applicable</i>
Custody documents/court orders	<i>if applicable</i>	<i>if applicable</i>	<i>if applicable</i>
Other school specific forms	<i>if applicable</i>	<i>if applicable</i>	<i>if applicable</i>

Please note:

Enrollment must be completed by parent or legal guardian.

All documents and identification listed above must reflect the current address and be submitted **before** the child can be enrolled.

Mail must be first-class mail from a business or organization, addressed to parent or guardian and dated within 60 days.

For complete list of registration requirements, refer to BCPS Policy and Rule 5150.

*Acceptable documents for verification of domicile:

Home owners: Deed, signed settlement sheet, title, current mortgage statement or coupon book, or current property tax bill

Renters: Current lease or rental agreement along with all required signatures. If leasing from a private party, proof of ownership from the home owner must also be submitted. Expired leases or month to month leases require a letter from the landlord confirming that the lease is still active.

Shared domicile: If the parent or legal guardian is not the homeowner or leaseholder, contact the school's Pupil Personnel Worker for a shared domicile application.

Baltimore County Public Schools

Registration Requirements

Please note:

- Completing the virtual registration allows us to begin the registration process, however, your child will not be registered until all required documents are submitted
(see page 1, *Required Registration Documents checklist*)
- Only a parent (listed on birth certificate) or legal guardian (by court order) may register a child
- All names and addresses must match on all documents provided
- Screen shots of online documents are not accepted

VERIFICATION OF DOMICILE

Acceptable documents for verification of domicile for homeowners:

Deed or deed of trust that has all required signatures

- Settlement sheet that has all required signatures
- Title that has all required signatures
- Mortgage coupon book or current mortgage statement
- Real estate tax bill or receipt for current year

Acceptable documents for verification of domicile for renters:

- Original, current lease, current lease with lease renewal (if applicable), or rental agreement from a real estate management company or commercial lessor for residential dwelling located in Baltimore County, along with all required signatures.
- Lease or rental agreement from a private party owner. The private party owner must establish ownership as outlined in homeowner documents above.
- NOTE: Expired leases or month to month leases require a signed and dated note from the landlord confirming that the lease is still current.

If the parent or legal guardian is not the homeowner or leaseholder, see Shared Domicile Application.

SHARED DOMICILE APPLICATION

If you are not the homeowner and/or your name is not listed as a leaseholder and you share a residence with another person, you must request a Shared Domicile Application through the Pupil Personnel Worker. Please contact **Pupil Personnel Services** in the Office of School Climate for an application and an appointment to verify residency, 443-809-0404. Shared Domicile Applications must be renewed every year.

Exception: If you are married to the property owner, proof of marriage may be submitted to confirm residency along with required verification of domicile documents for homeowners.

3 PIECES OF MAIL

Acceptable pieces of mail, dated within 60 days and include parent/guardian's name and address:

- Federal or state income tax return for the tax year immediately preceding enrollment
- W-2 form for the current year
- Paycheck/paystub stating name and address
- Correspondence addressed to the parent(s) from an office of a federal, state, or local county governmental agency
- Charge account/credit card billing statement
- Bank account statement
- Gas and electric bill
- Cable bill
- Voter's registration card
- Motor vehicle administration vehicle registration
- Driver's license, Maryland identification card, or age of majority card issued by the Maryland Motor vehicle Administration only when document has not been used to verify proof of parent identity
- Change of address notification from the United States Postal Service
- Court documents
- Government-issued license and/or professional certificate
- First-class mail from a business or agency
- Health center mailing
- Mailing from a Baltimore County public school or office
- A statement written on company letterhead from the parent's employer which verifies the parent's current address

OTHER ENROLLMENTS

All registrations for non-resident students, homeless students, students in an agency placed foster care, students in kinship care or family hardship care must be approved by the Pupil Personnel Worker prior to enrollment. Contact **Pupil Personnel Services** in the Office of School Climate, 443-809-0404.

Magnet program enrollment is determined through an application and admission process. For information regarding this process, please contact the school's magnet coordinator, or refer to the **Magnet Programs Website** on BCPS.org under Offices of Innovative Learning and Educational Options.

CHANGE OF RESIDENCE

A parent shall notify his/her child's school of any change in domicile or hardship condition as soon as the change occurs. Failure to notify the school within fifteen (15) business days of occurrence may result in the student being withdrawn from school and the parent or guardian may be financially liable for tuition.

Residency matters will be referred to the Office of Pupil Personnel Services for investigation.

FRAUDULENT ENROLLMENT/FALSIFICATION OF DOCUMENTS

If a student is found to be fraudulently enrolled in a Baltimore County public school, the school will issue a letter notifying the parent that the student will be withdrawn in fifteen (15) business days; the letter will advise the parent of his/her right to appeal the finding. The parent or guardian shall be financially liable for tuition for the entire time of fraudulent enrollment or attendance, no tuition waiver shall be granted.

BCPS RULE 5150, ENROLLMENT & ATTENDANCE

All requirements outlined here are a summary of requirements in Rule 5150 found on the **BCPS Policies and Rules website**. If you have any questions about the registration requirements or enrollment process, please contact your home school.

**BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL REGISTRATION FORM
FULLERTON ELEMENTARY SCHOOL**

STUDENT INFORMATION

Date: (mm/dd/yy)	Grade Level:	<input type="checkbox"/> Enrolling for services only <input type="checkbox"/> Enrolling as part of Foreign Exchange Program (Secondary only)
Student's Last Name:	Suffix:	Student's First Name:
Middle Name:	No Middle Name: <input type="checkbox"/>	Preferred Name (optional):
Birth Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender Identity (optional): <input type="checkbox"/> Male/He <input type="checkbox"/> Female/She
Birth Date: (mm/dd/yy)		Documentation of Birth: (Name of Document)
Country of Birth:		Last School Attended:
What language (s) did the student first learn to speak? _____		
What language does the student use most often to communicate? _____		
What language (s) are spoken in your home? _____		

The U.S. Department of Education requires all public schools to collect racial and ethnicity information. Please complete Part I and II.

Part I	
Hispanic (Check yes if your child is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> YES	
Part II	
<input type="checkbox"/> 1. American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/> 2. 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.
<input type="checkbox"/> 3. Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> 4. Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> 5. White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SIBLING INFORMATION

Siblings	Brother/Sister	Age	School	Grade	Resides with registering student (yes or no)

STUDENT ADDRESS

Street Address:	Apartment No.:	City, State, Zip Code:
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STUDENT SUPPORT SERVICES INFORMATION

Check the services below that your child currently receives:
☐ ESOL (English for Speakers of Other Languages) ☐ IEP ☐ Free and Reduced-Price Meals ☐ 504 ☐ Gifted and Talented/Advanced Academics

**BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL REGISTRATION FORM
FULLERTON ELEMENTARY SCHOOL**

APPLICATION INFORMATION			
Name of Person Completing Form:		Relationship:	Phone:
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your custody documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
Child Lives With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father		
	<input type="checkbox"/> Guardians <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____ Name: _____		
	Are you residing in temporary housing or do you lack housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSE-1 Form)		

PARENT/GUARDIAN INFORMATION			
Primary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:	Email:		
City, State, Zip Code:	Full-Time Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:			

Secondary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:	Email:		
City, State, Zip Code:	Full-Time Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:			

AUTOMATED PHONE CALLS			
In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but it is not limited to: school calendar updates, student testing reminders, Superintendent's messages, school activities, and notifications pertaining to your student's daily activities, school responsibilities or events.			
If you would like non-emergent notifications to be sent to a different number, please specify below:			
Non-Emergent Number:	Ext:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you would like to opt out of non-emergent notifications, sign here:			
Note: Your signature confirms that you will not receive calls regarding non-emergent information.			

EMERGENCY CONTACT LIST (Please list by order of contact)	
In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements, including an ambulance and transporting your student to the hospital.	
NOTE: All early dismissals must be approved by a parent/guardian in writing.	

**BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL REGISTRATION FORM
FULLERTON ELEMENTARY SCHOOL**

Name	Relationship	Telephone
Elementary Only: In a school closing emergency who is responsible for the student? If not parent/guardian, list name and address:		In a school closing emergency, how will the elementary student be transported? <input type="checkbox"/> Walk <input type="checkbox"/> Ride Bus <input type="checkbox"/> Pick-Up
Upon notification by school staff, I agree to send my child home by taxicab if necessary. I also agree to be responsible for calling the cab and for payment of the cab. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Secondary Only: ☐ **DO NOT** permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS).

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.

Student Cell Phone Number: () _____

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

Preferred Name/Gender Requests Only:

I understand that by requesting a preferred name or gender, I am agreeing to permit Baltimore County Public Schools to use the preferred name and/or gender for my child with the understanding that the student's legal name will remain on SR Cards, report cards, interim reports, transcripts, assessments, and diplomas.

Signature of adult responsible for the student: _____ Date: _____

Signature of Student: _____ Date: _____

Please read carefully before signing this form:

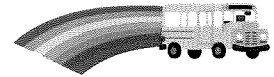
I understand that if it is determined that I have provided false information regarding my place of residence, my child will be withdrawn from school and tuition will be assessed on a pro-rated basis for the period of time that he/she was fraudulently enrolled. (Tuition rates are currently over \$6,000 per year and are increased on an annual basis.)

To the best of my knowledge, all information entered on this enrollment form is accurate.

Signature of adult responsible for the student's enrollment _____ Date _____



Bus Routes for Fullerton Elementary School Tentative 2023 – 2024



Child's Name:	Effective:
Bus Rider: am / pm / both	Teacher:
Walker: am / pm / both	
Car Rider: am / pm / both	Today's Date:
Daycare Name: am / pm / both	Parent Signature:

Bus stop based on your address. This is a guide and subject to change. Allow 10 minutes for pick up/drop off times.

Pick-up	GREEN BUS HARRIS	Drop-off
8:51	Cardwell Ave & Opp Rainville Ave	4:14
8:52	Rainville Ave & Fowler Ave	4:15
8:53	Belair Rd & Delight Ave [W]	4:16
8:54	Belair Rd & Belhave Dr	4:17
8:55	Belair Rd & Fullerton Heights Ave [SW]	4:18
8:56	Belair Rd & Virginia Ave	4:19
8:57	4110 Taylor Ave	4:20
8:58	Taylor Ave & Marjeff Pl [NW]	4:21
8:59	Taylor Ave & Mopec Cir [E]	4:22
9:00	Maryland School for the Blind @ 1 st Entrance	4:25

Pick Up	PINK BUS	Drop Off
8:58	Taylor Ave & Highview Ave	4:15
8:59	Belair Rd & Manor Ave	4:16
9:00	Belair Rd & W Overlea Ave	4:17
9:03	Belair Rd & Prague Ave	4:20

Pick-up	WHITE BUS	Drop-off
8:46	7912 Marfield Pl	4:17
8:47	Opp 7922 Belridge Rd	4:20
8:48	Rossville Blvd & Grandee Ct	4:21
8:50	4106 Putty Hill Ave	4:23
8:51	4016 Putty Hill Ave	4:24
8:52	4008 Putty Hill Ave	4:25
8:53	3914 Putty Hill Ave	4:26
8:54	Putty Hill Ave & Townridge Ct	4:27
8:55	4 Viewridge Ct	4:28
8:56	Ridgetown Dr at steps	4:30
8:57	Putty Hill Ave & Rolling View Ave	4:31
8:58	4011 Putty Hill Ave	4:32

Pick Up	YELLOW BUS	Drop Off
8:53	1 st Nicole Grace Dr & Overton Ave [NE]	4:15
8:55	2 nd Nicole Grace Dr & Overton Ave [N]	4:17
8:56	4218 Overton Ave	4:18
8:59	Rolling View Ave & Rolling Vista Ct	4:20
9:00	Rolling Vista Ct. & Rolling View Ave [E]	4:21
9:01	Opp 7924 Vernon Ave	4:22
9:02	Lincoln Ave & Vernon Ave [SE]	4:23



Prior Care Experience

Student's Name: _____

Date of Birth: _____

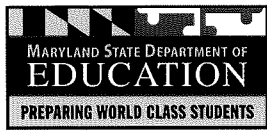
School: _____

Kindergarten Year: **2023 - 2024**

The Maryland State Department of Education (MSDE) requires Baltimore County Public Schools to collect information about the early care experiences of all newly enrolling Kindergarten students. Using the definitions provided below, please provide the following information.

In what kind of early care did the child spend most of his/her time since September of the year prior to kindergarten? **Place a check mark in one full day OR two half day boxes.** (For example, if your child attended a half day PreK program at a BCPS school in the morning and spent the afternoon with a relative, you would check two half day options, Informal Care and PreKindergarten in a Public school.) Include the name of the school, center, or provider.

Prior Care - you MUST Check either (1) Full Day OR (2) Half-Day options		
choose 1 Full Day	or choose 2 Half Day	Type of Care Child Received the Year Prior to Kindergarten
<input type="checkbox"/>	<input type="checkbox"/>	Child Care Center Child care provided in a facility, usually non-residential, for part or all of the day that provides care to children in the absence of a parent. The center is licensed by the Maryland State Department of Education, Office of Child Care. Name/location:
<input type="checkbox"/>	<input type="checkbox"/>	Family Child Care Regulated care given to a child younger than 13 years old, in place of parental care for less than 24 hours, in a residence other than the child's residence and for which the provider is paid. Family child care is regulated by MSDE, Office of Child Care. Name/location:
<input type="checkbox"/>	<input type="checkbox"/>	Head Start Program A federal pre-school program for 3 to 5-year-olds from low income families: funded by the U.S. Department of Health and Human Services and licensed by the Maryland Department of Education, Office of Child Care. Name/location:
<input type="checkbox"/>	<input type="checkbox"/>	Home/Informal Care Care provided in a home by a relative or non-relative. Name/location:
<input type="checkbox"/>	<input type="checkbox"/>	Kindergarten Student is repeating Kindergarten. Name/location:
<input type="checkbox"/>	<input type="checkbox"/>	Non-Public Nursery School Preschool programs with an "education" focus for 2, 3 or 4-year-olds; approved or exempted by MSDE; usually part-day, nine months a year. Name/location:
<input type="checkbox"/>	<input type="checkbox"/>	PreKindergarten in a Public School (General Education or Special Education) Public school prekindergarten education for four-year-olds. Administration by local boards of education & regulated by the Maryland State Department of Education (MSDE) according to COMAR 13A.06.02 Prekindergarten Programs. Name/location:



Maryland Schools Record of Physical Examination

To Parents or Guardians:

In order for your child to enter a Maryland Public school for the first time, the following are required:

- ***A physical examination by a physician or certified nurse practitioner must be completed within nine months prior to entering the public school system or within six months after entering the system.*** A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement. (<http://www.dsd.state.md.us/comar/comarhtml/13a/13a.05.05.07.htm>)
- ***Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in preschool through the twelfth grade.*** A Maryland Immunization Certification form for newly enrolling students may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend school. This form can be found at:
[https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Maryland%20Immunization%20Certification%20Form%20\(DHMH%20896%20-%20February%202014\).pdf](https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Maryland%20Immunization%20Certification%20Form%20(DHMH%20896%20-%20February%202014).pdf).
- ***Evidence of blood testing is required for all students who reside in a designated at risk area when first entering Pre-kindergarten, Kindergarten, and 1st grade.*** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:
https://phpa.health.maryland.gov/OEHFP/CHS/Shared%20Documents/Lead/MarylandDHMHBloodLeadTestingCertificateDHMH4620_revised3.24.2016c.pdf.

Exemptions from a physical examination and immunizations are permitted if they are contrary to a students' or family's religious beliefs. Students may also be exempted from immunization requirements if a physician/nurse practitioner or health department official certifies that there is a medical reason not to receive a vaccine. Exemptions from Blood-Lead testing is permitted if it is contrary to a family's religious beliefs and practices. The Blood-lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered in school, you must have the physician complete a medication administration form for each medication. This form can be obtained at <http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/medforms/medicationform404.pdf>. If you do not have access to a physician or nurse practitioner or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.

Maryland State Department of Health and Mental Hygiene

Maryland State Department of Education

Records Retention - This form must be retained in the school record until the student is age 21.

PART I - HEALTH ASSESSMENT**To be completed by parent or guardian**

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam? Month			Year	
Where do you usually take your child for dental care?			Phone No.	
Name:		Address:		
ASSESSMENT OF STUDENT HEALTH To the best of your knowledge has your child any problem with the following? Please check				
	Yes	No	Comments	
Allergies (Food, Insects, Drugs, Latex)				
Allergies (Seasonal)				
Asthma or Breathing Problems				
Behavior or Emotional Problems				
Birth Defects				
Bleeding Problems				
Cerebral Palsy				
Dental				
Diabetes				
Ear Problems or Deafness				
Eye or Vision Problems				
Head Injury				
Heart Problems				
Hospitalization (When, Where)				
Lead Poisoning/Exposure				
Learning problems/disabilities				
Limits on Physical Activity				
Meningitis				
Prematurity				
Problem with Bladder				
Problem with Bowels				
Problem with Coughing				
Seizures				
Serious Allergic Reactions				
Sickle Cell Disease				
Speech Problems				
Surgery				
Other				
Does your child take any medication? No Yes Name(s) of Medications: _____ No Yes Treatment _____, etc.) Does your child require any special procedures? (catheteriz No Yes Parent/Guardian Signature _____ ation, etc.) <div style="text-align: right;">Date: _____</div>				

PART II - SCHOOL HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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1. Does the child have a diagnosed medical condition?
No Yes _____

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school?
(e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes,
please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".
No Yes _____

3. Are there any abnormal findings on evaluation for concern?

Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.
No Yes ~ _____
(A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.
No Yes _____

7. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test	Optional	

PART II - SCHOOL HEALTH ASSESSMENT - continuedTo be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name) _____ has had a complete physical examination and has

no evident problem that may affect learning or full school participation problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date

New Student Health History

Last Name: _____ First Name: _____ Grade: _____ Gender: Male Female

Last school your child attended? _____ DOB: _____

Has your child traveled or resided outside of the U.S. in the past year? Yes No

If yes, list countries: _____
Where do you usually take your child for routine medical care?

Name: _____ Phone Number: _____

Does your child take any medication? Yes No If yes, list medications: _____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? Yes No

If yes, describe: _____

Where do you usually take your child for routine dental care? _____

Name: _____ Phone Number: _____

To the best of your knowledge, has your child had any of the following?

	Yes	No	If yes, describe:
Prematurity			
Birth defect			
Immunity problems			
Bleeding problems			
Lead poisoning			
Sickle Cell Disease			
Diabetes			
Anaphylaxis			
Seasonal allergies			
Food allergies			
Medication/Drug allergies			
Mental health/emotional problems like depression			
ADHD/ADD			
Concussion or traumatic brain injury			
Migraines			
Learning problems/disabilities			
Seizures			
Speech problems			
Ear or hearing problems			
Eye or vision problems			
Dental problems			
Asthma or breathing problems			
Heart problems			
Stomach problems			
Bowel problems			
Bladder problems			
Musculoskeletal problem (including cerebral palsy)			
Limited physical activity			
Other:			
Is your child toilet trained?			

Hospitalization Date: _____ Reason: _____
Hospitalization Date: _____ Reason: _____

Surgery Date: _____ Reason: _____
Surgery Date: _____ Reason: _____

Parent Signature: _____ Telephone: _____ Date: _____
Parent Address: _____

School Dental Health Record

Name of Student: _____ Age: _____

Name of School: _____ Grade: _____

All students can achieve a healthy mouth, provided they practice protective health habits from childhood and have the opportunity to benefit from present-day knowledge of dental disease prevention and control. If your child has not visited your family dentist within the last six months, we advise you to make an appointment immediately. After the dental appointment, the signed form should be returned to the school your child will be attending.

Report of Dental Examination:

- A. ☐ No dental treatment is necessary.
- B. ☐ All necessary dental treatment has been completed.
- C. ☐ Treatment is in progress.

Further recommendations: _____

Date

Signature of Dentist

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME _____ LAST _____ FIRST _____ MI _____

SEX: MALE ☐ FEMALE ☐ BIRTHDATE _____ / _____ / _____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT NAME _____ PHONE NO. _____
OR
GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
4													
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)
2. _____
Signature Title Date
3. _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until _____ / _____ / _____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

BALTIMORE COUNTY PUBLIC SCHOOLS

6901 North Charles Street ♦ Towson, MD ♦ 21204

Dear Parents/Guardians:

Lead poisoning is a significant environmental health threat to young children. Exposure to lead can cause developmental delays, learning disabilities, and/or behavioral disturbances.

Maryland law requires certain new entrants to pre-kindergarten, kindergarten and first grade to provide the school with documentation from their health care provider certifying that blood lead tests were done. (Pre-kindergarten means any public school program prior to kindergarten in which your child may be enrolled.) To comply with this law, parents/guardians must:

- Have your health care provider provide the dates your child had blood tests for lead poisoning on the attached form, or
- Certify that your child has never lived in the zip codes identified on the back of the attached form AND was born *before* January 1, 2015 by signing the attached form, or
- Certify that your child is exempt from lead testing on religious grounds by signing the attached form.

If your child has never had a blood lead test and needs one, please see your school nurse who will be able to assist you in obtaining the required test. If you have any questions, please contact your school nurse or the Office of Health Services at 443-809-6368.

Thank you for your cooperation in complying with this State requirement.

Sincerely,

Debbie Somerville, RN, MPH
Coordinator
Office of Health Services

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____/_____/_____

CHILD'S ADDRESS	LAST	FIRST	MIDDLE
1000			
1001			
1002			
1003			
1004			
1005			
1006			
1007			
1008			
1009			
1010			
1011			
1012			
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1120			
1121			
1122			
1123			
1124			
1125			
1126			

STREET ADDRESS (with Apartment Number)	CITY	STATE	ZIP
--	------	-------	-----

SEX: ☐ Male ☐ Female BIRTHDATE / / PHONE

PARENT OR _____ / _____ / _____

GUARDIAN	LAST	FIRST	MIDDLE
----------	------	-------	--------

BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015?

☐ YES ☐ NO

Has this child ever lived in one of the areas listed on the back of this form?

☐ YES ☐ NO

Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)?

☐ YES ☐ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ **Signature:** _____ **Date:** _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments:

Person completing form: ☐ Health Care Provider/Designee OR ☐ School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: ☐ YES ☐ NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

<u>Allegany</u>	<u>Baltimore Co. (Continued)</u>	<u>Carroll</u>	<u>Frederick (Continued)</u>	<u>Kent</u>	<u>Prince George's (Continued)</u>	<u>Queen Anne's (Continued)</u>
ALL	21212	21155	21776	21610	20737	21640
	21215	21757	21778	21620	20738	21644
<u>Anne Arundel</u>	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	<u>Cecil</u>	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		<u>Garrett</u>	<u>Montgomery</u>	20752	<u>Somerset</u>
21225	21229	<u>Charles</u>	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	<u>Harford</u>	20812	20782	<u>St. Mary's</u>
	21237	20662	21001	20815	20783	20606
<u>Baltimore Co.</u>	21239		21010	20816	20784	20626
21027	21244	<u>Dorchester</u>	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	<u>Frederick</u>	21082	20868	20790	
21085	21286	20842	21085	20877	20791	<u>Talbot</u>
21093		21701	21130	20901	20792	21612
21111	<u>Baltimore City</u>	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	<u>Calvert</u>	21718				21671
21204	20615	21719	<u>Howard</u>	<u>Prince George's</u>	<u>Queen Anne's</u>	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	<u>Caroline</u>	21758		20712	21620	<u>Washington</u>
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						<u>Wicomico</u>
						ALL
						<u>Worcester</u>
						ALL

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

FULLERTON ELEMENTARY SCHOOL

SUGGESTED KINDERGARTEN SUPPLY LIST

School Year 2023 - 2024

The following are supply items that will likely be needed by the student during the year.

- 10 Glue sticks
- 1 Box of skinny crayons
- 12 **Sharpened** pencils with erasers
- 3 **Plastic** folders **with fasteners and pockets** (1 red, 1 green, 1 blue)
- Marble composition book
- 1 pack of black dry erase markers
- 1 Book bag (large)
- 1 Old t-shirt for Art class (no smocks, please)
- A change of clothes for emergencies, including socks
- An extra lunch bag that will be used for daily snack

Families may donate the following school supplies:

- Plastic zipper bags (one sandwich & one gallon size)
- Extra glue sticks
- Packages of wipes
- Boxes of tissues
- Bottles of hand sanitizer
- Sanitizing wipes



**Please label all folders, book bags, art shirts and extra clothes with your child's name.
All other items do not need to be labeled.**