Milford School District

Application for Bus Transportation or Address Change

Home Address: _____ City: _____ Zip: _____

If you have moved, please note previous address:

_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Student Name: _____ School: _____

Pick-Up Address: _____ City: _____

Drop-Off Address: _____ City: _____

Student Name: _____ School: _____

Pick-Up Address: _____ City: _____

Drop-Off Address: _____ City: _____

Student Name: _____ School: _____

Pick-Up Address: _____ City: _____

Drop-Off Address: _____ City: _____

Student Name: _____ School: _____

Pick-Up Address: _____ City: _____

Drop-Off Address: _____ City: _____

****If either the "Pick-up" or "Drop-off" address is not at the home address, please give the Caregiver's Information below.****

Name: _____ Phone #: _____

_____

Parent / Guardian Signature

_____ _____

Printed Parent / Guardian Name **Date**

For Office Use Only

Please Attach ID and Scan with ID Attached

Milford School District
Request for Student Records

Please fax the following items:
____ Birth Certificate
____ Immunization Records
____ Last Report Card
____ Withdrawal Grades
____ Demographic Sheet from School
____ IEP/504 Plan
____ Other (_____)

To:_____
Prior School Name

_____
Address

_____
School Phone Number Fax Number

I authorize and request that the records be sent to the Milford School District for:

_____ _____ _____
Student Grade Date of Birth

Please mail or fax records to:

_____

_____

_____

_____

_____

Please include:

- Cumulative Records
  - Complete Transcript including grades and credits up to withdrawal date (High School)
  - Previous Report Cards (Elementary and Middle School)
- Explanation of grading system
- Test results: Standardized, Aptitude/Interest & Psychological
- Health & Immunization Records
- Special Education Records or Accommodation Plans, including IEP and evaluations on reports (Special Education Audit File)
- Any other data that will help us provide satisfactory adjustments to our school

Records will be used for professional purposes only and will be kept confidential.

_____ _____
Parent or Guardian Signature Date

FILL OUT FRONT & BACK

GRADE: ____ AGE: _____

TEACHER: _____

2023-2024 MILFORD SCHOOL DISTRICT – DELAWARE EMERGENCY TREATMENT CARD

LAST NAME: _____ FIRST NAME: _____ DOB: ___/____/____

PARENT/GARDIAN INFORMATION:

Name:		Name:	
Relationship:		Relationship:	
Date of Birth:		Date of Birth:	
City, State, Zip		City, State, Zip	
Home/Cell Number		Home/Cell Number	
Place of Employment		Place of Employment	
Work Phone #		Work Phone #	
E-Mail Address:		E-Mail Address:	
Custody Situation: (Must have custody papers)			
*****PLEASE NOTIFY THE SCHOOL IF YOUR PHONE NUMBER OR CONTACT INFORMATION CHANGES DURING THE YEAR*****			

IF PARENTS CANNOT BE REACHED, CALL:

1. _____

NAME RELATIONSHIP TO STUDENT PHONE CELL PHONE

2. _____

NAME RELATIONSHIP TO STUDENT PHONE CELL PHONE

School Nurses can give non-prescription and prescription medications with written parental/guardian permission.

The following process will be followed:

1. **The school nurse must assess the child's complaint and symptoms to determine if other measures can be used before medication.**
2. **All medications sent to school MUST BE IN THE ORIGINAL CONTAINER/PACKAGE. This is the law.**
3. **The school nurse will keep a record of the medication given to your child.**

I give permission for my child to have medication given to your child.

Please check below for the medications your child is allowed to have during school hours.

___ Acetaminophen/Tylenol (pain/fever) ___ Ibuprofen/Motrin/Advil (pain/fever) ___Benadryl

___ Antacid (stomach upset) ___ Cough drops/Chloraseptic Spray (sore throat relief)

___ Anbesol/Orajel (mouth pain) ___ List allergies to any medications: _____

****NOTE: Nurses use Antiseptic wash, antibiotic ointment, calamine lotion, and hydrocortisone for routine first aid care.**

If you do not want these treatments used on your child, please make the nurse aware.

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies, the school will seek immediate medical care. In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the Mother's, Father's or Guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I verify that all the above information is correct. This information may be shared with school personnel on a "need to know" basis. Please contact the school if any of the above information changes.

Parent/Guardian Signature: _____Date: _____

Please complete and return: The State of Delaware requires that all students have an emergency card on file in the School Nurse's Office.

STUDENT HEALTH HISTORY UPDATE

This information will be shared on a need to know basis with staff, administration and emergency medical staff in the case of an emergency unless you notify us otherwise.

*Date*_____ *Parent/Guardian's Signature*_____

*Student*_____ *DOB:*_____ *Grade*_____ *Teacher*_____

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING. GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

1. [ ] ADD/ADHD [ ] Allergies [ ] Asthma [ ] Blood Disorder [ ] Body Piercing/Tattoo [ ] Bone/Spine [ ] Bowel/Bladder [ ] Diabetes [ ] Emotional [ ] Hearing [ ] Heart [ ] Infections [ ] Kidney [ ] Physical Disability [ ] Seizures [ ] Speech [ ] Surgery [ ] Vision

   [ ] OTHER_____

   Comments:_____

   _____

2. Does your child have allergies to medicine, food, latex or insect bites?

   NO [ ] YES [ ] To What_____ What happens?_____

   Treatment_____

3. Has your child had any illnesses since school last ended?

   NO [ ] YES [ ] Type of illness, with date(s)_____

4. Has your child had surgery since school last ended?

   NO [ ] YES [ ] Type of surgery, with date(s)_____

5. Has your child received any immunizations since school last ended?

   NO [ ] YES [ ] List immunizations, with dates_____

6. Is your child being treated or evaluated for any health conditions?

   NO [ ] YES [ ] List condition_____

7. Is your child on any medication or treatment?

   NO [ ] YES [ ] Name of medication and/or treatment_____

   Does your child need medicine during school hours?

   NO [ ] YES [ ] ****If yes, please contact the school nurse to make arrangements.***

8. Has your child ever been examined by an eye doctor?

   NO [ ] YES [ ] Date of last exam_____

   NO [ ] YES [ ] Glasses Prescribed

   If your child wears glasses or contact lenses, when was the prescription last changed_____

9. What is the name of your child's dentist? _____

   What is the date of his/her last dental exam? _____

10. What is the name of your child's primary healthcare provider? _____

    What is the date of his/her last physical exam? _____

11. Has your child experienced any major life events, such as a recent move, death, separation, divorce, etc. since the end of last school year?

    NO [ ] YES [ ] ****If yes, please contact your School Nurse or School Counselor.***

Dear Parent or Guardian,

According to Delaware Code, Title 14, section 131; a child is not permitted to enter into school with acceptable evidence of immunization. If your child is a new enterer* to Delaware public schools he or she will not be permitted to enroll without an immunization record. Please see below for children of active duty members of the uniformed services. Delaware law requires the following for entry to public school. If these items are not provided to the school within 14 CALENDAR DAYS from the date below your child will be denied entry into school.

1. IMMUNIZATIONS:

- Four (4) or five (5) doses of DPT or DTAP, or a combination thereof. A fifth dose is not required if the fourth dose is given after the fourth birthday.
- Three (3) or four (4) does of the polio (OPV or IPV) vaccine. A fourth dose is not required if the third dose is given after the fourth birthday.
- Three (3) doses of Hepatitis B vaccine.
- Two (2) doses of measles, mumps and rubella vaccine, MMR, (first dose after the age of 12 months, second dose after the fourth birthday).
- Two (2) doses of Varicella (chicken pox), or a written disease history by a licensed healthcare provider. For new enterers, two doses are required.
- Students entering 9th grade must have 1 dose of Tdap (adult booster) and 1 dose of meningococcal. (compliance grades 9-12)

2. PHYSICAL EXAM:

- A physical examination by a physician, nurse practitioner, or physician's assistant within the last two
- (2) years for all new enterers. A second health examination is required for all students entering 9th
- grade. Examinations completed no more than two years prior to entry into 9th grade will be accepted.

3. TUBERCULOSIS SCREENING:

• Written results from either a TB risk assessment, a Tuberculosis skin text (Mantoux, PPD), or a Quantiferon TB Gold test, within the last twelve (12) months.

4. LEAD TEST:

• All kindergarten and preschool students must show proof of a blood lead test, completed anytime after one (1) year of age.

If you enroll your child over the summer, please be aware that if appropriate documentation is not provided for any of the above requirements within 14 days of the date below, the date of exclusion will start on the first day of school.

If your child is transferring to our school from another school in the state of Delaware we assume he or she currently complies with all the above requirements. However, if for any reason your child does not meet all of the above requirements, your student will also have 14 days from the date of this form to comply with regulations.

Military families: Children of active duty members of the uniformed services will have 30 days from the date of enrollment to comply with the above immunizations requirements.

All documents should be turned in to the school as soon as possible. BY STATE LAW, FAILURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN EXCLUSION FROM SCHOOL.

- A new enterer is defined as a child entering a Delaware public school for the first time, including but not limited to foreign exchange students, immigrants, students from other states and territories and children entering from non-public schools.

Please sign below to acknowledge receipt of this information.

_____ _____ _____ _____

Parent/Guardian Signature Date Student's Name Grade

Milford School District

Temporary Special Education Placement for Transfer Students
(30 days maximum)

Student Name _____ School: _____ Date: _____

Parent/Guardian: _____Birthdate: _____

Address: _____Grade: _____

City_____ State_____ Zip_____ Phone #:_____

Documentation of Phone Conference:

School: _____Phone #: _____ _____

Date: _____ Person: _____Title: _____

Classification: _____

Time Per Day: Special Ed Time: _____ Regular Ed Time: _____

Setting: _____

Special Education		Related Services	
Subjects	Grade Level	Service	Time/Freq.

Date of Last Reevaluation: _____

Other Information: _____

Related Services: _____

Temporary Placement:

Classification: Same as Above
Time Per Day: _____
Setting: _____
Special Education & Related Services: _____

Signature of Parent/Guardian: _____