



**Anderson Elementary**  
(810) 591-5829



**Brendel Elementary**  
(810) 591-6137



**Cook Elementary**  
(810) 591-7910



**Indian Hill Elementary**  
(810) 591-4100



**Myers Elementary**  
(810) 591-3000



**Reid Elementary**  
(810) 591-7121

[www.gbcs.org](http://www.gbcs.org)

# Kindergarten

GB



**School Hours:**  
8:40 AM - 3:50 PM  
*Monday - Friday*

**2024-25**

# Enrollment Information



# ONLINE ENROLLMENT 2024-2025

## NEW STUDENT ONLINE ENROLLMENT

**OPTION 1:** If you are enrolling a NEW kindergartner in Grand Blanc and DO NOT have (and have never had) any students at Grand Blanc, you will need to create a ParentVue account. *Even new kindergartners that have been enrolled in **Speech** or **Great Start** at Perry Center will already be in the ParentVue system and will need to be enrolled following OPTION 3 below.*

1. Click on the link for GBCS Online Registration:  
[https://sis.geneseesisd.org/GBCS/login\\_parent\\_oen.aspx](https://sis.geneseesisd.org/GBCS/login_parent_oen.aspx)
2. Underneath the login boxes, click the "more options" tab, then click **"Create a New Account."**
3. It will walk you through the process of setting up an account.
4. Once you have created your account, you will receive an email that will prompt you to create a password for your account. Use the username and password you created to login. Follow the prompts to register your student.
5. Once you have completed the registration process, the school building will be notified that you have completed your registration. Once the proofs of residency are provided, the building will accept the student for enrollment into their building.
6. If you have multiple students to register, you can click add new student. All info will need to be complete (have green check-mark) before you can submit.



**"I am completely new to Grand Blanc Schools and have never had a student enrolled in the District."**

## CURRENT OR RETURNING STUDENT

**OPTION 2:** You already have a ParentVue account, but need to add your kindergartner or access their information. *Even new kindergartners that have been enrolled in **Speech** or **Great Start** at Perry Center will already be in the ParentVue system and will need to be enrolled following OPTION 3 below.*

1. Login to your existing ParentVue account: <https://parentvue.geneseesisd.org/gbcs>  
*[If you do not remember your login, you can contact the building your student attends, and they will be able to provide you with your username. If you have forgotten your password, you can enter your username on the login site and click the link "Forget Your Password? Click Here"; and it will walk you through resetting your password. **DO NOT create a new account** if you already have an account, because it will not allow you to view your current student's information.]*
2. Once you've logged in, click on **"Online Registration"** at the top right. To add a new kindergartner for registration, select **"Online Registration for new attendees for 2024-25"** from the drop-down menu at the bottom. If you have multiple students, they should be updated here for 2024-25, as well. All info will have to be complete (green check) before you can submit.  
**If you changed your address**, you will need to supply the building with new proofs of residency (if you do not choose the option to upload the documents). If you moved from your original school boundaries into another area in Grand Blanc, you will need to apply for **In District Schools of Choice** to remain in your previous building.
3. Once you have reviewed each student's information, the buildings will be notified and accept or deny the student. You will receive an email confirmation.



**"I have a student enrolled, or have in the past, and need to add my kindergartner."**

## CURRENT OR RETURNING STUDENT

**OPTION 3:** You already have a ParentVue account but have never logged in. If you have or have had a student at Grand Blanc, the account already exists and will have to be activated. *This includes other students under your guardianship, returning students and preschool students that have been enrolled in **Speech** or **Great Start** at Perry Center.*

1. **You will need to contact your student's building to obtain your activation key.**
2. Once you have your activation key code, you will need to login to ParentVue (<https://parentvue.geneseesisd.org/gbcs>) and click on the "More Options" tab and "Activate Account" and follow the instructions.
3. Once your account is activated, you will need to login to ParentVue. Click the **"Online Registration"** tab at the top right. To add a new kindergartner for registration, select **"Online Registration for new attendees for 2024-25"** from the drop-down menu at the bottom. If you have multiple students, they should be updated here for 2024-25, as well. Each will need information updated. All info will have to be complete (green check) before you can submit.  
**If you changed your address**, you will need to supply the building with new proofs of residency (if you do not choose the option to upload the documents). If you moved from your original school boundaries into another area in Grand Blanc, you will need to apply for **In District Schools of Choice** to remain in your previous building.

**"I have a student enrolled at GBCS, or have in the past, but I've NEVER logged into my ParentVue account."**



*See reverse for online enrollment tips for all parents!*





## TIPS FOR ALL PARENTS

- All students are required to have information entered or updated on ParentVue:  
<https://parentvue.geneseeisid.org/gbcs>
- Please note: If you stop the enrollment process and log out, online registration saves the entered information. You can click "Resume Registration" or "Start Over" upon return.
- Please remember to supply the building with any additional documents needed for enrollment.
- **DOCUMENTS TAB INFORMATION:** If you have already supplied the building with the documents and nothing has changed, you will select "**Already On File**" from the dropdown menu and then you will also have to check the box "I will deliver a hard copy to the school instead of uploading it" in order to save your student's information. **You do not have to resubmit documents that are already on file, but clicking the box is necessary to proceed in the system.**
- If you are an **Approved Schools of Choice** parent, you will receive a denial email originally, due to being outside the district boundaries. You will then receive a second email with building placement.



# Fall Birthday?

GRAND  BLANC



**YOUNG FIVES**

at Grand Blanc Community Schools



**Will your child turn five between  
September 1<sup>st</sup> & December 1<sup>st</sup> of this year?**

In accordance with state law, you must sign a waiver requesting the student be allowed to attend a Kindergarten Program in the state of Michigan.



## Why should parents/guardians of children with fall birthdays consider a Young Fives Kindergarten program for their child?

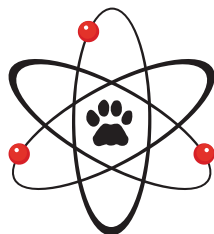
Most states, including Michigan, have a cut-off date stating children must be five by September 1<sup>st</sup> to begin Kindergarten. This policy is based on extensive research showing that most children are ready for Kindergarten across cognitive and social-emotional domains at five and a half years of age. Many children who turn five in summer or fall of their entry year may benefit from Young Fives programs.

### Highlights of GBCS Young Fives:

- The goal of the Young Fives program at Grand Blanc Community Schools is to offer students the “gift of time” to prepare for a successful school experience. Young Fives serves as a bridge between preschool and Kindergarten.
- **Enrollment is limited!** Young Fives is designed for children who turn five between June 1<sup>st</sup> and December 1<sup>st</sup>. If there is a waiting list, priority is given to children with fall birthdays. Students are selected based on parent request and a district screening process.
- Young Fives is held at select elementary buildings depending on district and building enrollment demands.
- Young Fives places a greater emphasis on play and exploration, while developing core skills for reading, math, science and social-emotional development. Curriculum is focused on introduction and exploration, rather than mastery of Kindergarten skills and concepts.

### Similarities between Kindergarten and Young Fives:

- Both are full-day programs
- They both provide opportunities for students to build social- emotional, academic and creative learning
- Both provide Music, Art, Physical Education, and Library
- Include lunch, recess, and all school assemblies
- Provide school-wide support services and resources
- Teachers in both Young Fives and Kindergarten are state-certified and specialize in early childhood educational teaching practices.



### Young Fives is the first of a two-year kindergarten program.

It's a full-day program that follows the regular school calendar. Please indicate on the waiver if you would like your student to be considered for Young Fives placement. ***All students with fall birthdays will be considered as likely enrollees in the Young Fives program and will have priority on waiting lists.***





## Grand Blanc Community Schools

11920 S. Saginaw  
Grand Blanc, MI 48439

### Kindergarten Waiver Request for 2024-25 School Year

According to Michigan Law, if a child residing in the Grand Blanc School District is not five years of age on September 1, 2024 but will be five years of age not later than December 1, 2024, the parent or legal guardian may enroll the child in kindergarten for the 2024-25 school year. Grand Blanc School District requires the parent or legal guardian to submit this written notification at the time of enrollment, indicating he or she intends to enroll the child in kindergarten.

The district may make a recommendation to the parent or legal guardian as to whether the child is ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district's recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1, 2024.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Verification of Age: ☐ Birth Certificate

☐ Government Record

(Check one)

☐ Court Record

☐ Citizenship Paper

Evidence of School Readiness (provided by parent):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

### Grand Blanc Schools Recommendation

☐ The building principal agrees with the recommendation of the parents to enroll in Kindergarten.

☐ The building principal recommends the child begin Kindergarten in **August** 2025 for the following reasons:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\_\_\_\_\_  
School Administrator's Signature

\_\_\_\_\_  
Date



# HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

## PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

## SECTION I - HEALTH HISTORY

Yes	No	Resolved	#	Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?		If yes, list medications:
Reason for Medication					
_____ / /					Was the health history reviewed by a health professional?
<b>Parent/Guardian Signature</b>				Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____

## SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance						Weight				
			Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other:				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /



<b>SECTION III - IMMUNIZATIONS</b> <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____ <b>Health Professional's Signature</b>		_____ <b>Title</b>	_____ <b>Date</b>

		<b>SECTION IV - RECOMMENDATIONS</b> <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
		_____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
		_____
Other Recommendations		
_____		
_____		

<b>SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)</b>
I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ _____
_____ <b>Dentist's Signature</b>
_____ <b>Date</b>

<b>PHYSICIAN'S SIGNATURE</b>			
_____ <b>Examiner's Signature</b>	_____ <b>Date</b>	_____ <b>Examiner's Name (Print or Type)</b>	_____ <b>Degree or License</b>
_____ <b>Number &amp; Street</b>	_____ <b>City</b>	MI _____ <b>ZIP Code</b>	(_____) _____ <b>Telephone</b>

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

\*\*\*\*\*

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.





11920 South Saginaw  
Grand Blanc, MI 48439  
Phone: (810) 591-6000  
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[www.gbcs.org](http://www.gbcs.org)

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Director of Curriculum

Dear Parent/Guardian:

If your child has an allergy or special medical condition that could impact their learning environment, please check the appropriate box below and fill out the attached paperwork. Once completed, please return this page as well as the attached form to the office of the school which your child attends.

If you do not feel that your child's condition or allergy warrants a MMIA, please check the appropriate box below, sign and date this form and return it to the office of the school which your child attends.

- ☐ I would like my child, \_\_\_\_\_, to have a Medical Management Inventory Assessment completed. I have completed the attached forms.
  
- ☐ I do not feel my child, \_\_\_\_\_, needs to have a Medical Management Inventory Assessment completed above and beyond normal emergency procedures.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature





## Grand Blanc Community School District

Place  
Student  
Photo  
Here

### MEDICAL MANAGEMENT INVENTORY ASSESSMENT

Name	Birthdate (Month, Day, Year)	
Parent or Guardian	Home Phone	Work Phone
Physician	Phone	
Physician Signature	Date	
Teacher's Name	Student's Bus Number	

Diagnosis: \_\_\_\_\_

If your child has these conditions, please check:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Anaphylactic Shock | <input type="checkbox"/> Severe Asthma    | <input type="checkbox"/> EpiPen Required |
| <input type="checkbox"/> Blood Disorders    | <input type="checkbox"/> ADHD/ADD         | <input type="checkbox"/> Other _____     |

\*\*\*A Specific **Medical Action Plan** related to above noted medical condition will be created by designated staff in collaboration with parents, child and physician if applicable. Information in the plan should be shared with appropriate school personnel.

Parent's Comments:

If a reaction does occur at school, please check off those actions that apply. Also, please indicate the order in which they should be done.

<u>Check</u>	<u>Order</u>			
<input type="checkbox"/>	[ ]	Call 9-1-1		
<input type="checkbox"/>	[ ]	Call parents/guardian	Home: _____	Work: _____
			Cell: _____	Pager: _____
<input type="checkbox"/>	[ ]	Call this emergency contact	Name: _____	
			Phone: _____	
<input type="checkbox"/>	[ ]	Administer Medication		

To request medication be administered at school (regularly or on an emergency basis) please complete the necessary form available in the school office.

Parent Signature: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

#### OFFICE USE ONLY

Based on information provide above, the following is recommended (*please check all that apply*):

- |  |   |
|--|---|
| <input type="radio"/> No additional action and/or plan necessary | <input type="radio"/> Food Allergy Plan                                   |
| <input type="radio"/> Medical Plan of Action                     | <input type="radio"/> Referral to Special Services for additional support |
| <input type="radio"/> 504 Plan                                   | <input type="radio"/> Other: _____  |





# Help Your Child Succeed in School: Build the Habit of Good Attendance Early

## DID YOU KNOW?

- Starting in preschool and kindergarten, too many absences can cause children to fall behind in school.
- Missing 10%, or about 2 days each month over the course of a school year, can make it harder to learn to read.
- Students can still fall behind if they miss just one or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences and tardiness can affect the whole classroom if the teacher has to slow down learning to help children catch up.

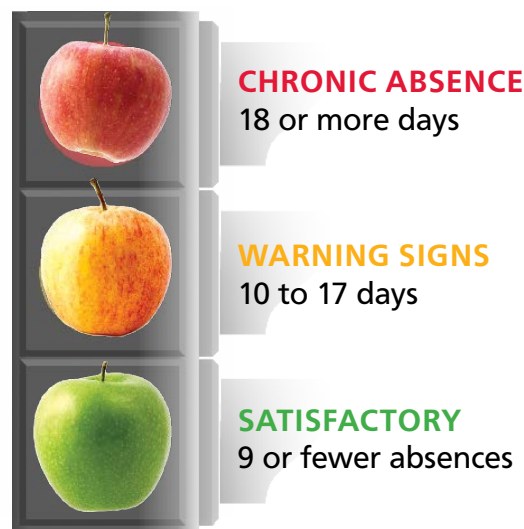
Attending school regularly helps children feel better about school—and themselves. Start building this habit in preschool so they learn right away that going to school on time, every day is important. Eventually good attendance will be a skill that will help them succeed in high school and college.

## WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Lay out clothes and pack backpacks the night before.
- Keep your child healthy and make sure your child has the required shots.
- Introduce your children to their teachers and classmates before school starts.
- Develop backup plans for getting to school if something comes up. Call on a family member, a neighbor or another parent.
- Try to schedule non-urgent related medical appointments and extended trips when school isn't in session.
- If your child seems anxious about going to school, talk to teachers, school counselors and other parents for advice on how to make your child feel comfortable and excited about learning.
- If you are concerned that your child may have Covid-19, call your school for advice.
- If your child must stay home due to illness, ask the teacher for resources and ideas to continue learning at home.

Revised September 2023

## When Do Absences Become a Problem?



Note: These numbers assume a 180-day school year.



# HELPFUL RESOURCES





# Keep Your Child Healthy and in School!

**A regular attendance routine is important for your child's well-being, learning and long-term success. Below are tips to keep your child healthy and avoid unnecessary absences from school.**

## Nutrition, Sleep and Exercise

- Ensure your child eats a good breakfast every morning or check if your school serves breakfast.
- Maintain a regular bedtime and morning routine.
- Keep screens out of the bedroom and limit use prior to bedtime.
- Encourage your child to stay active for at least 60 minutes a day.



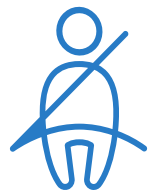
## Hygiene

- Stress hand washing, particularly before eating, and after using the restroom.
- Remind your child to brush their teeth twice a day.
- Avoid close contact with individuals who are sick. Don't share cups, utensils, hair brushes or combs.
- Cover coughs and sneezes with a tissue, or cough/sneeze into an elbow.



## Safety

- Make sure your child wears a seatbelt and/or appropriate car seats during car rides, and a helmet when using a bike, skateboard or scooter.
- If your child walks to school, help them find a safe route to school and to travel with at least one friend. Have a backup plan in case of bad weather.





# Keep Your Child Healthy and in School!

## Wellness

- Ensure your child visits their health care provider for:
  - A physical once a year.
  - All recommended Immunizations, including Flu and COVID-19.
  - Chronic health issues such as asthma or diabetes.
- Visit the dentist twice a year.
- Try to schedule non-urgent medical appointments outside of school hours.
- If your child doesn't have health or dental insurance, reach out to your school's nurse or social worker or other staff member to help connect you with resources.
- Complete your school's annual health form.
- Agree to allow your child to participate in health and vision screenings offered at school.
- If your child has a chronic health issue such as asthma, make sure that your child's health care provider completes appropriate school forms that allow your child to keep/carry any necessary medications at school.
- If your child has a disability, work closely with the school and your child's health care provider to ensure appropriate supports and services.
- If you are concerned that your child may have a contagious illness (including COVID-19), call your child's health care provider or school nurse for advice.
- If your child needs to stay home for a prolonged period due to illness, talk to your child's teacher to find out about resources they can use at home to keep learning once they feel well enough.



## Engagement

- Make sure your child feels safe and connected at school. Involve them in afterschool activities.
- If you are worried that your child may be suffering from anxiety, talk with your teacher, the school nurse, social worker or other school staff to discuss the challenge and identify what can help your child. If your child is missing class because of challenges with behavioral issues, contact the school and/or your child's health care provider for support and resources.
- Ask the school about health-related policies including about COVID-19.
- Monitor your child's attendance and academic progress and seek support when needed.





# Is your child missing school due to anxiety?



**Definition of anxiety: feeling of fear and uneasiness about everyday situations.**

**If your child is suffering from anxiety, you are not alone.** The good news is that in most situations, anxiety is normal and temporary. Anxiety becomes a concern if it persists — it can affect relationships with family, peers and teachers, contribute to academic challenges, and lead to school avoidance/refusal. Addressing anxiety is important for a child's overall well-being, not just attendance.

In addition, if your child starts to complain of symptoms like a headache or stomachache, it is important to **quickly determine** whether this is related to anxiety or a physical illness that might require missing school. If the challenge is anxiety, staying home may worsen the situation.



## What are the symptoms of anxiety?

**Persistent anxiety can present in many ways, making it difficult to recognize.**

Symptoms may vary depending on the age of the child, and some children may keep worries to themselves or have difficulty explaining their feelings making it hard to identify symptoms. Anxiety symptoms can include, but aren't limited to, the following:

- Feeling tired, irritable or easily tearful
- Having trouble separating from parents
- Experiencing difficulty sleeping or frequent nightmares
- Having trouble getting out of bed or dressed for school
- Lacking appetite
- Having trouble concentrating, which may lead to difficulty starting tasks, problems with homework and falling behind in school
- Experiencing physical symptoms, including stomachaches and headaches
- Avoiding activities they previously enjoyed
- Having negative or continuous thoughts that something bad is going to happen



## What can families do?

**Here are some tips that you can use to help your child get through these challenges, by intervening as quickly as possible, and return to school:**

- Do not punish your child for refusing to go to school, as this can worsen things.
- If possible, avoid letting your child stay home. Though staying home from school may provide short-term relief for your child, continued absence from school will lead to the feeling of being disconnected from classmates and teachers, cause your child to fall behind academically and only make it harder to return.
- Speak with your child. Try to understand what's bothering them and why they are avoiding school. If you are feeling a similar anxiety, it may help to share this with your child and to explain what you are doing to get through it.
- Make it clear that you are there to help your child and that you believe they can face their fears and get through this problem.



## Take advantage of school resources.

**Working through your child's anxiety issues can be difficult and scary, and you shouldn't have to do it alone. Take advantage of the resources at your child's school:**

- Talk with the school nurse, counselor, social worker and/or psychologist to discuss the student's challenges, identify what can help your child and develop a return-to-school plan.
- For some students, this may need to happen gradually (one or two classes initially and eventually a full day).
- In certain situations, a 504 plan or Individualized Education Program may be needed to ensure your child receives appropriate support and resources.

If symptoms persist or are very severe, your child's anxiety may be due to an underlying behavioral health disorder (i.e., anxiety disorder, panic disorder), an undiagnosed learning disability or the result of a physical or chronic health condition and should be evaluated by your child's medical provider.

Finally, remember to take care of your own physical and emotional well-being!

### Resources where you can find more information on anxiety and school avoidance

[Separation Anxiety in Babies, Toddlers and School-Aged Children: Causes, Signs and What to Do](#)  
[Anxiety and Depression CDC](#)  
[Understanding Anxiety in Children](#)

[School Avoidance Alliance: School Avoidance 101](#)  
[School Refusal: When a Child Won't Go to School](#)  
[Parent Anxiety Handout – EPIC](#)  
[The Ultimate Guide to Working With Your School](#)





# Health Guidance for Going to School

**Showing up to school every day is critical for children's well-being, engagement and learning.**

**Make sure to send children to school if they are:**

- Generally healthy and well.
- Participating in usual day-to-day activities.
- Children can even go to school if they:
  - Have a mild cold, which may include a runny nose and/or cough.
  - Have eye drainage without fever, eye pain or eyelid redness.
  - Have a mild stomachache.
  - Have a mild rash with no other symptoms.
  - Have head lice. Though they are annoying and should be treated, lice are not a reason to exclude a child from school.
  - Haven't had a fever overnight and they have not taken fever-reducing medicine during that time.

**Avoid keeping children at home unless they are too sick to participate. Please see the back of this handout for details. Note that in most situations, a health-care provider's note is not needed to return.**

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**Children may also avoid school due to anxiety (symptoms may include decreased appetite, feeling tired, stomachache, headache etc). If you are worried that your child may be suffering from anxiety, talk with your teacher, the school nurse, social worker or other school staff to discuss the challenge and identify what can help your child stay in school.**

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**If your child has a compromised immune system or is at high risk for complications from common illnesses, please talk to your school (school nurse if available) about developing a plan with you and your child's health-care provider to keep your child healthy and safe while attending school.**

*Please note: This document is not meant to take the place of local health department/school district guidance including about contagious illnesses such as Covid-19 and the flu.*



# Reasons to keep me home from school and what needs to happen before I can return

What is my symptom?	When should I stay home and when to seek medical care?	When can I return to school?
<b>Fever</b>	I have a fever of 100.4°F (38°C) or higher. <b>Seek medical care</b> if I have fever and any of the following: ear pain, sore throat, rash, stomachache, headache or tooth pain.	If I have not had a fever overnight without the use of fever-reducing medication and I am feeling better.
<b>Vomiting and/or diarrhea</b>	If I have vomited 2 or more times in the last 24 hours. If my stool is watery and I may not make it to the toilet in time. <b>Seek medical care</b> if I have stomach cramping and fever, I have bloody or black stool, or I am showing signs of dehydration (tired and sleepy, dry mouth and not urinating at least once in the last 8 hours).	If I did not vomit overnight and I am able to drink liquids without throwing up. If my diarrhea has improved.
<b>Persistent cough or trouble breathing</b>	<b>Seek medical care</b> if I have a persistent cough, difficulty breathing or trouble catching my breath or if I develop a fever with the cough. These symptoms may be signs of Covid-19 or flu and should be evaluated by a health-care provider.	Once I am feeling better and I have been cleared for return by my health-care provider. If my symptoms were due to asthma, please make sure that I have permission to use breathing medication at school.
<b>Rash</b>	<b>Seek medical care</b> if the rash has blisters, is draining, is painful, looks like bruises and/or if I develop a fever.	Rash has healed or I have been cleared for return by my health-care provider.
<b>Eye irritation</b>	<b>Seek medical care</b> if I have eye swelling, eye pain, trouble seeing or an eye injury.	Once I am feeling better.
<b>Sore throat</b>	<b>Seek medical care</b> if I have drooling, trouble swallowing or a fever and/or rash.	Once I am feeling better. If I was prescribed an antibiotic by my health-care provider, then I can return 12 hours after the first dose, if I am without fever and I am feeling better.

*If you don't know whether to send your child to school or have specific concerns regarding your child's health, contact your child's health-care provider, a local urgent care or the school nurse.*