

Delaware Valley School District

OFFICE OF ELEMENTARY EDUCATION
ADMINISTRATIVE OFFICES
236 ROUTE 6 & 209, MILFORD, PA 18337

Jayson Pope
Assistant to the Superintendent
For Federal Programs and Community Engagement

(570) 296-1827
fax (570) 296-3172

Dear Parent/Guardian,

January 2026

To attend the Pre-K program in the Delaware Valley School District, children must be four years old on or before September 1, 2026. There are **NO** exceptions.

Please fill out the attached Pre-K Counts application and submit it with the following proof of income: 2025 IRS income tax return (1040 form *the pages showing your number of dependents and gross taxable income). To be eligible for this program, you must meet the 2026 Federal Poverty Guidelines listed on the back of this letter. **The application must be filled out completely and returned to the address listed above with the supporting documentation by April 1, 2026 NO APPLICATIONS WILL BE ACCEPTED WITHOUT PROOF OF INCOME.**

Qualifying students will be screened for preschool in the following areas: gross motor skills, fine motor skills, concept development and language development. **PLEASE BE ADVISED, THE FOLLOWING WILL NEED TO BE SUBMITTED AT THE SCREENING IF YOU ARE ELIGIBLE FOR THE PRE-K PROGRAM:**

An **ORIGINAL** birth certificate from the state in which your child was born with the official seal affixed to the birth certificate (Photocopies will **NOT** be accepted), their **ORIGINAL** social security card and your child's immunization record.

***The following properly spaced immunizations are required for entrance into the Pre-K Program:** Hib - 4 doses, Pneumococcal - 4 doses, Hepatitis A - 2 doses, Hepatitis B - 3 doses, Diphtheria, Tetanus, Pertussis – 4 doses, Inactivated Poliovirus – 3 doses, Measles, Mumps, Rubella (MMR) – 1 dose after first birthday, and Varicella – 1 dose after first birthday. The influenza immunization is required during the upcoming influenza season.

TWO forms of proof of residency within the service boundary of the Delaware Valley School District are required. They are as follows:

1. Tax bill, mortgage statement, lease, or DVSD landlord affidavit. This must indicate the location of the domicile.
2. Photo ID of the parent(s): Pennsylvania driver's license or a state issued photo ID indicating the address corresponding to the address on the first proof of residency.

***If the child resides with a grandparent or relative, guardianship papers are required.**

Please secure the proper documentation prior to the screening. We **CAN NOT** hold a spot in the Pre-K program for your child if you do not provide the proper documentation at the screening.

Thank you for your interest in the Delaware Valley School District Pre-K Counts program. If you have any questions, you may contact my office at (570) 296-1827.

Sincerely,

Jayson Pope

Jayson Pope
Assistant to the Superintendent for Federal
Programs Engagement
Pre-K Counts Coordinator

2026 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$15,960	\$47,880
2	\$21,640	\$64,920
3	\$27,320	\$81,960
4	\$33,000	\$99,000
5	\$38,680	\$116,040
6	\$44,360	\$133,080
7	\$50,040	\$150,120
8	\$55,720	\$167,160
Each Additional Family Member Add:	+\$5,680 p/fm	+\$17,040 p/fm

2026-27 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed: / /
MM DD YY

Legal Last Name (Child)	Legal First Name (Child)	Middle Initial
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Street Address		County	
City		State PA	Zip Code
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age at start of program year <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (optional)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
Ethnicity (optional)	
<input type="checkbox"/> Hispanic	Primary Language
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____ (please specify)

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
--	---

Relationship to Child	(Select)
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

Role	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

List Household Members below for determination of family size (required):

	<i>Relationship to Child</i>	<i>Age</i>
1	ENROLLING CHILD	
2		
3		
4		
5		
6		
7		
8		

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***

Note: A family size value of one (1) with an income of \$0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

DETERMINED FAMILY SIZE =

Employment Status of parent/guardian

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Other _____

Employment Status of 2nd parent/guardian (if applicable)

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Other _____

Household Income Sources (Must check all that apply):

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> TANF Cash payments |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Other |

Other Child Eligibility Risk Factor Criterion (Must check all that apply):

	Risk Factor	Definition
<input type="checkbox"/>	Preschooler with an Individualized Education Program (IEP)-	Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency.
<input type="checkbox"/>	Migratory (Non-Immigrant) Seasonal Student	Defined as a child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or fisher within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work, including agri-related businesses such as meat or vegetable processing, or work in nurseries such as Christmas and evergreen tree farming.
<input type="checkbox"/>	English Language Learner	Defined as a child whose first language is not English and who is in the process of learning English. Ask these two questions, as established by the Pennsylvania Department of Education, to determine if a child qualifies as an English language learner: 1) What is/was the child's first language? 2) Does the child speak a language other than English? (Do not include languages learned in school).
<input type="checkbox"/>	Homeless	If any of the situations below apply a family is eligible under McKinney-Vento. Additional guidance is available from the National Center for Homeless Education . <ul style="list-style-type: none"> - If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason? - Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.) - Is the family living in a motel, hotel, or campground? - Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings? - Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings? - Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing? - Has the child been abandoned, in a hospital, or awaiting foster care placement?
<input type="checkbox"/>	Child in or Part of Family in Child Welfare System	Defined as a child who is a foster child, a kinship care child, or receiving Children and Youth Services.
<input type="checkbox"/>	Child's Family or Living Structure	Defined as a child with a single parent, divorced parents, or with relatives as guardians.
<input type="checkbox"/>	Child Receiving Behavioral Supports	Defined as a child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Teen Parent	Defined as a mother or father who was under the age of 18 when the child was born.
<input type="checkbox"/>	Incarcerated Parent	Defined as a child for whom one or both of the child's parents are currently incarcerated.

<input type="checkbox"/>	Education Level of Guardian	Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree.
<input type="checkbox"/>	Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP	This risk factor was added in 2024. Defined as a family who can produce documentation of eligibility for or receipt of TANF, SSI, or SNAP. (Categorically eligible for Head Start, please refer to HS program if available.)
<input type="checkbox"/>	Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP)	Defined as a child enrolled in ITCSP and eligible to transition into PA PKC.
<input type="checkbox"/>	Child Lives in Geographic Area of High Poverty	Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors.
<input type="checkbox"/>	Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
<input type="checkbox"/>	Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
<input type="checkbox"/>	Concerns Regarding Child's Social, Emotional, or Behavioral Development (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.

Family Assurances

By signing below, I acknowledge and agree to the following:

- I understand that my child's eligibility for Pennsylvania Pre-K Counts (PA PKC) is subject to the program's two-year participation limit. My child must be at least three years old by the kindergarten cutoff date set by the school district where we live to assure compliance with receiving only two-years of PKC programming.
- Once my child reaches the age required to enroll in kindergarten in the public school district where we live, I understand they will no longer be eligible for PA PKC funding.
- I understand that my child's enrollment is contingent upon meeting the eligibility criteria, including income verification and prioritization based on risk factors.
- I understand that the PA Pre-K Counts (PKC) program is an educational program with attendance requirements. I agree to ensure my child's regular attendance and to notify the program in case of absences. My program's PA Pre-K Counts hours of operation are:

- I understand that the PKC portion of the day will be secular (non-religious) in nature and will not include religious instruction during the PKC portion of the day. My program's PA Pre-K Counts hours of operation are:

Parent/Guardian Certification

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or give proof of information provided.

I certify that all information provided is accurate. I understand that eligibility is subject to verification and providing false information may result in disqualification.

Parent/Legal Guardian (Signature)

Date

Parent/Legal Guardian Name (Print Name)

Family and Program Administrator to Complete This Portion Together

For Head Start Eligible families (100% of FPL or below) Check if not applicable

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for the following Head Start location

- Application and/or assistance with referral
- Brochure or website with information about Head Start

- I understand that my signature below indicates that I have been informed about my options for Head Start, and that I may choose to enroll in either the Pre-K Counts program or Head Start if eligible for both.

Parent/Legal Guardian (Signature)

Date

FOR OFFICE USE ONLY

Income Verification

2026 Federal Poverty Level Guidelines Based On Annual Income

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$15,960	\$47,880
2	\$21,640	\$64,920
3	\$27,320	\$81,960
4	\$33,000	\$99,000
5	\$38,680	\$116,040
6	\$44,360	\$133,080
7	\$50,040	\$150,120
8	\$55,720	\$167,160
Each Additional	+\$5,680 for each additional family member	+\$17,040 for each additional family member

Pay Frequency Calculation Guide:

Weekly	Multiply gross weekly income by 52
Bi-Weekly	Multiply gross income by 26
Semi-Monthly	Multiply gross income by 24
Monthly	Multiply gross income by 12

INCOME CALCULATION GRID

Name	Income Source	Pay Frequency	Gross Amount	Annualized Amount
1.				
2.				
3.				
4.				
Total Annual Income:			\$ _____	

Actual Annual Verified Gross Household (Family) Income: \$ _____

*Attach copies of documents used to verify income prior to enrollment

Family Size (per PKC guidelines): _____

Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

Staff Verifying Income and Risk Factors Signature

Date

Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed)

This section helps process the PA PKC Verification Form, which documents a child's enrollment in the PA PKC Program and is submitted to the ELRC. Additionally, it ensures families seeking wraparound services receive referrals to the local ELRC and accurate notification of the PKC enrollment start date.

Is this child currently receiving CCW subsidy (at any program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the family interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)? Referral for ELRC # _____ Contact email or Phone number shared with family _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the PA PKC program submitted a Verification Form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back? Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DELAWARE VALLEY SCHOOL DISTRICT
MILFORD, PENNSYLVANIA 18337
HEALTH REGISTRATION FORM**

Date of Entry _____
Grade _____

Teacher _____
School _____

Dear Parent:

When your child enters school, we establish a cumulative record file on him/her to enable us to have a greater understanding of your child's needs. All information, of course, will be kept strictly confidential, so please answer every question. Birth certificate and Immunization Record must be presented at registration.

PLEASE PRINT NEATLY. Thank you for your cooperation.

Has your child ever attended school in DVSD? _____
If yes, what grade? _____

Pupil's Name _____

Mailing Address _____
No. Street

Home Telephone No. _____

Town State Zip Code

Birthdate _____ Birthplace _____

Community or Road _____

Last School Attended: _____ City or Town: _____ Grade: _____

Father or Male Guardian

Mother or Female Guardian Name

Name	
Relation to Child	
Occupation	
Cell Phone	
Work Phone	
Email	

Child lives with: Both Parents _____ Father _____ Other person _____ (name & relationship to student)
Language spoken in home _____

OTHER CHILDREN IN FAMILY

Name	Birthdate	School	Name	Birthdate	School

If parent is not available in Emergency, call:

1. _____
2. _____

Physician to be called in Emergency: _____
Name Address Phone No.

DISEASE & HEALTH HISTORY

Asthma or Bronchitis: _____
Foods, Drugs, Hay Fever, Grasses, Animals – PLEASE BE SPECIFIC: _____
Any Hospitalization, stitches or fractures? _____

Family History of Color Blindness: _____ If yes, whom? _____

Eye Glasses Yes _____ No _____ Contacts Yes _____ No _____ It is advised that every child wearing eye glasses should receive periodic eye examinations. The school would appreciate a report of exam and name of examiner together with any recommendations for school.

Does your child have any other medical conditions? Yes _____ No _____

List: _____

Does your child take any medication? Yes _____ No _____ If so please list _____

Will your child need to take medication at school? Yes _____ No _____ Please list: _____

Do you have health insurance for your child? Yes _____ No _____

**Delaware Valley School District
Student Information Form for Preschool**

Student's Name: _____

PLEASE ANSWER THE FOLLOWING:

Has the student ever been enrolled in DVSD before? _____ If yes, what school? _____

Total number of children _____ List names and ages of the other children _____

Does your child have the opportunity to play with children his/her own age? _____

How does your child relate (shy, outgoing, etc.) to the following: Friends: _____

Siblings: _____ Adults: _____ Baby Sitter: _____

Is your child able to dress himself/herself? _____ Comments _____

What responsibilities does your child have at home? _____

Which hand is used for Eating? _____ Holding Pencil? _____ Playing? _____

At home does your child use: Crayons _____ Scissors _____ Paste _____ Clay _____ Blocks _____

What time does your child go to bed at night? _____ Does he/she still take naps? _____

Is there any home/neighborhood problem or situation which might affect your child at school?

Do you read to your child? _____ How Often? _____

Does your child listen to and carry out directions? _____

Is your child currently taking any medications? _____ If yes, what kind? _____

If your child has strong fears, such as thunder or dark places, please list? _____

Does your child attend CDD? (Center for Developmental Disabilities) Yes _____ No _____

If yes, please explain why. _____

Is there any additional information you can give about your child which could help us make this preschool year a successful one?



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information: Parents/Guardians should complete this section.

Child's first name: _____

Child's last name: _____

Child's Date of Birth: _____

Current grade: _____ School of Enrollment: _____

Questions for Parents/Guardians: Please answer all three questions.

1. Is a language other than English spoken in the child's home? No Yes (language) _____
2. Does your child communicate in a language other than English? No Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____

Interpreter Provided No Yes

The school district has the responsibility under the federal law to serve students who are limited English proficient and need English Language Development (ELD) services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Learners (ELs). As part of the responsibility to identify ELs, the school district may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district in the future.

For Office Use Only:

Date Received: ___/___/___

ELD Staff Member: _____

DVSD Pre-K Counts Attendance Policy

Attendance Requirement

Students enrolled in Pennsylvania Pre-K Counts classrooms are considered full-time and must attend 5 days per week for a minimum of 180 school days per year for the full length of the day (5 hours).

Excused absences are defined as those absences when a student is prevented from attending for physical/mental health or other urgent reasons. These can be further defined as illness, family emergency, death of a family member, health or dental appointments, fire, natural disaster, or other extenuating circumstances deemed as excused by the program.

Unexcused absences are any absences that are not included in the above definition of excused absences.

Families will be contacted when their child is absent for 3 consecutive days to learn the nature of the absence and offer support, as appropriate.

When a child has more than 5 consecutive unexcused absences, the school and family are required to discuss the reasons for the absences and determine ways to support the child's attendance in school.

Children who have 10 or more consecutive unexcused absences or more than 10% unexcused absences over the course of the school year (more than 18 days total) and have not responded to program support must be dismissed from the PA Pre-K Counts classroom and replaced with an eligible child from the waiting list or recruited from the community. If a child is dismissed from the program, the school district will call the family to inform them. The school district will also mail the family a certified letter informing them of this decision.



CHILD'S NAME: _____

Attendance Policy for Pre K Counts Program

Making your child's first learning experience happy and successful is our program's top priority. Regular attendance is critical to helping your child establish regular routines and maximize their growth as we prepare them for kindergarten.

While circumstances sometimes necessitate a child missing school, it is important to maintain an open line of communication with your child's teacher. The Pre-K Counts team stands ready to support your family should regular attendance become a concern. Please understand that if your child accumulates excessive unexcused absences, his/her spot in the program may be in jeopardy.

Attendance Agreement

By signing below, I understand and accept the attendance expectations of the Delaware Valley School District's Pre-K Counts Program.

Parent/Guardian Signature

Date

Child's Name _____

Preschool Preference

Please indicate which building and class time you would prefer:

_____Dingman Delaware Primary School

_____AM Class (9:15 – 12:00)

_____PM Class (12:15 – 3:00)

_____Full Day (9:15 - 3:00)

_____Delaware Valley Elementary School

_____AM Class (9:00-11:45)

_____PM Class (12:00-2:45)

_____Full Day (9:00-2:45)

While we cannot guarantee that we will be able to accommodate your preference, your choices will be taken into consideration when classes are assigned.

DELAWARE VALLEY SCHOOL DISTRICT
PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

Name of School _____ Grade _____ Homeroom _____

Name of Child _____ Date of Birth _____ Sex: M F

PLEASE ATTACH CURRENT IMMUNIZATION RECORD FROM DOCTOR OR CLINIC

Medical History (if yes, explain)

Allergies -----Y N _____ Hypertension-----Y N _____
 Asthma-----Y N _____ Neuromuscular Disorder -----Y N _____
 Cardiac-----Y N _____ Orthopedic Condition-----Y N _____
 Drug/Alcohol Dependency---Y N _____ Respiratory Illness-----Y N _____
 Diabetes-----Y N _____ Seizure Disorder-----Y N _____
 Gastrointestinal Disorder----Y N _____ Skin Disorder-----Y N _____
 Hearing Disorder-----Y N _____ Vision Disorder-----Y N _____
 Other (specify) -----Y N _____

Please list any special medical problems or medications the student takes.

PHYSICAL EXAM

Height _____ Weight _____ BMI _____ Pulse _____ Blood Pressure _____

System	Normal	Abnormal	Deferred	Comment/Screening Result		
Hair/Scalp						
Skin						
Eyes & Vision Screening				OD	OS	REFER
Ears & Hearing Screening				PASS	FAIL	REFER
Nose & Throat						
Teeth & Gingiva						
Lymph Glands						
Heart						
Lungs						
Abdomen						
Genitourinary						
Neuromuscular/Extremities						
Spine/Scoliosis						
Psycho-Social Screening				WNL REFER: Y N		

Is the child under treatment? _____ Yes _____ No

Does the child have any restrictions on play or physical education activities? _____ Yes _____ No

Date of Exam _____

Signature of Examiner _____

Phone _____

PRINT name _____

DELAWARE VALLEY SCHOOL DISTRICT
NURSE'S DEVELOPMENTAL HISTORY

Name of Child: _____ Birthdate: _____

A child's development since birth influences his/her total health and growth. Please answer the following questions:

History of Birth:

1. Mother's age at child's birth: _____.
2. Were there any unusual conditions during pregnancy (i.e. bleeding, infection, German Measles, medication, high blood pressure)? _____ Yes _____ No
If yes, which illness and when did illness occur? _____
3. Was the baby premature? _____ at what month was baby delivered? _____
4. What was the baby's weight at time of birth? _____
5. Was delivery normal? _____ Forceps delivery? _____ C-Section? _____
If C-Section, why? _____
6. Were there any conditions or problems in the child after birth (i.e. Jaundice, need for oxygen, birth injuries, or birth defect)? _____ Comment _____
7. Was the labor difficult? _____ How long was labor? _____
8. RH factor or any other blood problem? _____
9. Apgar at 1 minute _____ at 5 minutes _____

History of Infancy and Childbirth:

Has your child shown any of the following? (Answer Yes or No)

1. Extreme Activity _____ Comment: _____
2. Extremely Tired/Sleepy _____ Comment: _____
3. Frequent Headaches _____ Comment: _____
4. Temper Tantrums _____ Comment: _____
5. High Fevers _____ Comment: _____
6. Fainting _____ Comment: _____
7. Convulsions/Seizures _____ Comment: _____
8. Feeding Problems _____ Comment: _____
9. Bowel/Bladder Problems _____ Comment: _____
10. Allergies _____ Comment: _____
11. Frequent Stumbling/Falling _____ Comment: _____
12. Poor Coordination _____ Comment: _____
13. Nail Biting _____ Comment: _____
14. Eye Blinking _____ Comment: _____
15. Stuttering _____ Comment: _____
16. Bed Wetting _____ Comment: _____
17. Thumb Sucking _____ Comment: _____
18. Other Habits/Problems _____ Comment: _____
19. Any Injury to Eyes/Head/Neck _____ Comment: _____
20. Any Hospitalizations _____ Comment: _____
21. Any family history of birth defects, convulsive disorders, heart disease, diabetes, TB? _____ Comment: _____
22. Has your child been to any clinics or other agencies? _____ Comment: _____
23. At what age did your child first sit alone _____, walk alone _____, crawl _____, said single words _____, talk in Sentences _____, first tooth _____, bowel trained _____, bladder trained _____
24. Is there any other pertinent health information we should be advised of? _____

Delaware Valley School District

Dear Parent .

School health law requires all children who are in grade K, three and seven to have a complete dental examination. If the required examination is done by your family dentist, please have them complete the form below and return it to the school nurse's office.

If you are on an every six month schedule, please mail this form to your dentist and request that it is completed for the last dental visit. Any exam done within one year of August of the current school year is acceptable. Any students who are not examined privately will be examined by the school dentist in the spring. Students who fail to complete and/or submit acceptable evidence of the mandated dental examination within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received.

Thank you,
Delaware Valley Nurses

Family Dentist Report

Student name _____ Date _____

School _____ Grade _____

1. This student last visited my office on _____
2. All necessary corrections were made at that time. Yes ___ _ No ___ _
3. If the above answer is no, please indicate the dental correction needed:
_____ primary teeth _____ permanent teeth _____ fillings
_____ extractions _____ gross malocclusion
_____ prosthetic replacement for lost or missing teeth
_____ other _____

This child is currently under my supervision *for* the above condition. Y N

Dentist Signature

Date

Dentist Address