

**CHESTER
COMMUNITY CHARTER SCHOOL
610-447-0400**

EAST CAMPUS

225 E. FIFTH STREET (BLDG A)
214 E. FIFTH STREET (BLDG B)
315 E. FIFTH STREET (BLDG C)
405 MADISON STREET (BLDG D)
CHESTER, PA 19013

WEST CAMPUS

(BLDGS A, B & C)
2730 BETHEL ROAD
CHESTER, PA 19013

UPLAND CAMPUS

1100 MAIN STREET
BROOKHAVEN, PA 19015

ASTON CAMPUS

200 COMMERCE DRIVE
ASTON, PA 19014

STUDENT APPLICATION PACKET

**YOU ARE REQUESTED TO COMPLETE
ONE PACKET PER STUDENT**



BUILDING A BETTER COMMUNITY

*** ONE STUDENT AT A TIME ***

CHESTER COMMUNITY CHARTER SCHOOL

Again, we are pleased that you have considered the Chester Community Charter School for your child's education. Some of our more notable accomplishments are listed below:

- One of the highest-ranking Charter School Special Education Programs in the state
- On-site Physical, Speech and Language, Occupational Therapists
- State Certified Teachers
- Art & Music Program
- Healthy Lifestyles & Physical Education
- NEW Literacy Coaches
- Before and After School Program
- Computer/Internet access in classrooms
- Counseling Program
- On site Head Start program for pre-school
- Large gymnasiums
- Enrichment Program
- State of the art technology

We look forward to processing your child's application and providing a wonderful educational opportunity!

Please check with our admissions team regarding campus and grade specific programs and activities.

CHESTER COMMUNITY CHARTER SCHOOL NECESSARY DOCUMENTATION

ACCORDING TO PENNSYLVANIA LAW, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE CHESTER COMMUNITY CHARTER SCHOOL. WITHOUT THESE DOCUMENTS, YOUR CHILD CANNOT BE ENROLLED.

- **PROOF OF CHILD'S AGE** (birth certificate, notarized copy of birth certificate, baptismal certificate, passport, prior school record indicating date of birth); **PLEASE NOTE: your child must meet the age requirements of your residential district.**
- **IMMUNIZATIONS REQUIRED BY LAW**(immunization record, written statement from former school district or from a medical office that the required immunizations have been administered or that a required series is in progress, or verbal assurances from the former school district or a medical office that the required immunizations have been completed, with records to follow);
- **PROOF OF RESIDENCY** (lease or deed AND one of the following: current utility bill, property tax bill) **A district may request additional proof.**
- **PARENT REGISTRATION STATEMENT** (attached)
- **HOME LANGUAGE SURVEY** (attached)

THE INFORMATION REQUESTED HEREIN OTHER THAN NAME, AGE, RESIDENCE, PARENT STATEMENT, IMMUNIZATION, AND HOME LANGUAGE SURVEY ARE SOLELY TO BECOME FAMILIAR WITH YOUR CHILD AND NOT AS A CONDITION OF ENROLLMENT OR ADMISSION.

Pennsylvania school code requires **physical examinations** be completed for students in grades kindergarten, first and sixth. **Dental examinations** are also required for students in grades kindergarten, first, third, and seventh. Therefore, to insure the health of all children, we request that you submit a copy of your child's most recent *physical* and *dental examinations* upon registration.



IMMUNIZATION REQUIREMENTS

Children in ALL grades (K-12) need the following vaccines:

DTP (Diphtheria, Tetanus, Pertussis) ----- 4 doses (1 dose on or after 4th birthday)

Polio ----- 4 doses (1 dose on or after 4th birthday)

Hepatitis B ----- 3 doses

MMR (Measles, Mumps, Rubella) ----- 2 doses (1 dose on or after the 4th birthday)

Varicella (Chicken pox) ----- 2 doses (1 dose on or after the 4th birthday)

MUST HAVE BEFORE ENTERING 7TH Grade **May be given in the 6th grade**

****Tdap** (Tetanus, Diphtheria, Acellular Pertussis)----- 1 dose at 12 years of age (6-7th grade)

****MCV** (Meningococcal) ----- 1 dose at 12 years of age (6-7th grade)

These requirements allow for medical, religious or philosophical beliefs. This exemption notice must be signed and returned to the school nurse. If your child is exempt from immunizations, he/she may be removed from school during an outbreak.

Please note: Pennsylvania law has changed effective August 2017. If your child is missing required immunizations your child will be excluded from school after 5 days unless you provide us with a medical certificate plan to receive immunizations signed by your child's doctor or primary care provider. If the record of missing immunizations is not received by the school nurse by the next day your child returns to school after the scheduled appointment your child will be excluded from school.

Chester Community Charter School



General Information

Thank you for enrolling your child in the Chester Community Charter School. We are pleased that you have chosen our school to achieve the most important challenge – the challenge of educating your child. We value this opportunity and promise to provide your child with the best teachers, safest learning environment and highest level of education possible.

Our current school hours are:

Monday	8:15 a.m. to 3:15 p.m.
Tuesday	8:15 a.m. to 3:15 p.m.
Wednesday	8:15 a.m. to 3:15 p.m.
Thursday	8:15 a.m. to 3:15 p.m.
Friday	8:15 a.m. to 3:15 p.m.

*Please refer to your school calendar for scheduled early dismissals

Extended hours to your student's school day are made possible through support from a 21st Century Community Learning Center grant and from the Chester Community Charter School general fund. Our Before and After School programs have proven to enhance your child's educational performance. If you have any questions about these programs, please call (610) 447-0400, and ask to speak with a coordinator of the Before and After School programs.

(*)Before School Care hours: 7:00 a.m. to 7:45 a.m. - Monday through Friday

(*)After School Program hours: 3:30 p.m. to 6:00 p.m. – Monday through Friday



Please note: School hours and extended school hours may be subject to change.

CHESTER
COMMUNITY CHARTER SCHOOL
STUDENT DRESS CODE

The Chester Community Charter School requires that all of its students adhere to the imposed Dress Code. We believe that the Dress Code reduces or eliminates issues children sometimes have with regard to style, fashion, or recent trends and fads. All data collected in this field supports our belief that the imposition of a Dress Code reduces behavioral issues. As a result, we believe the Dress Code is consistent with our school culture. If you have any questions or concerns about the Dress Code, kindly contact the school principal.

ELEMENTARY BOYS

- GREY UNIFORM PANTS (NO JEANS OR SWEATS)
- ROYAL BLUE POLO SHIRT WITH CCCS LOGO
- NAVY BLUE SOLID SOCKS
- SOLID BLACK SHOES (NO SNEAKERS)

ELEMENTARY GIRLS

- PLAID UNIFORM SKIRT
- ROYAL BLUE POLO SHIRT WITH CCCS LOGO
- NAVY BLUE SOLID SOCKS
- SOLID BLACK SHOES (NO HEELS)

CHESTER COMMUNITY CHARTER SCHOOL

STUDENT DRESS CODE

MIDDLE SCHOOL BOYS

- GREY UNIFORM PANTS **(NO JEANS OR SWEATS)**
- RED POLO SHIRT WITH CCCS LOGO
- NAVY BLUE SOLID SOCKS
- SOLID BLACK SHOES **(NO SNEAKERS)**
- GYM UNIFORM: NAVY T-SHIRT WITH CCCS LOGO & NAVY SWEATPANTS WITH CCCS LOGO

MIDDLE SCHOOL GIRLS

- PLAID UNIFORM SKIRT
- RED POLO SHIRT WITH CCCS LOGO
- NAVY BLUE SOLID SOCKS
- SOLID BLACK SHOES **(NO HEELS)**
- GYM UNIFORM: NAVY T-SHIRT WITH CCCS LOGO & NAVY SWEATPANTS WITH CCCS LOGO

OPTIONAL ITEMS FOR ANY GRADE

NAVY OR RED BUTTON CARDIGAN SWEATER WITH CCCS LOGO

- NAVY OR RED V-NECK PULLOVER SWEATER WITH CCCS LOGO
- NAVY OR RED BUTTON CARDIGAN SWEATER WITH CCCS LOGO

THANK YOU FOR YOUR COOPERATION

CHESTER COMMUNITY CHARTER SCHOOL

STUDENT/FAMILY INFORMATION FORM

STUDENT'S NAME: _____ DATE OF BIRTH: _____ GRADE: _____
(If you are applying during the summer, please indicate the grade your child will be going into for the coming school year)

STUDENT'S ADDRESS: _____

HOME DISTRICT: _____ HOME SCHOOL: _____

ETHNICITY CODE: _____ Hispanic or Latino OR _____ Not Hispanic or Latino GENDER: _____

RACIAL CODES: 1. American Indian/Alaskan Native 3. Black/African American 4. Hispanic/Latino 5. White 6. Multi racial 9. Asian
10. Hawaiian/Other Pacific Islander

MOTHER'S NAME: _____ FATHER'S NAME: _____

ARE EITHER PARENTS ENLISTED IN ACTIVE MILITARY DUTY?: YES NO

GUARDIAN'S NAME: (if applicable) _____ WHO DOES CHILD RESIDE WITH? _____

E-M AIL ADDRESS: _____

CONTACT PHONE #S:

Parent/guardian Name: _____

Parent/guardian's primary telephone number _____

Parent/guardian's home telephone number _____

Parent/guardian's cell phone number _____

Other Relatives or friends to be notified if parent/guardian cannot be reached:

_____ Phone no. _____ Relationship: _____

_____ Phone no. _____ Relationship: _____

HAS YOUR CHILD PREVIOUSLY EVER ATTENDED CHESTER COMMUNITY CHARTER SCHOOL?: circle YES NO
If yes, indicate school year and grade: _____

PLEASE LIST OTHER SIBLINGS WHO ATTEND CHESTER COMMUNITY CHARTER SCHOOL:

2ND STUDENT'S NAME: _____ GRADE: _____

3RD STUDENT'S NAME: _____ GRADE: _____

PLEASE LIST OTHER SIBLINGS WHO DO NOT ATTEND CHESTER COMMUNITY CHARTER SCHOOL:

SIBLING'S NAME: _____ SCHOOL: _____ GRADE: _____

SIBLING'S NAME: _____ SCHOOL: _____ GRADE: _____

PLEASE CIRCLE PREFERRED CAMPUS EAST WEST ASTON UPLAND

SCHOOL YEAR FOR WHICH YOU ARE APPLYING: _____

THE FOLLOWING INFORMATION IS FOR OFFICE USE ONLY: _____

ADMISSIONS : _____ BUSINESS NAME _____

COUNSELORS – please circle building assignment A B C D

CHESTER COMMUNITY CHARTER SCHOOL

PICK UP & EARLY DISMISSAL FORM

Student's Name _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

DATE: _____

As information, if a child misses his or her bus, it is Chester Community Charter School's policy that school personnel cannot transport students under any circumstances. If a student misses his or her school bus we will notify the parent/guardian at the phone numbers you listed on the student information form to arrange for transportation home.

In order to release your child at dismissal time or for early dismissal to anyone other than the parent/guardian you must complete the following information:

ONLY the following **adults** have my permission to pick up my child(ren) from school:

1. Name: _____ Relationship: _____

Address: _____

Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____

3. Name: _____ Relationship: _____

Address: _____

Phone: _____

YOUR CHILD(REN) WILL NOT BE RELEASED TO

ANYONE WHO IS NOT ON THIS LIST

**CHESTER
COMMUNITY CHARTER SCHOOL
PARENTAL REGISTRATION STATEMENT**

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action or offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P. S. §1301304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion:

Please provide additional schools and dates of expulsion or suspension:

Reason for suspension/expulsion (optional):

(Signature of Parent or Guardian)

Date

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

CHESTER

COMMUNITY CHARTER SCHOOL

PARENT CONTRACT

Signing this Parent Contract expresses your commitment to your child's education.

I (we) the parents/guardians of _____ have read and agreed to abide by the Code of Conduct and the Dress Code of Chester Community Charter School. I will support the school as it enforces the Code of Conduct and will work with my child so that he or she understands and respects the Code and accepts the consequences for misbehavior.

We also agree to the following:

Commitment to Education

- I commit to ensuring that my child attends school regularly and arrives on time.
- I will support my child's education by providing a conducive environment for homework and study.

Communication

- I will maintain open communication with the school and promptly inform the school of any changes in contact information.
- I will attend parent-teacher conferences and other school-related meetings.

Support for School Policies

- I will adhere to all school policies, including dress code, code of conduct, and any other rules and regulations.
- I will ensure that my child follows the school's policies and guidelines.

Homework and Assignments

- I will assist my child with homework and assignments as needed and ensure they complete their work on time.

Attendance

- I understand the importance of regular school attendance and will make every effort to ensure my child attends school daily.

Health and Safety

- I will notify the school of any health concerns or conditions my child has.
- I will keep my child home when they are unwell to prevent the spread of illness to other students.

Involvement in School Activities

- I will encourage my child's participation in school activities, clubs, and events when possible.

Volunteering

- I may consider volunteering at the school when needed and as my schedule allows.

Respectful Behavior

- I will instill in my child the importance of respectful behavior towards teachers, staff, and fellow students.

Compliance with School Calendar

- I will adhere to the school calendar, ensuring my child attends school on scheduled school days.

Signature of Parent/Guardian

Date

CHESTER
COMMUNITY CHARTER SCHOOL
PHOTOGRAPH & VIDEO PERMISSION FORM

PHOTOGRAPH AND VIDEO PERMISSION FORM

In order to comply with certain legalities, if you have no objection to having your child's picture or video in either a news or publicity release, please indicate below:

_____ Yes, the Chester Community Charter School has my permission to take my child's video or picture for legitimate school business.

_____ No, the Chester Community Charter School does not have my permission to take my child's video or picture.



Signature of Parent /Guardian

Date

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CHESTER, PA 19013**

UPLAND CAMPUS

**1100 MAIN STREET
BROOKHAVEN, PA 19015**

ASTON CAMPUS

**200 COMMERCE DRIVE
ASTON, PA 19014**

**CHILD ACCOUNTING
ADMINISTRATION BUILDING
302 EAST FIFTH STREET
CHESTER, PA 19013**

RELEASE OF INFORMATION

NAME OF SCHOOL/PRE-SCHOOL YOUR CHILD PREVIOUSLY ATTENDED:

**ADDRESS OF PREVIOUSLY
ATTENDED SCHOOL:**

Please answer the following questions for students ENTERING KINDERGARTEN:

Has your child attended a Pre-school//Pre-K program that included an academic preparation,
(letters, numbers, etc.) Y/N If yes, how many months attended: _____
(please enter name of the most recent previous Pre-school/Pre-K program above)

I, _____, father/mother/guardian (circle one)
(parent/guardian's name)

of _____, hereby authorize the release of any and
(name of student)

all information in your possession including academic, ESL, athletic, medical, disciplinary
and psychological profiles and any and all special education information, of my child to
Chester Community Charter School, upon receipt of this authorization.

The above statement is true and correct to the best of my knowledge, information and belief.

Signature of Parent/Guardian

Date

PLEASE SEND RECORDS TO THE ADDRESS CIRCLED ABOVE



Pennsylvania
Department of Education

Brick-and-Mortar Charter School Enrollment Form

For School Year: _____

Warning: A child enrolled in another public school, or a nonpublic or private school cannot, at the same time, enroll in a charter school.

Name of Charter School: _____

Address: _____

Charter School Contact Person: _____

Telephone: _____ Email: _____

Student Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

Mailing Address (if different from home address): _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

School District of Residence and Former School Information

School District of Residence: _____

Former School Information (Other Than Pre-School):

☐ Public School ☐ Charter School ☐ Home School ☐ Nonpublic/Private School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:

☐ Entering Kindergarten ☐ Re-Enrolling Dropout ☐ Other: _____

Name of Former School: _____

Address of Former School: _____

Previous Grade: _____ Withdrawal Date from Former school: _____

Was your Child receiving Special Education Services Based on an IEP? ☐ Yes ☐ No

If yes, do you have the Child's Special Education Records (IEP)? ☐ Yes ☐ No

Parent/Guardian Information

Child Lives with: ☐ Both Parents ☐ Both Parents Alternately ☐ Parent #1 Only ☐ Parent #2 Only
☐ Legal Guardian ☐ Foster Parents ☐ Other Adult

Special Custodial Court Instruction:
(If Yes, Please Provide a Copy of Court Order) ☐ Yes ☐ No

Complete Parent/Guardian Name and Address Information as Applicable:

Parent #1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email Address: _____

Parent #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email Address: _____

If the student is not living with parents, please complete this section:

☐ Guardian ☐ Foster Parent ☐ Other Adult

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. ***My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.***

Signature of Parent/Guardian

Date

To Be Completed by Charter School:

Verification of Date of Birth: ☐ Birth Certificate ☐ Other: _____

Proof of Residency: ☐ Mortgage Statement ☐ Lease ☐ Utility Bill ☐ Other: _____

Official Enrollment Date: _____ Anticipated Date of Attendance: _____

Grade Student is Entering: _____

Signature of Charter School Representative

Date



Chester Community Charter School Acceptable Use Policy

We are very pleased to bring a wide range of technologies to students, staff and faculty at CCCS. The internet and technology on our network are used to support the educational objectives of CCCS. Use of these technologies is a privilege and is subject to a variety of terms and conditions. CCCS retains the right to change such terms and conditions at any time.

Student Guidelines

1. Communication

I will use language that is appropriate when submitting academic work, participating in online forums and working in groups. I will be thoughtful and mindful about the language I use when posting online or sending messages to someone else. I will be mindful of how my words are interpreted by others. I will not use profanity or any language that is offensive to anyone.

2. Privacy

I will be aware of privacy settings on websites to which I subscribe. I understand that anything I do online or electronically is not private and can be monitored. I will not share any personal information about myself, family or faculty. This includes passwords, home addresses, phone numbers, ages, and birth date.

3. Honesty and Safety

I will not engage in online behavior that puts myself or others at risk. I will represent myself and the school honestly. This includes accessing the network using an account other than my own. I will seek help if I feel unsafe, bullied or witness unkind behavior. I will only communicate online with people I know. I will follow safety guidelines posted by sites to which I subscribe.

4. Learning

I will have a positive attitude and be willing to explore different technologies. I will evaluate the accuracy of information presented online and understand that not everything online is true. I will not plagiarize; I agree to document and properly cite all information acquired through online sources including but not limited to images, videos and music.

5. Respect for self and others

I will not upload or publish personal information, private communications or photos of other people without permission. I will respond thoughtfully to the opinions, ideas and values of others. I will not send or share mean or inappropriate emails or texts.

6. Respect for school and personal property

I will take care of all equipment on campus. I will report misuse and/or inappropriate content to my teachers and adults. I will use the technology on campus for school related purposes only.

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the CCCS Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy.

I have read the Acceptable Use Policy and agree to follow these rules and guidelines when using technology. This applies while I am at CCCS as well as when I am off campus.

Student Name (print) _____ Date _____



Chester Community Charter School Acceptable Use Policy (cont'd.)

Student Name (print) _____ Date _____

Parent Section:

I hereby release Chester Community Charter School, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the CCCS network. I will instruct my child regarding the rules of use contained in this document and understand and agree that the agreements contained herein are incorporated into the contract under which my child is enrolled at CCCS. I understand that it is impossible for CCCS to restrict access to all controversial materials and I will not hold the school responsible for materials accessed on the network. I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school when accessing online programs that are related to class work. I understand that CCCS encourages parents and guardians to supervise and monitor any online activity. I am aware of my child's account information and password for their Google school account. **Please be advised, it is not necessary to sign this contract annually so it will be binding for the entire duration of your child's enrollment with CCCS.**

Parent/Guardian (Print) _____ Date _____

Parent/Guardian Signature _____

For students in K-3

These students use a classroom username/password to access the Internet on their Chromebooks. They do not have individual accounts.

For students in 4-8

Each students email address uses the following formula:

firstname.lastname@chestercommunitycharter.org

Passwords are the student's first and last name initial plus their six-digit student code.
Example: nq160284.

(Please be aware that students have the ability to change their password at any time.)
The Google email and password provided by CCCS does not allow students to receive or send messages from this account. The email has been provided to only access Google Classroom, a teacher-directed program.

CHESTER COMMUNITY CHARTER SCHOOL ENROLLMENT FORM
(please circle yes or no to answer questions)

These questions are being asked in order for us to prepare for delivering any services your child may need. It is **NOT REQUIRED** of you to answer, nor is it a condition of your child's enrollment.

Has the student been identified as a special education student or a student with a disability? **YES NO**

Has an Individualized Education Plan (IEP) ever been developed for the student? **YES NO**

Has the student ever received a 504 service agreement? **YES NO**

Has the student ever received mental health treatment? **YES NO**

If yes, please explain: _____

Is the student currently receiving counseling or mental health treatment? **YES NO**

If yes, please explain: _____

I HAVE COMPLETED THIS INFORMATION TO THE BEST OF MY KNOWLEDGE AND MY RESPONSES ARE TRUTHFUL.

Signature of Parent/Guardian

Date

Home Language Survey*

The Office of Civil Rights (OCR) requires that the school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: _____ Date: _____

School: _____

STUDENT'S NAME: _____ **GRADE:** _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?

(Do not include languages learned in school.)

☐ Yes ☐ No

If yes, specify the language(s) _____

3. What language(s) is/are spoken in your home? _____

4. Student Place of Origin: United States ☐ Yes ☐ No

Other: _____ Date Entered USA: _____

5. Has the student attended any United States school in any 3 years during his/her lifetime? ☐ Yes ☐ No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____

Parent/Guardian Information:

1. Does the Parent/Guardian speak English? ☐ Yes ☐ No ☐

If no, what is the Parent/Guardian's primary language? _____

2. Does the Parent/Guardian read English? ☐ Yes ☐ No ☐

If no, what written language should forms be sent home for your child? _____

Person completing this form (if other than Parent/Guardian): _____

Relationship to Parent/Guardian _____

Parent/Guardian Signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language learners (ELLs). As parent of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

CHILD'S HEALTH HISTORY

CHILD'S LAST NAME _____ FIRSTNAME _____

CHILD'S DATE OF BIRTH _____ GRADE _____ TEACHER _____

DOES YOUR CHILD HAVE A HISTORY OF ANY OF THE FOLLOWING: (PLEASE CHECK "YES" OR "NO" TO EACH QUESTION)

	Yes	No		Yes	No		Yes	No
Diabetes			Asthma			Frequent Skin Rash		
Measles			Bronchitis			Eczema		
Chicken Pox			Seasonal Allergies			Urinary Diagnosis		
Rubella			Pneumonia			Gastrointestinal Diagnosis		
Mumps			Heart Condition			Hearing Difficulty		
Seizures			Blood/Clotting Disorder			Speech Difficulty		
Sickle Cell Disease (not the trait)			Frequent Nose Bleeds			Food Allergy that is documented by Doctor		
ADHD			Frequent Ear Infections			Allergic to Penicillin		
Wears Glasses			Frequent Sore Throat			Allergic to Sulfa		
Any operations			Juvenile Arthritis			Allergic to Aspirin		
Any severe injuries			Bee Sting Allergy			Any Other Medical Condition		

If you answered "YES" to any of these questions or your child has any other health concern please explain.

Physician's name to be notified in the event of an
emergency _____

Physician's telephone
number _____

IF AN EMERGENCY IS PRESENT AND MY CHILD'S AUTHORIZED PHYSICIAN CANNOT BE REACHED AT THE TIME OF THE EMERGENCY, AND IMMEDIATE TREATMENT IS NEEDED IN ORDER TO PROTECT THE LIFE, SAFETY, OR HEALTH OF MY CHILD, I HEREBY AUTHORIZE THE SCHOOL TO TRANSPORT MY CHILD TO CROZER MEDICAL CENTER IN CHESTER, PENNSYLVANIA.

I grant permission to the hospital to initiate emergency medical treatment.

Parent/Guardian signature _____

Date _____



Chester Community Charter School

EMERGENCY MEDICAL INFORMATION FORM

RETURN TO NURSE

(Student's Last Name) **(Student's First Name)** **(Date of Birth)**

Grade: _____ Teacher: _____ Rm# _____ Primary Language: _____ Gender _____

(Parent/Natural Guardian#1) **(Cell)** **(Work)**

Home Number: _____ Email: _____

Address: _____ Apt: _____ City _____ Zip Code _____

(Parent/Natural Guardian #2) **(Cell)** **(Work)**

Names of TWO or more people to call if Parent/Guardian(s) cannot be reached.

1) _____
 (Name) (Relationship) (Cell) (Work)

2) _____
 (Name) (Relationship) (Cell) (Work)

3) _____
 (Name) (Relationship) (Cell) (Work)

Please list Other Siblings Who Attend Chester Community School

 (Name) (Grade) (Name) (Grade)

 (Name) (Grade) (Name) (Grade)

 (Family Physician) (Phone Number)

 (Family Dentist) (Phone Number)

(Please Turn Over)

EMERGENCY MEDICAL INFORMATION FORM Page 2**(Student's Last Name)****(Student's First Name)****(Date of Birth)**

Does your child have a history of: (Asthma ☐ Yes No ☐) (Diabetes: ☐ Yes No ☐) (Seizures ☐ Yes No ☐) (Heart Condition: ☐ Yes No ☐)
 (Sickle Cell diagnosed by Doctor: ☐ Yes No ☐) (ADHD: ☐ Yes No ☐) (Seasonal Allergies ☐ Yes No ☐)
Any known Life threatening Allergy documented by Doctor? ☐ Yes No ☐. If yes, please explain _____

List your child's current medications: _____

Does your child need to take this medication during school hours? ☐ Yes No ☐

Note: If your child has asthma, a severe allergy, or any chronic condition that requires emergency medication, a doctor's order form must be completed by the doctor, signed by the parent, and returned along with the medication in the original container to the building nurse to ensure student safety. Failure to do so may result in your child losing his/her privilege to attend the current year's field trip.

****Nurses are not permitted to administer medications received in a prescription bottle labeled with your child's name without the accompanying Doctor's Order form.**

If deemed necessary by the nurse, do you authorize the school nurse/physician to give the following medications to your child? Place a ☒ in either the Yes or No column.

MEDICATION	YES	NO	MEDICATIONS	YES	NO
Tylenol			Chloraseptic Spray		
Ibuprofen/Motrin			Vaseline/Aquaphor/ Lip guard/ Carmex/ Medex		
Turns/Mylanta/Pepto-Bismol Tabs or Liquid			Bacitracin/Polysporin/First Aid Cream/Antimicrobial Gel		
Benadryl or other Anti-histamines (Severe Allergies Only)			Eye Wash: Sterile Saline/ Purified Water/ or Other		
Epi-pen			Bactine, hydrogen peroxide, antibacterial or antimicrobial soap		
Rescue Inhaler (For current year's diagnosis & Asthma Action Plan on File)			Caladryl, Benadryl Cream/Calamine Lotion & Gels		
Sting Relief Antiseptic & Lidocaine LCL 2.0%			Lotrimin or other Antifungal (With confirmed Diagnosis of Ringworm on File)		
Orajel/Anbesol (With current School year Physical Allergy Status)					

Permission for School Doctor to perform: The State Mandated Physical ☐ Yes No ☐ The State Mandated Dental ☐ Yes No ☐

These are very basic brief exams. Students are **NOT** required to take off their clothes for the physical and **NO** dental work is done during the dental exam. The dentist looks into the mouth and refers to the family dentist if needed. The exams are only performed if there is no documented physical and/or dental exam on file and your child is in the state mandated grade to receive the exams. These exams are not a substitute for a thorough exam done by your child's health care provider.

I understand that if neither the parent/guardian, nor the emergency contact(s) listed are reachable, I hereby give my permission for Chester Community Charter School to take whatever action necessary to treat my child in case of an emergency which may include transporting by ambulance to a hospital. I also understand that this transportation cost is the responsibility of the parent/guardian. In addition, I hereby give my authorization for school personnel to obtain any/all medical records as allowed by HIPPA regarding my child so that proper prompt treatment may be obtained.

Date: _____

Signature of Parent/Guardian