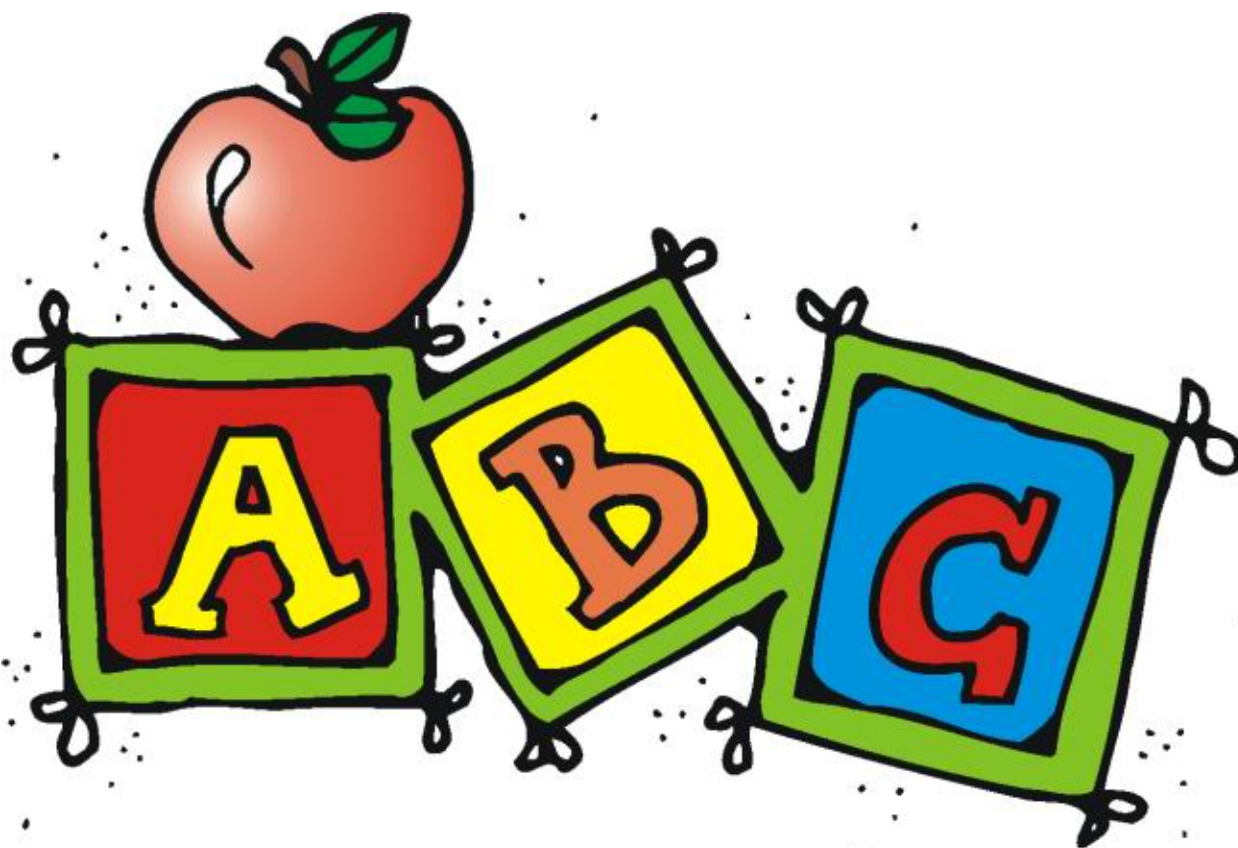


# Welcome to Kindergarten in the Fairfield Public Schools



A Handbook for Parents  
2015-2016

Fairfield, Connecticut



David G. Title, Ed.D.  
Superintendent of Schools

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January 2015

Dear Parents/Guardians:

It is with great pleasure that I invite your child to attend kindergarten in the Fairfield Public Schools beginning on Thursday, September 3, 2015. Our staff is looking forward to welcoming your child as a kindergarten student and also welcoming you as part of our school community.

This handbook contains information you will need to prepare for the kindergarten registration process. Please refer to page 1 for specific dates for registration, orientation and visitation and page 2 for the steps to follow to complete registration.

If you have any questions, please do not hesitate to call the principal of your elementary school or Michael Rafferty, Interim Director of Elementary Education, at 203-255-8372.

Sincerely,



David G. Title

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# FAIRFIELD PUBLIC SCHOOLS

## 2015 – 2016 KINDERGARTEN ACTIVITIES

<b>SCHOOLS</b>	<b>PARENT ORIENTATION</b> (will be held at the school)	<b>STUDENT VISITATION</b> (will be held at the school)
<b>Burr</b>	<b>April 28, 2015 (A – M)</b> 10:00 a.m. – 11:00 a.m. <b>April 29, 2015 (N – Z)</b> 10:00 a.m. – 11:00 a.m.	<b>April 28, 2015 (A – M)</b> 10:00 a.m. – 11:00 a.m. <b>April 29, 2015 (N – Z)</b> 10:00 a.m. – 11:00 a.m.
<b>Dwight</b>	<b>May 6, 2015 (A - L)</b> 1:30 p.m. – 2:15 p.m. <b>May 6, 2015 (M – Z)</b> 2:30 p.m. – 3:15 p.m.	<b>May 6, 2015 (A - L)</b> 1:30 p.m. – 2:15 p.m. <b>May 6, 2015 (M – Z)</b> 2:30 p.m. – 3:15 p.m.
<b>Holland Hill</b>	<b>May 4, 2015 (A - L)</b> 8:30 a.m. – 9:30 a.m. <b>May 4, 2015 (M – Z)</b> 10:00 a.m. – 11:00 a.m.	<b>May 4, 2015 (A - L)</b> 8:30 a.m. – 9:30 a.m. <b>May 4, 2015 (M – Z)</b> 10:00 a.m. – 11:00 a.m.
<b>Jennings</b>	<b>April 27, 2015 (A – L)</b> 2:00 p.m. – 3:00 p.m. <b>April 29, 2015 (M – Z)</b> 2:00 p.m. – 3:00 p.m.	<b>April 27, 2015 (A – L)</b> 2:00 p.m. – 3:00 p.m. <b>April 29, 2015 (M – Z)</b> 2:00 p.m. – 3:00 p.m.
<b>McKinley</b>	<b>April 29, 2015 (A – L)</b> 9:30 a.m. – 10:30 a.m. <b>April 29, 2015 (M – Z)</b> 1:30 p.m. – 2:30 p.m.	<b>April 29, 2015 (A – L)</b> 9:30 a.m. – 10:30 a.m. <b>April 29, 2015 (M – Z)</b> 1:30 p.m. – 2:30 p.m.
<b>Mill Hill</b>	<b>May 13, 2015 (A – L)</b> 2:00 p.m. – 3:00 p.m. <b>May 20, 2015 (M – Z)</b> 2:00 p.m. – 3:00 p.m.	<b>May 13, 2015 (A – L)</b> 2:00 p.m. – 3:00 p.m. <b>May 20, 2015 (M – Z)</b> 2:00 p.m. – 3:00 p.m.
<b>North Stratfield</b>	<b>May 13, 2015</b> 9:30 a.m. – 10:45 a.m.	<b>May 13, 2015</b> 9:30 a.m. – 10:45 a.m.
<b>Osborn Hill</b>	<b>May 6, 2015 (A – N)</b> 1:45 p.m. – 2:45 p.m. <b>May 7, 2015 (O – Z)</b> 1:45 p.m. – 2:45 p.m.	<b>May 6, 2015 (A – N)</b> 1:45 p.m. – 2:45 p.m. <b>May 7, 2015 (O – Z)</b> 1:45 p.m. – 2:45 p.m.
<b>Riverfield</b>	<b>April 29, 2015 (A – L)</b> 9:30 a.m. – 10:30 a.m. <b>April 29, 2015 (M – Z)</b> 2:00 p.m. – 3:00 p.m.	<b>April 29, 2015 (A – L)</b> 9:30 a.m. – 10:30 a.m. <b>April 29, 2015 (M – Z)</b> 2:00 p.m. – 3:00 p.m.
<b>Sherman</b>	<b>April 24, 2015 (A – Z)</b> 2:00 p.m. – 3:00 p.m.	<b>April 24, 2015 (A – Z)</b> 2:00 p.m. – 3:00 p.m.
<b>Stratfield</b>	<b>May 20, 2015 (A – L)</b> 10:00 a.m. – 10:45 a.m. <b>May 20, 2015, 2015 (M – Z)</b> 2:00 p.m. – 2:45 p.m.	<b>May 20, 2015 (A – L)</b> 10:00 a.m. – 10:45 a.m. <b>May 20, 2015, 2015 (M – Z)</b> 2:00 p.m. – 2:45 p.m.

## ELIGIBILITY FOR KINDERGARTEN

The following is the Fairfield Board of Education Policy #5111 regarding kindergarten eligibility:

Children reaching the age of five (5) on or before January 1<sup>st</sup> of any year shall be eligible for kindergarten in the preceding September. Children reaching the age of five (5) between January 2<sup>nd</sup> and February 28<sup>th</sup> may qualify for accelerated kindergarten admission entrance in the preceding September if they qualify as superior in the various aspects of readiness.



## KINDERGARTEN REGISTRATION

The purpose of the kindergarten registration process is to gather and share information that will help the school staff plan for each child's needs in the kindergarten program.

### GUIDELINES FOR REGISTRATION

**ALL REGISTRATIONS OCCUR AT THE BOARD OF EDUCATION OFFICES  
501 KINGS HIGHWAY EAST, 2<sup>ND</sup> FLOOR**

Please follow the steps below to complete the kindergarten registration process:

**An on-line registration MUST be completed before making an appointment to register. Your appointment will be cancelled if the on-line registration is not completed within 24 hours of your scheduled appointment.**

Please visit our website at [www.fairfieldschools.org](http://www.fairfieldschools.org) to complete this process.

*If you need computer access, computers are available at any Fairfield Public Library.*

Once you have completed the on-line registration form and submitted it, please call **203-255-8398** to schedule an appointment to finalize the registration.

A parent or legal guardian must appear to register any minor student. The parent or legal guardian will be required to provide personal identification. The following documents will be required to register your child:

- Official **original** Birth or Hospital Certificate is required. If not available, a Passport will be required.
- Proof of Residency - mortgage statement or deed to property or current lease agreement (**original signed and executed by all parties**).
- One **current** utility bill showing mailing address.
- Parent's valid driver's license or passport (**no copy accepted**).
- Automobile registration certificate (**no copy accepted**), and
- If applicable, legal guardianship document(s).

**Please note:** If you are missing any of the required document(s) listed above, your child will **not** be enrolled and another appointment will be required to complete the registration.

Following the registration at the Board of Education offices, you will be directed to the school(s) for class enrollment. When enrolling at the assigned school, you will need the following:

- Proof of Immunization and copy of last physical exam or Health Assessment Record.
- Records and verification from former school.



**Please be considerate to other families and come to your appointment prepared and on time.**



You are invited to attend a school orientation where you will learn more about your child's school and the kindergarten program. Please see page 1 for dates and times.

Your child is invited to visit a kindergarten classroom to become acquainted with the staff and the school environment. During this visit, the staff will have the opportunity to observe every child as they participate in story time, free play and an art activity. Please see page 1 for dates and times.

## HEALTH INFORMATION

### Health Assessment

A Completed Health Assessment (Physical Examination) Form is required for your child to start school. Please see below for more information regarding the assessment requirements.

Completed Health Assessment (Physical Examination) Form. (Exam must be done on or after August 15th of the school year preceding entrance to kindergarten.) The health assessment must be done by a physician or osteopath licensed to practice in the United States, or by an Advanced Practice Registered Nurse, Registered Nurse, or Physician's Assistant licensed to practice in Connecticut, or by a legally qualified Practitioner of Medicine, an Advanced Practice Registered Nurse or a Physician's Assistant stationed at any military base. Each health assessment shall include a hematocrit or hemoglobin test, height, weight, blood pressure, screening questions to be answered by the parent/guardian and examiner, an updating of immunizations as needed, vision, hearing, speech and gross dental screenings, a chronic disease assessment, which shall include but not be limited to whether the student has a diagnosis of asthma and such other information as the examiner deems appropriate. The examiner performing the health assessment shall complete and sign the Health Assessment Form and any recommendations concerning the student shall be made in writing.

A complete immunization record must be presented before a child enters school. For all students, this record must show dates of adequate immunization against:

- Diphtheria,
- Pertussis,
- Tetanus,
- Poliomyelitis (initial series plus booster given on or after the fourth birthday),
- Varicella; and
- Hepatitis B (three doses)

Additionally,

Haemophilis Influenza

(Hib) 1 dose given on or after the first birthday for students under five years of age.

Pneumococcal 1 dose given on or after the first birthday for students under five years of age who were born on or after January 1, 2007 and are enrolled in Pre-Kindergarten or Kindergarten, on or after August 1, 2011.

Hepatitis A 2 doses for all students born on or after January 1, 2007 who are enrolled in Pre-Kindergarten or Kindergarten, on or after August 1, 2011. First dose given on or after the first birthday.

Influenza	1 dose for students under five years of age enrolled in preschool, on or after August 1, 2011. Vaccine administered annually between August 1 and December 31. Individuals receiving the vaccine for the first time require two doses.
Measles, Mumps Rubella	2 doses for all students enrolled in Kindergarten through 12 <sup>th</sup> grade on or after August 1, 2011. First dose given on or after the first birthday.
Varicella	2 doses for those enrolled in Kindergarten or 7th grade on or after August 1, 2011. First dose given on or after the first birthday.
Tdap	1 dose given after the 7th birthday of diphtheria, tetanus and Pertussis vaccine for those enrolled in 7th grade on or after August 1, 2011.
Meningococcal	1 dose for those enrolled in 7th grade on or after August 1, 2011.

Under certain circumstances, proof of immunity based upon specific blood testing is acceptable in lieu of immunization. For further information, contact the school nurse.

Connecticut State Statutes permit exemptions from receiving immunizations if vaccination is medically contraindicated and such contraindication is certified by a physician and is in accordance with the provisions of state law, *or* if immunization is contrary to religious beliefs of the child and there is a parent/guardian statement to that effect. A written statement is needed. For further information, contact the school nurse.

Tuberculin Skin Test - Health assessments required prior to initial entrance into a Fairfield school shall include evidence of a Mantoux tuberculin skin test performed after most recent entry into the United States for students entering school in Fairfield from a country with a high prevalence of tuberculosis. Countries with a high prevalence of tuberculosis include those identified as such by the Connecticut Department of Public Health. The school nurse will inform you of the countries that are identified as high-prevalence countries. In addition, health assessments done on or after August 15, 2005, shall include documentation of the student's risk of exposure to tuberculosis. Any student determined to be at high risk shall receive a Mantoux tuberculin skin test performed in the United States as part of the required health assessment. Any student found to have a positive Mantoux tuberculin skin test or tuberculosis disease shall be permitted to attend school only in accordance with the protocols established by the Fairfield Director of Health and School Medical Advisor.

**PLEASE NOTE:**  
**NO CHILD WILL BE ADMITTED TO SCHOOL**  
**UNLESS ALL OF THE ABOVE REQUIREMENTS HAVE BEEN FULFILLED\***



Parents who register students during the spring and summer for entry into the Fairfield Public Schools next fall will be asked to send health requirements **submitted after June 11th** to the Fairfield Public Health Nursing Office instead of the school office (see below for address).

**\*Does the School Provide Health Assessments for Students?**

We expect that you will utilize your family health care provider who knows your child best to have his or her health assessment completed. It is important that parents participate in health assessments of their children. Health assessments required for initial entry into school and those required in grades 6 and 9 may be provided in school or at the Town of Fairfield Well Child Clinic for eligible students. For further information, contact the school nurse or the Town of Fairfield Public Health Nursing office at 256-3150.

**\*What If A Student Does Not Have the Required Immunizations?**

No student will be permitted to enter the Fairfield schools until evidence of adequate immunization is provided. The dates of the child's immunizations are needed. Immunizations may be available from the student's own health care provider or from the Town of Fairfield Well Child Clinic. For further information contact the school nurse or the Town of Fairfield Public Health Nursing office at 256-3150.

Questions concerning **health requirements** for entry into school may be directed to the *Fairfield Public Health Nursing Office* at the address and telephone number below.

**Fairfield Public Health Nursing  
100 Mona Terrace, Fairfield, CT 06824  
Telephone: 203-256-3150**

## ACCIDENTS AND ILLNESS

The school is responsible for first aid only, which is defined as the immediate and temporary care given to a student whose illness or injury occurs on the school premises during school hours, or in school-sponsored/supervised activities. Although temporary care may be given in school as needed for accidents and illnesses that have occurred at home, parents/guardians should consult their family physician for care. Parents/guardians are urged to report to the school nurse as soon as possible when their child has a communicable disease. Students are not to attend school when ill. A student should remain at home for 24 hours after his/her temperature has returned to normal.

In the event of an emergency, an ambulance will be called to transport the student to the hospital. Emergency medications including epinephrine and instant glucose may be administered in school by qualified personnel in accordance with the Protocol for Emergency Medication.

Parents/guardians are responsible to complete the online Emergency Card with contact information and to update changes in this information online.

## COMMUNICABLE DISEASES

Communicable diseases or conditions should be reported to the school nurse. These include but are not limited to:

Chickenpox	Haemophilus Influenza	Mononucleosis	Salmonella	Tetanus
Coxsackie Virus	Head Lice	MRSA (Methicillin-resistant Staphylococcus aureus) <i>Confirmed by a physician</i>	SARS (Severe Acute Respiratory Syndrome)	Tuberculosis
Diphtheria	Hepatitis	Mumps	Scabies	Vaccinia Disease
Fifth Disease	Impetigo	Pinkeye	Scarlet Fever (Scarletina)	Whooping Cough (Pertussis)
Food Poisoning <i>Confirmed by a physician</i>	Influenza	Pneumonia	Shingles	
German Measles	Measles	Poliomyelitis	Smallpox	
Haemophilus	Meningitis	Ringworm	Strep Throat	

If your child is suspected of having one of these diseases, your physician should be consulted immediately.

## DENTAL HEALTH PROGRAM

Once a year, all children are given a dental application form. Parents/guardians who wish to apply for dental services for their child are asked to return this application to their child's school.

Parents/guardians who may not be able to afford private dental care may be eligible to have their children receive teeth cleaning and topical fluoride treatment in school by the Dental Hygienist. Also, limited funding for eligible students is available for care by participating dentists for problems such as cavities and tooth extractions.

**GENERAL HEALTH INFORMATION  
MAINTAINED IN CUMULATIVE HEALTH RECORD K-12**

1. Record of health assessments (i.e., physical examinations). A recent (within one year) Physical Examination is required for entrance into kindergarten and in grades 6 and 9.
2. Record of:
  - a. Vision screening tests
  - b. Hearing screening tests
  - c. Postural screening
  - d. Dental services, if applicable
3. Record of immunizations.
4. Other relevant health information.

**HEALTH SCREENING PROGRAM**

Vision and hearing screenings are provided to students during the school year. When a case of pediculosis (head lice) is identified in the class, siblings and close contacts of the child with head lice will be screened. If a parent/guardian discovers an occurrence of head lice, the occurrence should be reported to the school nurse.

**SCREENING PROGRAMS**

The following health screenings are provided in school:

Vision Screening	Grades Pre-K (four years old by January 1st and older) through 6 and grade 9.
Hearing Screening	Grades Pre-K (four years old by January 1st and older) through 3, grades 5 and 8.
Postural Screening	Grades 5 through 9.

**Pediculosis (Head Lice)** It is recommended that parents/guardians check their child for head lice on a regular basis. This monitoring by parents is especially important during the summer months when children are attending camps, sleepovers and wearing helmets for various sports activities. In the elementary schools, the entire classroom is screened when there is a reported case of head lice in that classroom. In all schools, siblings and close contacts of the identified child are also screened. Remember to contact your child's school nurse if your child has head lice. This information will be kept confidential by the school nurse.

## **MEDICATIONS**

The following requirements apply to all prescriptions and over the counter medications in school: Prescribed medications may be administered by qualified school personnel when needed to meet the health needs of students with chronic or short-term health problems. Medications shall only be administered in school when it is not possible to achieve the desired effects by home administration. The written authorization of the student's Physician or Dentist licensed to practice in the United States, or Physician's Assistant, Advanced Practice Registered Nurse or Optometrist licensed to practice in Connecticut, and written parental/guardian authorization are required before medication may be given in school. Parents/guardians should consult the school nurse if their child needs to take medication in school. All medications must be supplied in the original pharmacy container and must be brought to school by the parent/guardian or other responsible adult. Unused, discontinued, or obsolete medications shall be returned to the parent/guardian or other responsible adult. Such medications that are not picked up by the parent/guardian within one week of notification by the school nurse, or by the last day of school, shall be destroyed.

### **ADMINISTRATION OF MEDICATIONS TO STUDENTS WHILE IN SCHOOL**

The following requirements apply to all prescription and over-the-counter medications in school:

#### **When may medications be given to students in school?**

Medication shall only be administered in school when it is not possible to achieve the desired effects by home administration.

#### **Who may administer medications to students?**

Medication will be administered in school by the school nurse or, in the absence of the nurse, by other qualified school personnel who are trained by the school nurse. Self-administration of medications by students may be permitted when certain requirements are met. For further information on self-administration of medication, contact the school nurse.

Also, parents may come to school to administer medications to their child if needed. However, the requirements below must be met whenever medication is to be administered by the school nurse, other school personnel, or self-administered by the child.

#### **What about emergency medications?**

If your child has a health condition requiring administration of emergency medication, such as a life-threatening allergy, you should contact your school nurse immediately so that the necessary authorizations and medication are available. Also, emergency medications including epinephrine and instant glucose may be administered in school by qualified personnel in accordance with the school Protocol for Emergency Medications.

### **What forms are needed for medication administration?**

Medical Authorization - Written authorization from an authorized prescriber, i.e., a physician or dentist licensed to practice in the United States, or a Physician's Assistant, Advanced Practice Registered Nurse, Optometrist or Podiatrist for intramural and interscholastic sports only, licensed to practice in Connecticut, must be provided before the initial dose may be given. The authorization form may be obtained from the school nurse.

Parental Authorization - Written authorization from the child's parent must be provided before the initial dose may be given. The authorization form may be obtained from the school nurse.

### **How should medication be packaged when it is brought to school?**

Prescription medications must be provided in pharmacy prepared containers which are properly labeled with the name of the child, drug, strength, dosage, frequency, authorized prescriber's name, and date of prescription. Over-the-counter medications must be in their original pharmacy container and labeled with the child's name.

### **How should medication be delivered to the school?**

All medications (except those approved by the school nurse for self-administration by students) shall be delivered to the school by the parent or other responsible adult.

### **What happens to medication that is unused, discontinued, or obsolete:**

Such medications shall be returned to the parent. Such medications that are not picked up by the parent within one week of notification by the school nurse, or by the last day of school, shall be destroyed.

## **STUDENTS WITH SPECIAL HEALTH NEEDS**

Parents/guardians should notify the school nurse if a child has a health problem, e.g., allergies, chronic illness, vision or hearing difficulties. The school nurse will work with the child's parents/guardians, physician and other school personnel to meet special health needs in school so that the child may benefit fully from his or her educational program. An Individualized Health Care Plan may be developed by the school nurse if appropriate to address the student's health care needs during the school day.

## **SEVERE ALLERGIC REACTIONS**

The goal of the Fairfield Public Schools is to assist an identified allergic student in avoiding exposure to allergens. It is recognized, however, that the school district cannot guarantee the elimination of allergens from the school environment. Administrative Regulations concerning the management of food allergies in the schools are available at each site and are published in the Fairfield Public Schools Family Guide.

## KINDERGARTEN PROGRAM

Fairfield Public Schools offers full day kindergarten for all students. If your child needs a transition to a full day program, please speak with the school principal to make these arrangements. The full day kindergarten schedule consists of five full days of school (8:55 AM - 3:30 PM except Holland Hill 8:10 AM - 2:45 PM) Monday – Friday starting on the first day of school, September 3, 2015.

The kindergarten curriculum includes language arts, mathematics, science, social studies, health and safety, music, art, physical education and library media. Instruction by specialists takes place once a week in art and twice a week in music and physical education. A lunch period, recess and quiet time are provided daily.

Enrollment in the full day class is projected to range from 17 to 23 students. A full-time teacher is assigned to each class as well as paraprofessional support. The afternoon sessions offer extension activities in language arts, mathematics, science and social studies along with continued socialization activities.

## **CANCELLATION OF SCHOOL/DELAYED OPENING/EARLY DISMISSAL**

Should school have to be cancelled or should we have to delay our opening or close early because of inclement weather, an announcement will be made on radio stations **WICC, WMMM** and **WEZN**. Up-to-date information may also be obtained by calling **203-255-TALK (203-255-8255)** or from our website, <http://www.fairfieldschools.org>. **PLEASE DO NOT CALL THE SCHOOL.**

Parents/guardians can also sign up to have text or email messages sent to alert them of school cancellations, delays or other emergencies by providing a cell number and/or email address through the district emergency card portal at:

<http://campus.fairfieldschools.org/campus/portal/fairfield.jsp>

It is advisable to plan ahead for childcare in cases of school cancellations, delayed openings or early dismissals.

## **TRANSPORTATION TO AND FROM SCHOOL**

Children who live a distance of three-fourths of a mile or more from school will be eligible for bus transportation.

If you are uncertain if your address qualifies for transportation, you may call the office of your neighborhood school or the Transportation Office at 203-255-8385.

**PLEASE NOTE** – Kindergarten students are not discharged from the bus unless an adult is present or with a sibling at the bus stop to meet the child. Students will be returned to school if an adult is not present.

## **ABSENCE FROM SCHOOL**

Every school has a morning call-in program. If your child will be absent for the day, you are asked to call the school **before 9:00 a.m.** and your message will be recorded.

Upon your child's return to school, please write an excuse for your child to give to the teacher.

## CURRICULUM

In kindergarten there is a curriculum to be followed which contains areas of instruction that will continue through the grades. The kindergarten program emphasizes physical, social, emotional and academic development. Each child will progress based on his/her individual developmental needs.

### ART

- Learns to handle art tools such as scissors, markers and paint brushes.
- Explores the 7 Elements of Art: colors, lines, shapes, values, texture, space and three-dimensional form.
- Uses a variety of media including clay, paint, cut and torn paper, crayons, markers and crafts.
- Begins to express individuality in art and appreciates the art of others.

### HEALTH

- Understands the importance of good personal practices (hygiene, rest, exercise, nutrition).
- Learns simple self-awareness skills.
- Identifies and observes safety rules at home, school, play and in the community.
- Learns about germs and how to stay healthy.
- Learns how being a healthy person affects your body and its growth.





## LANGUAGE ARTS

- Participates in reading familiar text.
- Recognizes that letters represent sounds in words.
- Recognizes and uses sound/symbol correspondence.
- Demonstrates comprehension of literary selections read aloud.
- With prompting and support, reads, listens to and comprehends a variety of texts/genres.
- Retells a story including the main characters, setting, main ideas and sequence of events using pictures and words.
- Illustrates/writes a story with a beginning, middle and end.
- Illustrates/writes in a variety of genres.
- Dramatizes a story through role-playing, finger plays and puppetry.
- Develops an understanding of concepts about print.
- Identifies many upper and lower case letters.



## LIBRARY MEDIA AND TECHNOLOGY

- Students will utilize the Library Learning Commons to select and borrow reading material based on personal interests and abilities, navigating both the physical and virtual environment.
- Students will begin learning foundational inquiry skills and, with guidance, will solve a simple research problem using a defined process.
- Students will generate original ideas and products based on new learning, communicate information in a variety of ways and create products using different media in order to express ideas effectively and creatively.
- Students will navigate our district's network and virtual Library Learning Commons with assistance, demonstrating responsible and acceptance use of digital technology.
- Students will use software applications to produce information and use interactive online learning applications to obtain and deepen knowledge.



## MATHEMATICS

- Constructs shapes and solids using a variety of materials.
- Adds and subtracts within 5.
- Develops vocabulary associated with time-hour, parts of the day, seasons and calendar.
- Writes and matches numerals to set of objects, 0-30.
- Sorts, names and trades objects.
- Estimates, counts, compares and orders sets and pictures of objects.
- Estimates and counts to 30 with and without objects.



## MUSIC



- Experiences their singing voice to match tones and performs a variety of songs.
- Experiences the pulse/beat through moving and body percussion.
- Differentiates between higher and lower sounds, fast and slow tempi, upward and downward contour and soft and loud sounds through moving, speaking, singing and instruments.
- Creates dramatizations, sound accompaniments and movement improvisations for stories, rhyme, and poetry.

## PENMANSHIP

- Holds a pencil correctly when printing.
- Prints own full name in proper form.
- Writes correctly from memory numerals 0-9.
- Copies letters correctly from a model.
- Prints letters of the alphabet.



## PHYSICAL EDUCATION

- Students will demonstrate motor skills and movement patterns needed to perform a variety of physical activities.
- Students will demonstrate an understanding of movement concepts as they apply to learning and performance of physical activities.
- Students will exhibit responsible personal and social behavior that respects self and others in physical activity settings.
- Students will use physical activity as a positive opportunity for social and group interaction.
- Students will be challenged through physical activity.



## SCIENCE



- Describes the properties of the natural and man-made materials used to build shelters.
- Describes and records daily weather data and graphs this data monthly.
- Use the senses and simple measuring tools for measuring and making observations.
- Observes and describes characteristics that distinguish living from nonliving things.

## SOCIAL STUDIES

- Students will define “family”, understand family relationships and understand the characteristics of their own family.
- Students will recognize the similarities and differences between themselves and others.
- Students will explain the importance of school.
- Students will state the importance of rules in their families, with their friends and at school.
- Students will respect different forms of celebration of various holidays.



## SCHOOL - HOME COMMUNICATION

Meaningful, timely communication between the parents/guardians of kindergarten students and their child's kindergarten teacher is a very important part of Fairfield's kindergarten philosophy. This communication may take one of several forms including informative notices and newsletters, parent/guardian-teacher conferences, and student report cards.

Please read and respond to the notes and notices you receive from school via your child. Often these communications ask for your involvement in some aspect of the kindergarten program. Your willingness to be involved sends a powerful positive message to your child regarding the importance of schooling.

Parents are encouraged to sign-up for alerts on the Infinite Campus Parent portal. Infinite Campus allows you access to important school and student information.

A provision is made in the calendar for scheduled parent/guardian-teacher conferences twice a year, in the fall and early spring. Teachers are also available for conferences by mutual arrangement as necessary.

A formal kindergarten report card of student progress and achievement is issued three times a year, in December, March and June. This report card is a comprehensive evaluation of how well your child progressed through the skills and concepts at this level.

Your participation in your child's education is very important. Kindergarten in Fairfield is designed for student success, and we want you to be an informed partner in your child's achievement.

Additional information about the Fairfield Public Schools can be found at:

**[www.fairfieldschools.org](http://www.fairfieldschools.org)**

## HOW PARENTS/GUARDIANS CAN HELP

The following are some of the ways you, as a parent/guardian, can help prepare your child for kindergarten.

1. Teach your child his/her full name, address (including town and state) and telephone number.
2. Help your child to assume responsibility for dressing himself/herself as best as possible. Label all outerwear.
3. Teach your child the proper use of bathroom facilities.
4. Encourage clear and proper speech.
5. Help your child to be a good listener and to respond at appropriate times.
6. Listen to your child and show genuine interest in what your child has to say.
7. Ask questions that prompt your child to think, such as "Why do you think so?" or "What do you think that means?"
8. Teach your child to develop an appreciation and respect for the rights and property of others.
9. Provide opportunities for your child to play with other children to learn sharing, taking turns and getting along with other children.
10. Read to your child. Choose material appropriate to your child's level of development, interest and maturity.
11. Limit the amount and monitor the quality of television your child watches.

# **Appendix**

## **Documents to Complete**

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- ☐ Health Assessment Record
- ☐ School Health Requirements for New Students
- ☐ Fairfield Volunteer/Resource Person Registration Form



# State of Connecticut Department of Education Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance? Y N		
Does your child have dental insurance? Y N		

If your child does not have health insurance, call **1-877-CT-HUSKY**

\* If applicable

## Part I — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Concussion	Y N
Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Fainting or blacking out	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N	Chest pain	Y N
Any other allergies	Y N	Any neck or back injuries	Y N	Heart problems	Y N
Any daily medications	Y N	Problems running	Y N	High blood pressure	Y N
Any problems with vision	Y N	"Mono" (past 1 year)	Y N	Bleeding more than expected	Y N
Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Problems breathing or coughing	Y N
Any problems hearing	Y N	Excessive weight gain/loss	Y N	Any smoking	Y N
Any problems with speech	Y N	Dental braces, caps, or bridges	Y N	Asthma treatment (past 3 years)	Y N
<b>Family History</b> Any relative ever have a sudden unexplained death (less than 50 years old) Y N Any immediate family members have high cholesterol Y N				Seizure treatment (past 2 years)	Y N
				Diabetes	Y N
				ADHD/ADD	Y N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

## Part II — Medical Evaluation

HAR-3 REV. 4/2012



### Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

☐ I have reviewed the health history information provided in Part I of this form

### Physical Exam

**Note:** \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_% \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_% BMI \_\_\_\_\_ / \_\_\_\_\_% Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

Normal		Describe Abnormal	Ortho	Normal	Describe Abnormal	
Neurologic			Neck			
HEENT			Shoulders			
*Gross Dental			Arms/Hands			
Lymphatic			Hips			
Heart			Knees			
Lungs			Feet/Ankles			
Abdomen			<div><div>*Postural</div><div><input type="checkbox"/> No spinal abnormality</div><div><input type="checkbox"/> Spine abnormality:<div><div><input type="checkbox"/> Mild</div><div><input type="checkbox"/> Moderate</div><div><input type="checkbox"/> Marked</div><div><input type="checkbox"/> Referral made</div></div></div></div>			
Genitalia/ hernia						
Skin						

### Screenings

*Vision Screening			*Auditory Screening			History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>	<b>*HCT/HGB:</b>	
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass			
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail			
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			<b>*Speech</b> (school entry only)	
						Other:	

**TB:** High-risk group?   ☐ No   ☐ Yes   PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

### \*IMMUNIZATIONS

☐ Up to Date or   ☐ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

**Asthma**   ☐ No   ☐ Yes:   ☐ Intermittent   ☐ Mild Persistent   ☐ Moderate Persistent   ☐ Severe Persistent   ☐ Exercise induced  
*If yes, please provide a copy of the **Asthma Action Plan** to School*

**Anaphylaxis**   ☐ No   ☐ Yes:   ☐ Food   ☐ Insects   ☐ Latex   ☐ Unknown source

**Allergies**   *If yes, please provide a copy of the **Emergency Allergy Plan** to School*

History of Anaphylaxis   ☐ No   ☐ Yes   Epi Pen required   ☐ No   ☐ Yes

**Diabetes**   ☐ No   ☐ Yes:   ☐ Type I   ☐ Type II

**Other Chronic Disease:**

**Seizures**   ☐ No   ☐ Yes, type: \_\_\_\_\_

☐ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (*specify*): \_\_\_\_\_

This student may:   ☐ **participate fully in the school program**

☐ participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:   ☐ **participate fully in athletic activities and competitive sports**

☐ participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

☐ Yes   ☐ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.

Is this the student's medical home?   ☐ Yes   ☐ No   ☐ I would like to discuss information in this report with the school nurse.

Signature of health care provider   MD / DO / APRN / PA

Date Signed

Printed/Stamped **Provider** Name and Phone Number





# Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx \_\_\_\_\_  
of above (Specify) (Date) (Confirmed by)

## Exemption

Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date \_\_\_\_\_  
Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_ Recertify Date \_\_\_\_\_

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools

### KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease\*.

### GRADES 1-6

- DTaP/Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease\*.

### GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease\*.

### GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease\*.

\* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.



# **IMMUNIZATION NOTIFICATION FORM**

## **REQUIREMENT FOR REGISTRATION IN THE FAIRFIELD PUBLIC SCHOOLS**

Dear Parent or Guardian,

The following are health requirements for students entering preschool, kindergarten, or transferring into other grades. These requirements conform to state law and Fairfield Board of Health policy. Please contact your child's school nurse if you have questions or if you need further information. Please refer to the document Fairfield School Health Policies and Programs for a complete description of health services provided during the school year.

### **Immunizations**

A complete immunization record must be presented before a child enters school. For all students, this record must show date of adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis (initial series plus booster given on or after the fourth birthday), Varicella, Hepatitis B vaccine, and against Measles Mumps and Rubella. Additionally, adequate immunization must be shown for the following:

Hib	1 dose given on or after the first birthday for students under five years of age.
Pneumococcal	1 dose given on or after the first birthday for students under five years of age who were born on or after January 1, 2007 and are enrolled in Pre Kindergarten or Kindergarten on or after August 1, 2011.
Hepatitis A	2 doses for all students born on or after January 1, 2007 who are enrolled in Pre Kindergarten or Kindergarten on or after August 1, 2011. First dose given on or after the first birthday.
Influenza	1 dose for students under five years of age enrolled in pre school. Vaccine administered annually between August 1 and December 31 <sup>st</sup> . Individuals receiving the vaccine for the first time require two doses.
Measles, Mumps, Rubella	2 doses for all students enrolled in Kindergarten through 12 on or after August 1, 2011. First dose given on or after the first birthday.
Varicella	2 doses for those enrolled in Kindergarten or 7 <sup>th</sup> grade on or after August 1 2011. First dose given on or after the first birthday.
Tdap	1 dose for those enrolled in 7 <sup>th</sup> grade on or after August 1, 2011.
Meningococcal	1 dose for those enrolled in 7 <sup>th</sup> grade on or after August 1, 2011.

Under certain circumstances, proof of immunity based upon specific blood testing or disease certification is acceptable in lieu of immunization. For further information, contact the school nurse.

Connecticut state statutes permit exemptions from receiving immunizations if vaccination is medically contraindicated and such contraindication is certified by a physician and is in accordance with the provisions of state law, *or* if immunization is contrary to the religious beliefs of the child and there is parent/guardian statement to that effect. A written statement is needed. For further information, contact the school nurse.

### **Health Assessments (Physical Examinations)**

A complete health assessment done by a physician or osteopath licensed to practice in the United States, or by an advanced practice registered nurse, registered nurse, or Physician's Assistant licensed to practice in Connecticut, must be presented to the school before a child enters school. A State of Connecticut Health Assessment form is provided by the school to be completed when your child receives the required health assessment. All required information must be completed before the health assessment may be accepted.

For students entering preschool and kindergarten, the health assessment must have been done on or after August 15 of the school year preceding entry into these grades. For older students, the health assessment must have been done as recently as the last required health assessment for the student's grade level. The school nurse will inform you of the acceptable time frame for your child's health assessment.

### **Tuberculin Tests**

Health assessments required prior to initial entrance into a Fairfield school shall include evidence of a Mantoux tuberculin skin test performed after most recent entry into the United States for students entering school in Fairfield from a country with a high prevalence of tuberculosis. In addition, health assessments done on or after August 15<sup>th</sup>, 2005 shall include documentation of the student's risk of exposure to tuberculosis. Any student determined to be at high risk shall receive a Mantoux tuberculin skin test performed in the United States as part of the required health assessment. For further information, contact the school nurse.

### **ACKNOWLEDGEMENT**

I have received and read the above requirements. I understand that my child shall not be permitted to register for or attend school until such time as the requirements are fulfilled.

---

Parent Signature

---

Date

---

Home Phone

---

Student's Name

---

Grade

---

School



**FAIRFIELD PUBLIC SCHOOLS**  
**Fairfield, Connecticut**

**1212AR**  
**Form**

**Volunteer/Resource Person Registration Form and Waiver of Liability**

*Only one form needs to be completed by a Volunteer/Resource Person each school year. Please print clearly in ink:*

**Registration Form**

Name: \_\_\_\_\_  
*Last First Middle Telephone*

Address: \_\_\_\_\_  
*Street City Zip Code*

E-mail address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Emergency adult contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you now or have you ever been a school volunteer/resource person? \_\_\_\_\_

At which school? \_\_\_\_\_ Year? \_\_\_\_\_

The name of any child or ward attending this school: \_\_\_\_\_

**Criminal Conviction Information**

Are you a sex offender? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

*If you answered YES, list all offenses -*

Offense(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Place(s): \_\_\_\_\_

If requested, are you willing to consent to a criminal background investigation? \_\_\_\_\_

**Important Volunteer/Resource Person Policies and Guidelines**

1. All Volunteers/Resource Persons must complete a new Volunteer/Resource Person application each year.
2. All Volunteers/Resource Persons must sign in at the school office before proceeding to their Volunteer/Resource Person assignment.
3. Volunteers/Resource Persons may not dispense either prescription or over the counter medications to students.
4. Volunteers/Resource Persons must respect a student's right to confidentiality including the following areas: standardized test scores, family background information, reports of serious behavior patterns and written teacher observations.

Date: \_\_\_\_\_ Signature of Volunteer/Resource Person: \_\_\_\_\_

Printed Name of Volunteer/Resource Person: \_\_\_\_\_

\*\*\*\*\*

**For School Use Only**

“Sex offender list” checked by \_\_\_\_\_ on \_\_\_\_\_ (mandatory).

Is a criminal background check necessary (the individual will be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a check would be prudent)? \_\_\_\_ Yes \_\_\_\_ No

If “yes,” and provided the individual authorized the check,

- the date on which the check was requested? \_\_\_\_\_
- the date on which it was received and reviewed. \_\_\_\_\_

☐ Approved

☐ Not Approved

Reviewed by: \_\_\_\_\_  
Signature Date

10/1/2008

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#### **Immunizations**

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Varicella	2 doses for those enrolled in Kindergarten or 7 <sup>th</sup> grade on or after August 1, 2011. First dose given on or after the first birthday.
Tdap	1 dose for those enrolled in 7 <sup>th</sup> grade on or after August 1, 2011.
Meningococcal	1 dose for those enrolled in 7 <sup>th</sup> grade on or after August 1, 2011.

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#### **ACKNOWLEDGEMENT**

I have received and read the above requirements. I understand that my child shall not be permitted to register for or attend school until such time as the requirements are fulfilled.

_____ Parent Signature	_____ Date	_____ Home Phone
_____ Student's Name	_____ Grade	_____ School

**FAIRFIELD PUBLIC SCHOOLS  
ELEMENTARY SCHOOLS**

<b>SCHOOL</b>	<b>ADDRESS</b>	<b>PRINCIPAL</b>	<b>PHONE</b>
Burr	1960 Burr Street	Jason Bluestein	255-7385
Dwight	1600 Redding Road	Mimi Maniscalco	255-8312
Holland Hill	105 Meadowcroft Road	Laura Cretella	255-8314
Jennings	31 Palm Drive	Anthony Vuolo	255-8316
McKinley	60 Thompson Street	Leslie Pearson	255-8318
Mill Hill	635 Mill Hill Terrace	Kevin Chase	255-8320
North Stratfield	190 Putting Green Road	Deborah Jackson	255-8322
Osborn Hill	760 Stillson Road	Frank Arnone	255-8340
Riverfield	1625 Mill Plain Road	Brenda Anziano	255-8328
Sherman	250 Fern Street	Eileen Roxbee	255-8330
Stratfield	1407 Melville Avenue	Elizabeth McGoey	255-8332

## **MEMBERS OF THE FAIRFIELD BOARD OF EDUCATION**

### **Chairman**

**Philip Dwyer**

### **Vice-Chairman**

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**Jennifer Maxon-Kennelly**

**Marc Patten**

## **ADMINISTRATION**

Dr. David Title	Superintendent of Schools	255-8371
Karen Parks	Deputy Superintendent	255-8372
Ann Leffert	Director of Human Resources	255-8462
Thomas Cullen	Director of Operations	255-8373
Michael Rafferty	Interim Director of Elementary Education	255-8372
Dr. Margaret Boice	Director of Secondary Education	255-8390
Andrea Leonardi	Director of Special Education & Special Programs	255-8379
Doreen Munsell	Director of Finance & Business Services	255-8383

## **ADMINISTRATIVE OFFICES**

Education Center  
501 Kings Highway East, Suite 210  
Fairfield, CT 06825

**[www.fairfieldschools.org](http://www.fairfieldschools.org)**



**FAIRFIELD**  
**PUBLIC SCHOOLS**