

Morgan County Schools Pre-K and Head Start – Application Requirements Check-off

Student's Name: _____ Birthdate: _____ (Age as of 6/30 _____)

PRE-K HEAD START OI HEAD START (CURRENT IEP IN PLACE)

REQUIRED DOCUMENTS FOR PRE-K / HEAD START REGISTRATION: (Check off each item upon completion)

(** denotes that the child/family may not have/need these items)

<p>STATE BIRTH CERTIFICATE _____ <input type="checkbox"/> filled out state application</p> <p>**COURT DOCUMENTS _____ (custody /adoption / protection order)</p> <p>SOCIAL SECURITY CARD _____ copy of card or Number</p> <p>MEDICAID / INSURANCE CARD _____ make copy</p> <p>PHYSICAL FORM or appointment date _____ current form signed by child's doctor</p> <p>DENTAL FORM or appointment date _____ current form signed by the child's dentist.</p> <p>**WVU DENTAL PERMISSION _____ <u>*Medicaid or Chips recipients only-</u> <u>without a dental or dental home.</u></p>	<p>INCOME VERIFICATION _____ (copy proof of income documents)</p> <p>SELECTION CRITERIA _____</p> <p>DEMOGRAPHICS _____</p> <p>BUS FORM _____</p> <p>SCREENING PERMISSION _____</p> <p>SCHOOL MESSENGER FORM _____</p> <p>**LEAD BLOOD SCORE _____</p> <p>**HCT/HGB SCORE _____</p> <p>**TB TEST _____ *Required if child has lived or visited outside the United States</p>
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NOTES:

VACCINATION REQUIREMENTS FOR PRE-K ENTRY: (Check box for each dose completed)

<p>DPT- Series of 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(Diphtheria, Pertussis, Tetanus) (Pentacel, Pederix, Kinrix)</p> <p>Polio- Series of 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(IPV) (Pentacel, Pederix, Kinrix)</p>	<p>MMR- 1 dose <input type="checkbox"/></p> <p>(Measles, Mumps, Rubella) (Proquad)</p> <p>Varicella- 1 dose <input type="checkbox"/></p> <p>(Chicken Pox) (Proquad)</p> <p>Hepatitis B- Series of 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(Pederix)</p>
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VACCINATIONS BELOW ARE HIGHLY RECOMMENDED, BUT NOT REQUIRED FOR HEAD START / PRE-K ENTRY:

<p>*Hepatitis A - Series of 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>*Hib - 1-4 doses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(Depending on the age) (Haemophilus Influenzae Type B) (Pentacel)</p>	<p>*PCV - 1-4 doses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(Depending on the age) (Pneumococcal, Prevnar)</p>
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PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

STAFF SIGNATURE _____ **DATE** _____