

Mayfield Woods Middle School

New Student Orientation

For 6th grade and newly enrolled students and their parents

Come meet the staff and learn more about:

- *Your schedule and where your classes are*
 - *Academic & Related Arts Classes*
- *The Mayfield Woods Schedule & Special Programs*
 - *Tips for a Successful Mayfield Experience*
 - *Tips to Keep Communication Open*



Thursday, August 25th, 2016

1:00 – 2:00 P.M.

Parents in the Cafeteria

Students in the Gym

BUS/TRANSPORTATION INFORMATION may be found online at www.hcpss.org. Click on the School & Bus Locator icon located under "Services & Information".

Schools Phone Numbers

Elementary Schools

Atholton	410-313-6853
Bellows Spring	410-313-5057
Bollman Bridge	410-880-5920
Bryant Woods	410-313-6859
Bushy Park	410-313-5500
Centennial Lane	410-313-2800
Clarksville	410-313-7050
Clemens Crossing	410-313-6866
Cradlerock	410-313-7610
Dayton Oaks	410-313-1571
Deep Run	410-313-5000
Ducketts Lane	410-313-5050
Elkridge	410-313-5006
Forest Ridge	410-880-5950
Fulton	410-880-5957
Gorman Crossing	410-880-5900
Gulford	410-880-5930
Hammond	410-880-5890
Hollifield Station	410-313-2550
Ilchester	410-313-2524
Jeffers Hill	410-313-6872
Laurel Woods	410-880-5960
Lisbon	410-313-5506
Longfellow	410-313-6879
Manor Woods	410-313-7165
Northfield	410-313-2806
Phelps Luck	410-313-6886
Pointers Run	410-313-7142
Rockburn	410-313-5030
Running Brook	410-313-6893
St. John's Lane	410-313-2813
Stevens Forest	410-313-6900
Swansfield	410-313-6907
Talbott Springs	410-313-6915
Thunder Hill	410-313-6922
Triadelphia Ridge	410-313-2560
Veterans	410-313-1700
Waterloo	410-313-5014
Waverly	410-313-2819
West Friendship	410-313-5512
Worthington	410-313-2825

Middle Schools

Bonnie Branch	410-313-2580
Burleigh Manor	410-313-2507
Clarksville	410-313-7057
Dunloggin	410-313-2831
Elkridge Landing	410-313-5040
Ellicott Mills	410-313-2839
Folly Quarter	410-313-1506
Glenwood	410-313-5520
Hammond	410-880-5830
Harper's Choice	410-313-6929
Lake Elkhorn	410-313-7600
Lime Kiln	410-880-5988
Mayfield Woods	410-313-5022
Mount View	410-313-5545
Murray Hill	410-880-5897
Oakland Mills	410-313-6937
Patapsco	410-313-2848
Patuxent Valley	410-880-5840
Thomas Viaduct	410-313-8711
Wild Lake	410-313-6957

High Schools

Atholton	410-313-7065
Centennial	410-313-2856
Glenelg	410-313-5528
Hammond	410-313-7615
Howard	410-313-2867
Long Reach	410-313-7117
Marrotts Ridge	410-313-5568
Mt. Hebron	410-313-2880
Oakland Mills	410-313-6945
Reservoir	410-888-8850
River Hill	410-313-7120
Wild Lake	410-313-6965

Special Schools/Centers

Cedar Lane	410-888-8800
Homewood	410-313-7081

The Howard County Public School System does not discriminate on the basis of race, color, creed, national origin, religion, physical or mental disability, age, gender, marital status, or sexual orientation in matters affecting employment or in providing access to programs. Inquiries concerning the application of Title IX should be referred to: Title IX Coordinator, Office of Equity Assurance, Howard County Public School System at 10910 Clarksville Pike, Ellicott City, MD, 21042, 410-313-6854.

Howard County Public School System
10910 Clarksville Pike • Ellicott City, MD 21042

410-313-6600

Rev. 8/2014

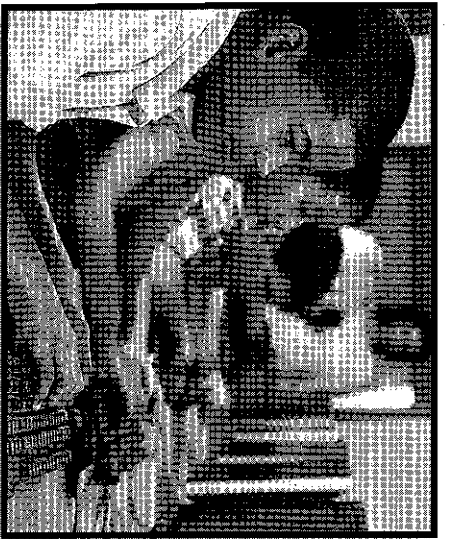
IFAS # 39502124

How to Enroll Your Child

in the Howard County
Public School System



HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

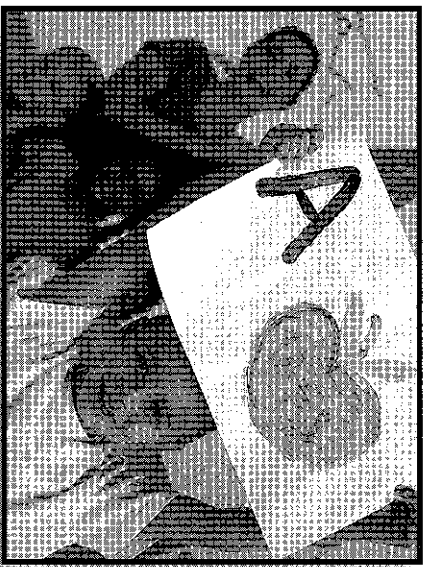


Enrollment Requirements

- Student must be registered by his/her custodial parent (biological, adoptive, legal guardian).
 - Parents must live in the school attendance area of the school in which they plan to enroll their student.
 - The following information is required at time of registration:
 - a. Parent picture ID - driver's license, military ID, or passport
 - b. Signed original, current lease or deed with your address, valid dates, signatures
 - c. Current utility bill with name and address (non-cellular telephone, gas and electric, cable bill)
 - d. Student's proof of birth (birth certificate, passport/visa, physicians certificate, baptismal or church certification, hospital certificate, parents affidavit, birth registration)
 - e. Proof of parental relationship, custody, or guardianship
 - f. Student's current proof of immunizations
 - g. Student's most recent grade report - transcript, report card from last school attended at time of withdrawal
 - h. Documentation of Special Education (IEP), 504, Psychological Report, or related services
- Please call the school to find out when enrollments are scheduled and whether a registration appointment is necessary!

Registration Information

- Not sure which school your student should attend? Visit the HCPSS School Locator site at <http://public.hcpss.org/sl/>. Or, call the Public Information Office at 410-313-6682.
- Immunization questions: Contact the health staff at the child's home school or the Health Services Office at 410-313-6612.
- Custody documents: In the case of a divorce or separation, it is important for the school to have a copy of the information pertaining to custody. Students can **ONLY** be registered by the custodial parent living in Howard County. If you are not the child's parent, you must have court-ordered guardianship to register a student in Howard County public schools.
- If you have any "special" living arrangements (living with a relative until your home is built, sharing residence with another family, homeless, etc.), please contact the school's Pupil Personnel Worker at 410-313-6646. Special documentation must be on file, if you do not have your own legal mailing address in your school's district.
- If you are buying/building/leasing, and don't live within your school district, you must contact the office that handles out-of-district requests at 410-313-6997.
- If the student is new to Howard County and the native language is not English, or if parents need language support, contact the International Student Registration Center for assessment and registration at 410-313-1525 or 410-313-7102. International students enrolling in high school must have their transcript evaluated by the International Student Registration Center.



Other Helpful Information

Where to go if...

- Lost birth certificate? For children in Maryland, a copy of a birth certificate can be obtained from the Howard County Health Department, 8930 Stanford Blvd., Columbia, 21045; 410-313-6300. There is a \$35 charge for this service.
 - Can't find your deed? You can obtain a copy of your deed from the Howard County Circuit Court Clerks' Land Records Department, 9250 Bendix Road, Columbia, 21045; 410-313-5850. There is a charge for this service. Or go to www.mdlandrec.net.
 - Haven't settled on your house yet? House in the process of being built? Contact the office that handles out-of-district requests, 410-313-6997.
- Any deviation from the stated requirements must be approved by the Office of Pupil Personnel.
- Also contact the Office of Pupil Personnel in situations regarding:
- Residency
 - Multiple family living arrangements
 - Homeless students
 - Custody/guardianship
- 410-313-6646 or 410-313-6792

Student Name: _____

PARENT/GUARDIAN INFORMATION
PLEASE PRINT CLEARLY

Parent/Guardian #1:

Name: _____

Relationship to Child: _____

Address (if different than child):

Email: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Name of Employer: _____

Interpreter Needed? Yes No If yes, what language: _____

Parent/Guardian #2:

Name: _____

Relationship to Child: _____

Address (if different than child):

Email: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Name of Employer: _____

Interpreter Needed? Yes No If yes, what language: _____

HOWARD COUNTY PUBLIC SCHOOLS REGISTRATION FORM

Enrollment School Name: _____

Has the student ever attended a Howard County Public School? Yes No

If yes, name of school _____

Date of Birth: _____ / _____ / _____ Gender: Male Female
Month Day Year

Birth Country: _____

Student's Legal Name (as it appears on evidence of birth):

_____ Last First Middle Suffix

Student's Preferred Name: _____

Home Language: _____

Dominant Language: _____

Native Language: _____

Social Security Number (optional): _____

Does the student have a F-1 Visa? Yes No

Student Home Phone (_____) _____

Student Cell Phone (_____) _____

Student Work Phone (_____) _____

Present Address: _____
Street

_____ City State Zip Code

Mailing Address (if different from physical address): _____
Street

_____ City State Zip Code

Previous Address: _____
Street

_____ City State Zip Code

Previous School Attended: _____ (_____)
Name of School School Phone Number

_____ Street

_____ City State Zip Code

For Office Use Only

ID# _____

YOG _____ Grade _____

Date ____/____/____ Code _____

Bus # _____ Homeroom _____

Counselor _____

Evidence of Birth

Birth Certificate Passport/Visa

Physician's Certificate Parent's Affidavit

Baptismal or Church Certification

Hospital Certificate Birth Registration

Other _____

Parent Photo ID Yes No

Immunization Records received Yes No

Custody Documents Yes No

Out of District Yes No

Home School _____

Proof of Residence

Deed Lease Utility Bill

Multiple Family

Multiple Family Proof 1

Multiple Family Proof 2

HOWARD COUNTY PUBLIC SCHOOLS REGISTRATION FORM

Ethnicity (check one): Hispanic Yes No

Race (check all that apply): American Indian/Alaskan Native Asian Black/African American Native Hawaiian or Other Pacific Islander White

Has the student ever received Special Education services? Yes No 504 Services? Yes No ESOL Services? Yes No

Does the student have a current IEP? Yes No Current 504 Plan? Yes No

Student lives with: Both Parents Mother Father Guardian Caretaker Foster Parent(s)

Are you the court-ordered parent? Yes No

First Head of Household

Name: _____
First Middle Last

Mother Father Guardian Step Parent Other _____

Home phone: (____) _____ Cell phone: (____) _____ Work phone: (____) _____

E-mail: _____

Second Head of Household

Name: _____
First Middle Last

Mother Father Guardian Step Parent Other _____

Home phone: (____) _____ Cell phone: (____) _____ Work phone: (____) _____

E-mail: _____

If foster parents, placing agency: _____

Contact person: _____ Phone number: (____) _____

Brothers and Sisters: Please list name(s) and birth date(s)

_____	Month / Day / Year	_____	Month / Day / Year
_____	Month / Day / Year	_____	Month / Day / Year
_____	Month / Day / Year	_____	Month / Day / Year
_____	Month / Day / Year	_____	Month / Day / Year

I certify that the above information is true and that the above student legally resides in Howard County, and that the questions have been answered to the best of my knowledge.

Signature of Parent/Guardian/Caretaker: _____ Date: ____/____/____



HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

REQUEST FOR STUDENT RECORDS

Student's Name: _____ Date of Birth: ____/____/____

Last School Attended: _____ Grade: _____

Address of Last School Attended: _____

Phone: _____ Fax: _____

_____ has enrolled in Mayfield Woods Middle School effective _____
I hereby give permission for the release of all my child's records to the above named school.

Parent/Guardian Signature _____ /____/____
Date

Please forward education, health, special education, disciplinary, and confidential records to:
Student Services/Records Department
Mayfield Woods Middle School
7950 Red Barn Way
Elkridge, MD 21075
Phone: (410) 313-5025 Fax: (410) 313-5065

Thank you for your cooperation.

Signature _____ /____/____
Date

This form must be mailed or faxed within 2 days of student registration.
A second request must be mailed or faxed after 10 days.

For Office Use Only: Date Request Sent/Faxed: ____/____/____ Second Request: ____/____/____ Date Records Received: ____/____/____

**Mayfield Woods Middle School
New Student Questionnaire**

Student Name _____

Grade _____

1. What is the name of the most recent math course your child completed (or is currently taking)?

2. Is your child currently enrolled in a World Language course? Please indicate French or Spanish.

3. Was your child on an active IEP (Individualized Education Plan) at his/her previous school? If yes, what is the category he/she qualifies for special education services? (Ex. Specific Learning Disability, Other health impairment, Speech/Language, etc.)

4. Was your child on a 504 plan at his/her previous school? If yes, indicate your child's physical or mental impairment used for qualification.

5. Did your child learn another language prior to speaking English? Does your child receive ELL (English Language Learner) or ESOL (English for Speakers of Other Languages) services?

6. If you feel that your child is performing two or more grades above grade level, would you like your child screened for participation in the Howard County G/T program? Please check the subjects that apply.

_____ English/Language Arts (ELA)

_____ Science

_____ Social Studies

_____ Math*

_____ My child was participating in G/T courses in Howard County. See transfer packet.

*Math placement is also contingent on the math course in which your child was last enrolled.

7. Does your child want to participate in one of the following music programs?

_____ Band instrument _____ years played _____

_____ Orchestra instrument _____ years played _____

_____ Chorus

8. Was your child receiving any school counseling services, special assistance, or tutoring? Please describe.



9. Please describe your child's interests and talents.

10. How does your child feel about school?

11. Please describe any concerns you have for your child regarding starting in a new school or any additional information you would like to share.

HOWARD COUNTY PUBLIC SCHOOL SYSTEM 39513022
HEALTH SURVEY FORM

Date _____

Child's Name _____ DOB _____ Entering Grade _____

Address _____ Phone Number _____

Entering School _____ Last School Attended _____

Name of Person Giving Information _____ Relationship _____

Date of last physical exam _____ Date of last dental exam _____

Does student have health insurance _____

HAS YOUR CHILD EVER ATTENDED A MARYLAND PUBLIC SCHOOL? _____

	YES	NO	COMMENTS
1. Has the student received all the immunizations required for school?			
2. Is the completed Maryland Immunization Certificate attached?			
3. Will the student require medication to be given at school?			
4. Does the student take any medication at home that the health room should be aware of?			
5. Does the student have any history of: a. Allergies (asthma, bee sting, foods, medication, etc.) b. Seizures c. Other serious illness d. Serious accidents e. Hospitalizations or operations f. Chronic illness (Diabetes, Sickle Cell, etc.) g. Speech difficulties h. Handicapping Condition			
6. Does the student have any activity restrictions?			
7. Does the student have any eye problems? (crossed eyes, trouble seeing, wears glasses or contacts, tear duct problem)			
8. Does the student have any ear or hearing problems?			
9. Do you have any concerns about your student's behavior or emotional well-being? (activity, fears, peer relationships, etc)			
10. Do you have any concerns about your student's medical history? (such as medical problems related to your pregnancy, labor or delivery?)			
11. Do you have any concerns about your student's general health? (eating and sleeping habits, posture, teeth, skin, weight, daytime wetting, etc.)			
12. Does your student have a doctor?			
13. Do you need help in finding a doctor or getting health insurance for your student?			

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf
- **Evidence of Blood-Lead Testing for children living in designated at risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: <http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/30754/1216_MedAuth_r120511.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____			Birth date: _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>
Address: _____					
Number	Street	Apt#	City	State	Zip
Parent/Guardian Name(s)		Relationship	Phone Number(s)		
		W:	C:	H:	
		W:	C:	H:	
Where do you usually take your child for routine medical care? Name: _____					
Address: _____			Phone Number: _____		
When was the last time your child had a physical exam? Month: _____ Year: _____					
Where do you usually take your child for dental care? Name: _____					
Address: _____			Phone Number: _____		
ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.					
	Yes	No	Comments (required for any Yes answer)		
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>			
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>			
Bowels	<input type="checkbox"/>	<input type="checkbox"/>			
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>			
Coughing	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>			
Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			
Does your child take medication (prescription or non-prescription) at any time? <input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) of medication(s): _____					
Does your child receive any special treatments? (nebulizer, epi-pen, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, type of treatment: _____					
Does your child require any special procedures? (catheterization, G-Tube, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, what procedure(s): _____					
I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.					
I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
Signature of Parent/Guardian _____					Date _____

PART II - CHILD HEALTH ASSESSMENT
To be completed ONLY by Physician/Nurse Practitioner

Child's Name:	Birth Date:	Sex
Last _____ First _____ Middle _____	Month / Day / Year _____	M <input type="checkbox"/> F <input type="checkbox"/>

1. Does the child named above have a diagnosed medical condition?
 No Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
 No Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: (Please explain any abnormal findings.)

4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: http://deha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf)

RELIGIOUS OBJECTION:
 I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.
 Parent/Guardian Signature: _____ Date: _____

5. Is the child on medication?
 No Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?
 No Yes, specify nature and duration of restriction:

7. Test/Measurement	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Child's Name) **has had a complete physical examination and any concerns have been noted above.**

Additional Comments:

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:



MAYFIELD WOODS MIDDLE SCHOOL STUDENT SUPPLIES, 2016-2017



The items below are maximum quantities needed and are merely a guide. Due to the nature of the middle school schedule, teachers may request fewer quantities than those listed below. We suggest you keep all receipts and original packaging in case items need to be returned.

ITEM	GRADE 6	GRADE 7	GRADE 8
1" BINDERS	9	9	2
3-RING BINDER	1	1	1
LOOSE LEAF PAPER	constant supply	constant supply	constant supply
DIVIDERS	(4) 8-pk	(4) 8-pk	(4) 8-pk
1-SUBJECT SPIRAL NOTEBOOK	7	7	4
5-SUBJECT SPIRAL NOTEBOOK	1 <small>(for Related Arts classes)</small>	1 <small>(for Related Arts classes)</small>	1 <small>(for Related Arts classes)</small>
MARBLE COMPOSITION BOOKS	4	4	3
POCKET FOLDERS	9	9	5
BLACK OR BLUE PENS	constant supply	constant supply	constant supply
#2 PENCILS	constant supply	constant supply	constant supply
RED PEN	1 per quarter	1 per quarter	1 per quarter
HIGHLIGHTERS	4	4	4
ZIPPERED PENCIL POUCH	1	1	1
GLUE STICK	constant supply	constant supply	constant supply
RULER	1	1	1
PROTRACTOR	1	1	0
COMPASS	1	1	0
SCISSORS	1	1	1
SET OF COLORED PENCILS	1	1	1
3 X 5 INDEX CARDS – 100/PK	3 packs	3 packs	3 packs
3 X 3 STICKY NOTES – 100/PK	1 pack	1 pack	1 pack
PAPER REINFORCEMENTS	1 pack	1 pack	1 pack
1 USB FLASH DRIVE (FILE STORAGE)	1	1	1
TISSUES (NOT REQUIRED BUT A REQUESTED DONATION ☺)	Requested Donation	Requested Donation	Requested Donation

Student Planners will be provided to each student, free of charge.

Throughout the year, your child's teacher(s) may identify items for donation that they may need for their classrooms. If you would like to donate such items, it is certainly appreciated. Thank you.

The TI-84 Plus Graphing Calculator will be used regularly in your child's *algebra* and *geometry* class. If you choose to purchase a TI-84 Graphing Calculator for your student, we request that you keep it at home. We will have calculators available for students to use during the school day. We also have websites available for students to access a free graphing calculator. Teachers will make this information available to the students at the beginning of the year.

A standard scientific calculator will be used regularly in all other math classes, and will be available for children to use in school. If you wish to purchase a calculator for your child, we suggest that you wait until your child meets his/her teacher or until more information is sent home once school begins.