

# Holy Family School

## First Grade Questionnaire and Picture

June 2009

Dear First Grader,

Hello! Are you ready to begin First Grade? We are! We are the First Grade Teachers at Holy Family School. Our names are Mrs. Day and Mrs. McMahon. We are really looking forward to meeting you. During the summer, we have been very busy taking classes and planning lots of fun and interesting activities!

You are going to learn so many new things! You will learn how much God loves you and what makes you so very special.

We hope you have had fun this summer. We cannot wait to hear about what you have been doing.

Our first day of school will be Thursday, August 20, 2009. School will be dismissed at 12:45p.m. on Thursday, August 20 and Friday, August 21. You will need to come to school dressed in your uniform.

Also there will be a very special meeting for your parents. It is called **Back to School Night**. The meeting is on August 20 at 7:00p.m. in the Community Center. Then your parents will come into the First Grade classrooms so they can learn about First Grade. You should stay home and go to bed early so you will be rested for your next day of school.

Included here is a questionnaire for your parents to fill in so that we can learn more about you.

You will need to bring your supplies and your questionnaire for the first day of school. *Do not forget to bring a small photograph of yourself!*

See you soon!  
Fondly,  
Mrs. Day and Mrs. McMahon

# First Grade Questionnaire

STUDENT NAME: \_\_\_\_\_

1. What do you like most about school? \_\_\_\_\_

2. What do you like to do in your spare time? \_\_\_\_\_

3. What are some things you know a lot about? \_\_\_\_\_

4. What kinds of books do you like most? \_\_\_\_\_

5. What are some things about which you would like to know more? \_\_\_\_\_

\_\_\_\_\_

6. What interesting places have you visited? \_\_\_\_\_

7. What are some places you would like to visit? \_\_\_\_\_

8. If you could be a famous person, who would you be? \_\_\_\_\_

9. Do you like music? \_\_\_\_\_ What kind? \_\_\_\_\_

10. What are you good at in school? \_\_\_\_\_

11. What do you think you might need extra help with in school? \_\_\_\_\_

\_\_\_\_\_

12. What is your favorite: food \_\_\_\_\_ color \_\_\_\_\_

TV show \_\_\_\_\_ sport \_\_\_\_\_

Place \_\_\_\_\_ movie \_\_\_\_\_

13. Who is your favorite celebrity? \_\_\_\_\_

14. Who is your favorite friend? \_\_\_\_\_

15. Complete these sentences, please:

I am happiest when \_\_\_\_\_

I am saddest when \_\_\_\_\_

**Parents, please answer these questions.**

Is there anything the teacher should know about your student? \_\_\_\_\_

\_\_\_\_\_

My student worries about \_\_\_\_\_

What would you like your student to learn this year? \_\_\_\_\_

\_\_\_\_\_

My child likes to play with one friend \_\_\_\_\_ many friends \_\_\_\_\_

My child is a leader \_\_\_\_\_ follower \_\_\_\_\_

My child has this job/s to do at home \_\_\_\_\_

\_\_\_\_\_

After school my child \_\_\_\_\_

My child is allergic to \_\_\_\_\_

My child is happiest when \_\_\_\_\_

My child sleeps 10 hours or more \_\_\_\_\_ less \_\_\_\_\_ how many? \_\_\_\_\_

Classroom Supplies for **First Grade**  
2009-2010 School Year, Holy Family School

Listed below are the classroom supplies needed in **first grade**. Only those items that fit into the student's backpack should be brought to school the first day. Kleenex, copy paper, etc. may be brought directly to the student's classroom on Wednesday, August 19, 10 a.m. to noon, in bags labeled with their name. Supplies may also be brought to school during the first week. As items are used up, they will need to be replaced during the year. Suggested optional art supplies are for both classes.

NOTE: Different supply lists for each teacher. Label all items with child's name.

**OFFICE DEPOT SCHOOL ID# 70014476**

Supplies for Mrs. McMahon

- 1 photograph of your child to be used on a class chart (It will not be returned.)
- 2 12-packs of #2 pencils, sharpened (Eagle brand if possible)
- 1 box-16 count basic crayons – **classic colors** only, please
- 1 package – 8 thin washable markers (classic colors only)
- 1 package – 4 black Expo white board markers (These are for student use on small white boards and will be kept in a central location.)
- 1 pair of small pointed scissors of good quality - **left-handed students need left-handed scissors**
- 2 stiff folders with bottom pockets to be kept in desk
- 1 spiral notebook
- 2 packages of "theme" stickers (i.e. apples, Halloween, Christmas, insects, dinosaurs, frogs, Easter, sports, pets, arctic animals, religious, St. Patrick's, Thanksgiving.)
- 6 large glue sticks
- 1 box of cinnamon or plain graham crackers  
(We ask for crackers about 5-6 times a year. Let us know if this is a problem.)
- 1 box of Kleenex (200 count each)
- 3 reams white all-purpose copy paper
- Baby wipes – for cleaning hands

Supplies for Mrs. Day

- 1 photograph of your child to be used on a class collage (It will not be returned.)
- 1 12-pack of #2 pencils, sharpened (Eagle brand if possible)
- 1 box-16 count basic crayons – **classic colors** only, please
- 1 package – 8 wide washable markers (classic colors only)
- 1 package – 4 Expo white board markers – thick and/or thin (These are for student use on small white boards and will be kept in a central location.)
- 1 pair of small pointed scissors of good quality - **left-handed students need left-handed scissors**
- 2 stiff folders with bottom pockets
- 2 packages of "theme" stickers (Halloween, Valentine's, Christmas, Easter, pets, arctic animals, religious, St. Patrick's, Thanksgiving)
- 2 large glue sticks
- 1 box of cinnamon or plain graham crackers  
(We ask for crackers about 5-6 times a year. Let us know if this is a problem.)
- 1 box of Kleenex (200 count)
- 3 reams white all-purpose copy paper
- Baby wipes – for cleaning hands

**Optional Art needs for both classes:**

- White lunch bags
- Zippered Ziploc bags – gallon size
- 3" White paper doilies, heart and small circles
- White paper plates – small and/or large
- Paper clips – jumbo size

**Please note: No over-sized or rolling backpacks.**

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

CHILD'S NAME—Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ BIRTH DATE—Month/Day/Year: \_\_\_\_\_

ADDRESS—Number, Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP code: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**PART II TO BE FILLED OUT BY HEALTH EXAMINER**

**HEALTH EXAMINATION**

**NOTE:** All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.  
**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
H1B MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)**

**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

**RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_ Date \_\_\_\_\_

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*



June 2009

To: Parents of Students Entering Grades Kindergarten and 1<sup>st</sup>  
From: Gail Harrell, Principal  
Subject: Immunization Requirements

Please read and be sure your children are in compliance with the following state and county requirements. Proof of immunization and/or physical exam is to be sent to the school office no later than August 3, 2009 in order for your child to begin the 2009/2010 school year.

The appropriate forms to report immunizations are the yellow Immunization Record issued by most medical groups or a computer printout generated by physicians. For students entering Kindergarten and 1<sup>st</sup> grade, the Report of Health Examination for School Entry form is attached.

**K – 8:** Polio – 4 doses. Gr. K & 1: 3 doses meet requirement if at least one dose was given on or after 4<sup>th</sup> birthday; Gr. 2-8: 3 doses meet requirement if at least one was given on or after the 2<sup>nd</sup> birthday  
DTP or DtaP – 5 doses. Gr. K-1: 4 doses meet requirement if at least one was on or after the 4<sup>th</sup> birthday; Gr. 2-8: 3 doses meet requirement if at least one was on or after the 2<sup>nd</sup> birthday  
Measles, Mumps, Rubella (MMR) – 2 doses. First dose on or after 1<sup>st</sup> birthday  
Hepatitis B – 3 doses before Kindergarten  
Varicella (Chickenpox) – 1 dose required for Kindergarten entry (doctor is required to note on Yellow Immunization Card if child has had disease; vaccine is therefore not required)  
PPD Test for Tuberculosis (Mantoux) – administered within 18 months prior to Kindergarten entry (on or after March 1, 2008)  
*Note:* Physician's report of PPD **must** record 1) date given, b) date read, c) millimeters of induration (mm indur), and d) positive or negative impression.

**Kindergarten:** Students must have a Mantoux PPD test for Tuberculosis within 18 months of beginning school (on or after March 1, 2008). Both date given *and* read must be recorded.

**Grade 1: Physical examination for school entry.** The student must have this examination within 18 months of entry into 1<sup>st</sup> grade (on or after March 1, 2008). If the examination was performed prior to March 1, 2008, another examination by the physician is required. This information must be recorded, signed and dated by the physician, using the Report of Health Examination for School Entry form attached. **Please submit proof of exam to the school office, attention Connie Schneider before August 3, 2009.**

**New students transferring into Grades 1-8** from a school *outside* of Santa Clara County must have a Mantoux PPD test for Tuberculosis within 6 months of beginning school (on or after February 1, 2008).