

# STREATOR ELEMENTARY SCHOOLS DISTRICT 44

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## KINDERGARTEN STUDENTS

March 2019

Dear Parent of \_\_\_\_\_:

The following is needed at registration in order for your child to meet **Kindergarten HEALTH REQUIREMENTS** for the **2019-2020** school year:

\_\_\_\_\_ **Health Examination** on enclosed *Certificate of Child Health Examination* (11/2015) form, which must include **medical history** completed, signed and dated by parent or legal guardian and **physical examination** with **diabetes screening** and **lead screening** completed by health care provider. Streator is a high risk zip code so one blood lead level is required to be done ideally between 1-2 years of age. An electronic form will be accepted only if approved by Illinois Department of Public Health and Illinois State Board of Education and **all areas are complete**.

\_\_\_\_\_ **Dental Examination** on enclosed *PROOF OF SCHOOL DENTAL EXAMINATION FORM* (IOCI 0600-10). If you are not able to get to a dentist, please complete the *DENTAL EXAMINATION WAIVER FORM* (December 2006).

Any dental examination done 18 months prior to the May 15th deadline is acceptable. If your child has seen a dentist November 15, 2018, or later you need to turn in the completed dental examination form to your child's school. As of July 1, 2005, all children entering Kindergarten (K), second (2) and sixth (6) grades are required to have an oral health examination. **If you do not provide this information to your child's school by May 15, 2019, the school may hold your child's report card.**

\_\_\_\_\_ **Vision Examination** on enclosed *Eye Examination Report* form (IOCI1271-09). If you are not able to access an optometrist or eye doctor, please complete the *Eye Examination Waiver Form* (IOCI 13-378).

As of January 8, 2008, all children enrolling in Kindergarten or an Illinois school for the first time must turn in a completed eye examination form. The required eye examination must be performed by a licensed optometrist or medical doctor who performs eye examinations and completed within one year prior to the date of entering school. **If you do not provide this information to your child's school by October 15, 2019, the school may hold your child's report card.**

\_\_\_\_\_ **Immunizations** \_\_\_\_\_

Call the LaSalle County Health Department at 1-815-433-3366 if you have any questions about how to get immunizations for your child.

**Comments** \_\_\_\_\_

Call the Nurse at your child's school \_\_\_\_\_ if you have any questions about this letter. Thank you for your cooperation.

**Enclosures**