

• **Medical information**

Family Physician/Clinic: _____ Phone #: _____

Family Dentist/Clinic: _____ Phone #: _____

If emergency treatment is required and parents cannot be reached immediately, may school authorities treat and/or call the doctor/clinic indicated or, if not available, an alternative doctor/clinic? *Circle One* Yes No

If immediate medical care is necessary, may school authorities or an emergency vehicle transport your child to a doctor or medical facility? *Circle One* Yes No

Hospital Preference: _____ City: _____

• **Is this student currently under an expulsion order from another school?** *Circle One* Yes No

• **Please list the name and grade of the last school attended and all schools prior to that:**

School Name	Grades	City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• **Please list all children living in the same household with this student:**

Name	M/F	Age	Birth Date	School Attending	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

• **Is your child in any special programs?** Yes _____ No _____ *Please Circle all that Apply*
 Special Education (IEP) 504 Accommodation Plan Title I Gifted/Talented At Risk Title VII 506 ELL

• **Is your child taking daily medication?** Yes _____ No _____ If Yes, Which Medication _____

• **Is your child receiving medical/psychological help that the school should know?** *Circle One* Yes No
 (If yes, the school nurse or counselor will contact you in confidence for further information)

 Parent/Guardian Signature

 Date

Office Use Only

Start Date _____ Regular Enrollment _____ Open Enrollment: In _____ Out _____

If Special Education with IEP Circle Disability:

Specific Learning Disability	Significant Developmental Delay	Visual Impairment	Other Health Impaired
Intellectual Disability	Speech & Language	Hearing Impairment	Traumatic Brain Injury
Emotional Behavioral Disability	Autism	Orthopedic Impairment	Other