



• **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

<i>Office Use Only</i>			
Start Date _____	Regular Enrollment _____	Open Enrollment: In _____ Out _____	
<i>If Special Education with IEP Circle Disability:</i>			
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