

Items Needed For Enrollment
Daleville City Schools

Name: _____ Grade: _____

_____ Birth Certificate

_____ Social Security Card

_____ Current Alabama Immunizations Certificate
(Exception: migrants and victims of disaster rendering the student homeless)* Must be obtained ASAP

_____ Withdrawal Papers from former school to include most recent report card or progress report/transcript and discipline records

_____ Legal Child Custody Papers

_____ Special Education Paperwork

_____ 2 Proofs of Residency
Daleville City School Board policy 5.20- The following items are the acceptable forms of proof of residency needed for enrollment:

Utility bills or deposit receipts
Mortgage Documents or property deed
Residential Lease

_____ Picture ID of parent /guardian

When the packet is filled out completely. Please call Mrs. Folsom at 334-598-2456 to schedule an appointment to complete the enrollment process.

Daleville City School District
APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

DATE: _____ SCHOOL: _____ GRADE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SEX - Circle One: MALE FEMALE HOME PHONE: _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP CODE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____

STUDENT LIVES WITH - Circle One: PARENTS MOTHER FATHER GUARDIAN RELATION _____

*SOCIAL SECURITY NUMBER (voluntary): _____

PARENT(S) / GUARDIAN: (verification shall be in accordance with local school board policy)

MOTHER/GUARDIAN: _____	Address: _____
Email Address: _____	Cell Phone: _____
EMPLOYER: _____	Work Phone: _____

FATHER/GUARDIAN: _____	Address: _____
Email Address: _____	Cell Phone: _____
EMPLOYER: _____	Work Phone: _____

SPECIAL INFORMATION ABOUT CUSTODY: _____

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1

Contact _____

Relation: _____ Phone: _____

EMERGENCY CONTACT #2

Contact _____

Relation _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL (In accordance to school system check-out procedures)		
1. _____	Relation: _____	Phone: _____
2. _____	Relation: _____	Phone: _____
3. _____	Relation: _____	Phone: _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

PARENT/GUARDIAN SIGNATURE: _____

**Disclosure of your child's Social Security Number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin. Code §290-3-1.02(2)(b)(2). It will be used as a means of identification in the statewide student management system.*

Daleville City School District Ethnicity and Race

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Please answer BOTH Question 1 AND Question 2

Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNICITY:

- NO, not Hispanic/Latino
- YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**The above question is about ethnicity not race. No matter what you selected above, please continue to answer the following Question 2 by marking one or more boxes to indicate what you consider your student's race to be.*

Question 2: What is the students race? CHOOSE ONE OR MORE:

- AMERICAN INDIAN OR ALASKA NATIVE. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN. A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Office use only:

Ethnicity - Choose only one:

- NOT Hispanic/Latino
 Hispanic/Latino

Race - Choose one or more:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Date:

Staff Signature:

**Daleville City School District
Additional Requested Information**

MILITARY

Student connected to an Active Duty Military Family	Circle One:	Yes	No
Student connected to a Guard or Reserve Military Family	Circle One:	Yes	No

PRESCHOOL

Head Start	Circle One:	Yes	No	FirstClass Funded Preschool	Circle One:	Yes	No
Center-Based Child Care	Circle One:	Yes	No	Home-Based Child Care	Circle One:	Yes	No
Home Visitation Program	Circle One:	Yes	No	Other Preschool	Circle One:	Yes	No
No Preschool - Check if no Preschool				Special Education Funded	Circle One:	Yes	No

Daleville City Schools

Daleville, Alabama

Parent Notification of Equal Rights / Access

By law, if parents are legally separated or divorced, each parent has equal rights and access to the child at school, including the right to attend school functions and receive information and records regarding the student, UNLESS one parent has a court order that indicates the other parent's rights have been restricted regarding access to the child.

The school MUST HAVE A COPY OF THE ORDER on file; otherwise, both parents will have equal access to the student's school records and will be granted the same privileges of access to the student's school property as other parents.

I have read the above statement pertaining to _____

Student's Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Daleville City Board of Education
Dr. Lisa Stamps, Superintendent
626 North Daleville Avenue, Daleville, AL 36322
Telephone: 334-598-2456 • Fax: 334-598-9006

RELEASE OF INFORMATION
Daleville City Schools is HIPAA Compliant

Dear Parent:

Please sign and date the form below to authorize the following agencies listed below to release to and/or receive from each other confidential information on your child

Name of Child _____ Date of Birth _____

For the purpose of: _____ to determine if vision/hearing is adequate for testing purposes.
_____ to use in determining whether this student/child should be referred for a special education or Section 504 evaluation.
_____ to use in making an eligibility decision for special education/504 services.
_____ to use in developing/revising an IEP/504 Plan.
_____ other (please explain): _____

Records to be released include:

____ PST Referral Form	____ Functional Assessment of Classroom Environment
____ Notices of Proposed Meetings	____ Referral for Evaluation
____ Consent forms for initial evaluation or reevaluation	____ Consent form for provision of services
____ Special Education Rights	____ Vision/Hearing screenings
____ IQ/Psychological evaluations	____ Achievement tests
____ State assessments	____ Classroom/School Observations
____ Behavior or adaptive behavior rating scales	____ Environmental/Cultural/Economic Concerns
____ Discipline records	____ Grades
____ Attendance records	____ Work Samples
____ Eligibility report	____ IEP
____ Medical	____ Motor
____ Documentation of appropriate instruction	____ Progress monitoring/dates to parents
____ other (specify) _____	

Daleville City Board of Education
Attention: Julie Sconyers
626 North Daleville Avenue, Daleville Alabama 36322
334-598-2456 #2217 or #2216

This release shall remain in effect for one year after the date signed or until the parent/guardian retracts permission. To revoke permission, please contact Julie Sconyers. This information will not be released to a third party other than a school system to which your child may transfer or other allowable exceptions under FERPA.

____ I AGREE for information to be shared between the two agencies.

____ I DO NOT AGREE for information to be shared between the two agencies.

Parent/Guardian/Student (age 19+) Signature

Date

If you wish to discuss this release of information, please contact Julie Sconyers, Special Education/504/EL Director, at 334-598-2456 # 2216 Monday – Friday from 8:00 AM – 4:00 PM CST.

Person requesting information: _____ Position _____

Daleville City Schools

PERMISSION FORM FOR PUBLISHING

This form is completed to give permission to publish student pictures, names, information, and work on the school website, or in the newspaper.

Student Name _____

Our faculty and staff have the opportunity to publish student information so that it can be viewed electronically or in print by others in the larger community.

I understand that my student's work, photo, information or name may be published on the schools' Facebook page or websites , which is part of the Internet. I understand that the following may be published only with this permission.	Check all that apply <input type="checkbox"/> Student name <input type="checkbox"/> Student work <input type="checkbox"/> Student photo <input type="checkbox"/> Student information (i.e. college scholarships, awards, other school related news.)
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I understand that my student's work, photo, or name may be published in the local newspaper . I understand that the following may be published only with this permission.	Check all that apply <input type="checkbox"/> Student name <input type="checkbox"/> Student work <input type="checkbox"/> Student photo <input type="checkbox"/> Student information (i.e. college scholarships, awards, other school related news.)
--	--

____ I **grant** permission for the publication of my child's photograph, information, work and/or name *as checked above*, as long as my child is attending Daleville City Schools or until I choose to withdraw my permission in writing.

____ I **do not grant** permission at this time for the publication of my child's photograph, student work, information, or name.

Signature of parent or guardian

Date

Daleville City Schools--Residency Questionnaire

Homeless Liaison: Christy Kearley E-mail: kearleyc@daleville.k12.al.us

List All School-Aged Children (oldest to youngest child)

Student First Name/Last Name	Birth Date	Student Support Services (IEP/ELP-- Yes/No)	School	Grade	Gender (M/F)
1					
2					
3					
4					
5					
List Non-School Aged Children	Birth Date	Early Intervention Services (Y/N)	Day Care/Service Provider (If Any)	Male	Female

Student's Previous Address:
Student's Current Address:
Student/Contact Phone Number:
Name of Contact:

Answers to these questions can help determine student(s) eligibility for services under the McKinney-Vento Act 42 U.S.C. 11435.	Yes	No
Is the student's home address a temporary living arrangement?		
Is this temporary arrangement due to a loss of housing or an economic hardship?		
Is the student in or awaiting a Foster Care Placement?		
Is the student living with friends or family (other than the parent or legal guardian)?		
Is the student living in a shelter?		
Is the student living in a motel, car, park, or campsite?		
Is the student in transitional housing (through a public agency)?		
Is the student moving from place to place?		
The student lives with --mother, father, relative, friend--please list all:		

Name of Parent/Legal Guardian:
Parent Signature:
Parent Phone Number:

<i>School Use Only--Do Not Write in this space</i>		
Determination: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Further investigation needed	Principal's Signature	Date

Former School Name: _____

Former School Address: _____

Phone: _____ Fax: _____

State of Alabama
Department of Education
Official Request for Student Records

Date requested: _____ Faxed: _____ Emailed: _____

2nd request: _____ Faxed: _____ Emailed: _____

The Alabama Department of Education and Windham Elementary School/Daleville Middle School request that you transmit the following student records as soon as possible. If the student is currently receiving special education and related services, the records must be transferred to the requesting school. (Alabama Administrative Code 290-080-090.03)

Last	First	MI	Grade
------	-------	----	-------

Last	First	MI	Grade
------	-------	----	-------

Please fax or email the checked information:

- _____ All records listed below
- _____ Birth certificate
- _____ SSN
- _____ Immunization Certificate
- _____ Legal custody papers
- _____ Report card or withdraw papers
with grades
- _____ Discipline records
- _____ DIBELS reports
- _____ Standardized Testing
- _____ WIDA/Access reports
- _____ IEP or 504 plan

Registrar: Ina Kim Folsom
Daleville City Schools
626 N. Daleville Ave.
Daleville, Al. 36322
334-598- 2456 ext. 2213
Fax: 334-598-9006
Email:
folsomk@daleville.k12.al.us

Affidavit of Residence

1. My name is _____
2. I am over the age of 19, and competent to testify to the matters discussed in this affidavit.
3. I have personal knowledge of all of the matters discussed in this affidavit.
4. My legal residence is _____, which lies within the Daleville City School District, or on post at Ft. Rucker.
5. I reside there with the following student(s) who seek(s) enrollment in the Daleville City School _____.
6. I am the _____ (natural parent, adoptive parent, legally appointed custodian, court appointed foster parents) of the student(s) at issue.
7. This residence is our fixed, permanent, full-time and primary domicile. It further meets the definition of "residence" set out in the schools' enrollment policy, a copy of which I have reviewed.
8. The matters in this affidavit are true and correct.

Signature

Date

Sworn to and subscribed before me this the _____ day of _____, 20_____.

Notary Republic

My Comm'n expires: _____

Daleville City Schools
 626 North Daleville Avenue
 Daleville, AL 36322
 334-598-2456

Home Language Survey

In order to comply with state and federal guidelines, we are required to have a Home Language Survey on file for each student. The parent(s) or the legal guardian(s) should complete this form. Students are not permitted to complete this form.

Print the following information.

School: _____ Grade: _____ Daleville Entry Date: _____

Student's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Birthday: _____ Age: _____ Gender: Male _____ Female _____ Parent/Guardian Name: _____

Was your child born in the U.S.? Please check (✓) Yes No If yes, city and state: _____

If no, what country: _____ Date child entered the USA: _____

Has the student attended any U.S. schools? Please check (✓) Yes No If yes, School: _____

Location: _____ From _____ to _____ How long? _____

Has the student previously participated in a Bilingual or ESL program in the U.S.? Please check (✓) Yes No

If yes, where? _____ From _____ to _____

Questions for Parents/ Guardians	Response
What is the native language of the student?	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other (Specify) _____
What language does the student speak most often?	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other (Specify) _____
Which language is most often spoken at home?	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other (Specify) _____

**If the answer to any of the above three questions is a language other than English, send a copy of this form to your school level identified ESL Facilitator.*

Parent/Guardian Signature _____ Date: _____

- Place the ORIGINAL in the Permanent Record
- Place a COPY in the ESL Folder

Daleville City Schools
626 North Daleville Avenue
Daleville, AL 36322
334-598-2456

Encuesta Sobre el Idioma en el Hogar

Para cumplirse con las pautas federales y del estado, nos requieren tener una Encuesta del Idioma del Hogar en el archivo para cada estudiante. Esta forma debe ser actualizada cada año. El padre o el guardián(es) legal debe llenar esta forma. No se permite a los estudiantes llenar esta forma.

Escriba la siguiente información.

Escuela: _____ Grado: _____ Fecha de Entrada Daleville: _____

Nombre del padre o guardián: _____ Teléfono de la casa: _____

Dirección: _____ Ciudad: _____ Código postal: _____

Nombre del estudiante: _____ Fecha de Nacimiento: _____

Edad: _____ Genero: Masculino _____ Femenino _____

¿Nació su niño a en los EE.UU.? Por favor de marcar (✓) Sí No. Si sí, ciudad y estado: _____

Si no, cuál país: _____ Fecha que entró el niño a los EE.UU.: _____

¿Ha asistido el niño algunas escuelas en los EE.UU.? Por favor de marcar (✓) Sí No. Si sí, Escuela: _____

Lugar: _____ De _____ a _____ ¿Cuánto tiempo? _____

¿Ha participado antes el estudiante en un programa Bilingüe o del Inglés como Segundo Idioma en los EE.UU.?

Por favor de marcar (✓) Sí No Si sí, ¿Dónde? _____ De _____ a _____

Preguntas para Padres/ Guardianes	Respuesta
¿Cuál es el idioma principal del estudiante?	<input type="checkbox"/> Inglés <input type="checkbox"/> Español Otra (especifique) _____
¿Que idioma habla con frecuencia el/la estudiante?	<input type="checkbox"/> Inglés <input type="checkbox"/> Español Otra (especifique) _____
¿Que idioma se habla con frecuencia en el hogar?	<input type="checkbox"/> Inglés <input type="checkbox"/> Español Otra (especifique) _____

Firma del Padre/Guardián _____

Fecha: _____

- Place the ORIGINAL in the Permanent Record
- Place a COPY in the ESL Folder

**Para la oficina: If the answer to any of the above three questions is a language other than English, send a copy of this form to your school level Identified ESL Facilitator.*

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Home Telephone No: _____ Cell Telephone No: _____

1. Have you **moved** during the last 3 years **to work or to seek work** even if it was for a short period of time? YES _____ NO _____

If so, what type work are you or your spouse doing now:

2. If you marked "yes" on question number 1, what city, state, or country did you move from?

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please **check (✓)** all that apply:

- The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
- Fruit farms
- The cultivation or cutting of trees
- Work in nurseries or sod farms
- Fish or shrimp farms
- Worm farms
- Catching or processing seafood (shrimp, oysters, crabs, fish, etc.....)

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO: _____

Estimado Padre o Guardián,

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____ Celular: _____

1. ¿Se ha **mudado** usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? SI NO

Si marcó Sí. ¿Que tipo de trabajo hace usted o su esposa(o) ahora?

2. Si marcó **Sí** en la pregunta número 1. ¿De que ciudad, estado o país vinieron?

3. ¿Usted o su esposa(o) **trabajan o han trabajado** en una actividad directamente relacionada a algunas de las siguientes? Por favor de marcar (✓) todos los aplicables:

- La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- Huertas de frutas.
- La cultivación o corte de árboles.
- Trabajo en Invernaderos o granjas de Césped
- Granjas de pescados o camarones
- Granjas de gusanos
- La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc...)



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle) | Birth Date | Sex | School

Address (Street)

Home Telephone Number: | Cell Phone Number: | Additional Phone Number: | Grade | Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) | Work Phone Number:

Transportation

Bus Rider Bus Number: Car Rider Special Needs Bus After School

Part I - Health Information

Place your child receives health care:

Physician's Name: _____

Address: _____

Phone: _____

- Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Doctor /HMO

Your child's insurance information:

- ALL KIDS
 Medicaid
 No Insurance
 Other _____
 Private Insurance

Place your child receives dental care:

Dentist's Name: _____

Address: _____

Phone: _____

- Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Dentist /HMO

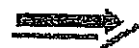
Preferred Hospital: _____

Part II - Medical History Medical Equipment /Procedures Required at School

Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
 Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
 Other Please explain:

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

Name of Student _____

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Insulin pump <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/Bladder/Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ Medications: <input type="checkbox"/> Dilantin <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include any medications taken at home only.</i>

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____ Date: _____

(Electronic or Written) School Nurse Signature: _____ Date: _____