

# Welcome to Woodland High School

## Home of the BOBCATS



### REQUIREMENTS FOR REGISTERING A STUDENT

Bring the following items with you to enroll your child

- Completed Enrollment Packet
- Birth certificate
- Social Security card or a copy of the card
- Official Withdrawal Documents
- Up to date immunization record on an Alabama form (If you are coming from a different state, take the immunization record to the Randolph County Health Department in Roanoke, AL.)
- 2 proofs of residence with current 911 address. Acceptable items include: utility bills, driver's license, voter's registration, tag receipt, and/or renter's agreement.
- Photo ID of parent/legal guardian
- Legal custody/guardian paperwork, if applicable

We enroll new students Monday-Friday from 8:00-12:00 and then from 12:30-2:00. Please make arrangements to come during these hours, or call to make an appointment, 256-449-2315 ext. 1604.

Thank you,  
Woodland High School



# WOODLAND HIGH SCHOOL

24574 HIGHWAY 48  
WOODLAND, AL 36280

PHONE: (256) 449-2315 • FAX: (256) 449-2316

The Randolph County Board of Education does not discriminate on the basis of race, color, national origin, sex disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

## ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

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 CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1 CONTACT _____ Relation _____ Phone _____	EMERGENCY #2 CONTACT _____ Relation _____ Phone _____
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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 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.

**Woodland School Zone  
Randolph County Schools  
Affidavit For Verification of Student Residence**

Name of student \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_ Date \_\_\_\_\_  
 School previously attended \_\_\_\_\_  
 Address of previous school \_\_\_\_\_

**Parent**

Name of Parent(s) \_\_\_\_\_  
 Address of Parent(s) \_\_\_\_\_  
 Telephone # for parent(s) \_\_\_\_\_  
 Student lives with parent \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Student resides permanently in the Woodland School district. \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, please explain \_\_\_\_\_

**Student's Residence (if different than parents)**

Student's present address \_\_\_\_\_

**Legal Guardian (if other than parent)**

Student lives in WOODLAND SCHOOL ATTENDANCE ZONE with guardian. \_\_\_\_\_ YES \_\_\_\_\_ NO

If student lives with Guardian please state Name of Guardian \_\_\_\_\_

Address of Guardian \_\_\_\_\_

Telephone # of Guardian \_\_\_\_\_

**AFFIDAVIT**

By my signature below as parent or guardian of the student named above, I acknowledge and represent that the information set forth in this affidavit is true and correct. I further acknowledge that I understand and agree to comply with the Student Attendance Policy of the Randolph County Board of Education; namely, that a student is eligible to attend WOODLAND SCHOOL only if the student resides on a full-time basis with the student's parent(s) or court-appointed guardian in WOODLAND SCHOOL ATTENDANCE ZONE established by Federal Court order.

Furthermore, I understand that the information contained herein has legal significance because the Randolph County Board of Education operates under the jurisdiction of the United States District Court. I further understand that the United States District Court requires the Randolph County Board of Education to monitor strictly this residential policy and that any violation by any parent, guardian, or student might constitute action in contempt of the United States District Court. By my signature below, I further specifically acknowledge compliance with the conditions of this Policy as follows

1. I am the parent with legal custody or legal guardian of the student named above.
2. This student resides full time with me at my address, which is located within Randolph County (in the WOODLAND SCHOOL ATTENDANCE ZONE established by Federal Court Order.)

I agree to respect the letter and spirit of the Student Attendance Policy of the Randolph County School System and to advise the Board promptly if I change residence to a location outside WOODLAND SCHOOL ATTENDANCE ZONE established by Federal Court Order.

**CAUTION AND ACKNOWLEDGEMENT: I ACKNOWLEDGE THAT FALSE OR INCORRECT INFORMATION ABOUT THE STUDENT'S RESIDENCE MAY BE INVESTIGATED BY THE UNITED STATES ATTORNEY FOR REPORT TO THE UNITED STATES FEDERAL COURT.**

**\*\*\*Signature must be in the presence of the Notary.\*\***

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\*\*\*\*\*

Sworn to and subscribed to me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission expires: \_\_\_\_\_

## Randolph County Schools Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Person completing form:

- Parent or guardian       Unaccompanied youth (a youth that does not live with a parent or guardian)  
 Youth                       Other: \_\_\_\_\_

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement?  Yes  No  
 2. Is the student's living arrangement due to loss of housing or financial hardship?  Yes  No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship  
 In an emergency shelter, transitional housing facility, or abandoned in a hospital  
 Sharing another family's house or apartment  
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building  
 In a bus or train station  
 Moving from place to place (couch surfing)  
 In a public or private place not meant to be used as a regular place for people to sleep  
 Other: \_\_\_\_\_

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or education decision maker:

Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OR  
 Student (if an unaccompanied youth that is homeless):  
 Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

### OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
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# Randolph County Schools

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: Woodland High School \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
 If yes, please provide school name(s), state, and dates attended:  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Please check if your child is:  
 A.  Native American Indian                      C.  Native Pacific Islander  
 B.  Alaska Native                                      D.  Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?  Yes  No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_

8. What language does your child most frequently speak at home? \_\_\_\_\_

9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_

10. Please describe the language understood by your child. (Check only one)  
 A.  Understands only the home language and no English.  
 B.  Understands mostly the home language and some English.  
 C.  Understands the home language and English equally.  
 D.  Understands mostly English and some of the home language.  
 E.  Understands only English.

\_\_\_\_\_  
 Parent or Guardian's Signature

\_\_\_\_\_  
 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

**ALABAMA STATE DEPARTMENT OF EDUCATION  
EMPLOYMENT SURVEY**

School System: Randolph County

School Year: \_\_\_\_\_

School: Woodland High 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 seek work** even if it was for a short period of time?  Yes  No

If yes, what type work are you or your spouse doing now: \_\_\_\_\_

2. If you marked "yes" on question 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 mark 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



# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

for Newly Enrolled Students



SCHOOL SYSTEM \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

**DIRECTIONS**

Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education program. All information will be kept confidential.

Please return the completed questionnaire to your child's school.

**RELOCATION HISTORY**

Have you ever traveled in or out of Alabama to work or find work in any of the pictures below in the past three (3) years?  Yes  No

Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?  Yes  No

Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.  Yes  No

Other work you have done that is not shown in a picture below: \_\_\_\_\_

<p>Fruit or Tomato Farms</p> <p><input type="checkbox"/> Yes</p>	<p>Fish or Shrimp Farms</p> <p><input type="checkbox"/> Yes</p>	<p>Nursery, greenhouse, sod farm</p> <p><input type="checkbox"/> Yes</p>	<p>Planting / Harvesting Crops</p> <p><input type="checkbox"/> Yes</p>
<p>Cattle Farms; Milk Products</p> <p><input type="checkbox"/> Yes</p>	<p>Hatchery; feeding, processing chickens, gathering eggs</p> <p><input type="checkbox"/> Yes</p>	<p>Working on a worm farm</p> <p><input type="checkbox"/> Yes</p>	<p>Growing, tending, felling trees</p> <p><input type="checkbox"/> Yes</p>

**PARENT INFORMATION**

PARENT / GUARDIAN \_\_\_\_\_

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

## Additional Requested Information

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELATED SERVICES** (Circle any services your child was receiving at previous school)

Reading/Math Special Education      Speech/Language      Emotional/Behavioral      Counseling      Gifted

**MILITARY** (Circle Yes or No)

Is student connected to an Active Duty Military family?      Yes      No  
 Is student connected to a Guard or Reserve Military family?      Yes      No

**PRESCHOOL** (Circle Yes or No)

Check if NO Preschool: _____	First Class Funded Preschool:      Yes      No
Center-Based Child Care:      Yes      No	Home-Based Child Care:      Yes      No
Home Visitation Program:      Yes      No	Other Preschool:      Yes      No
Special Education Funded:      Yes      No	Head Start:      Yes      No

**ETHNICITY/RACE** (Please answer BOTH Question 1 and Question 2)

**Question 1: Is this student Hispanic/Latino?**

- 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 student's 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.

<b>OFFICE USE ONLY</b>	
Ethnicity – Choose only one: <input type="checkbox"/> NO, not Hispanic/Latino <input type="checkbox"/> YES, Hispanic/Latino	Race – Choose only one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Date:	Staff Signature:





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

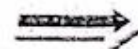
Preferred Hospital: \_\_\_\_\_

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	<b>KNOWN HEALTH PROBLEMS</b> 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	<b>Attention Deficit Disorder (ADD)</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Attention Deficit Hyperactivity Disorder (ADHD)</b> Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies:</b> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____	<input type="checkbox"/> Hives/rash <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Other:	<input type="checkbox"/> Medications <input type="checkbox"/> Epi-pen
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma</b> <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blood/Bleeding Problems:</b> <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	<b>Frequent Nose Bleeds:</b> <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cancer/Leukemia:</b> <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cerebral Palsy:</b> <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cystic Fibrosis:</b> <i>Please explain</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dental Problems:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b> <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Oral medication		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Emotional/Behavioral/Psychological:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrointestinal/Stomach Problems:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Genetic / Rare Disorders:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Headaches:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hearing Problems:</b> <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	<b>Heart Condition:</b> <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hypertension (High Blood Pressure):</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Juvenile Arthritis/Bone-Joint Problems:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Kidney/ Bladder/ Urinary Problems:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Scoliosis:</b> <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	<b>Seizures/Convulsions:</b> Type of seizure: _____ <i>Please explain:</i> Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sickle Cell:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Trait		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Shunt:</b> <input type="checkbox"/> VP shunt <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spina Bifida:</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Special Diet:</b> <i>Please explain:</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Vision Problems:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other Medical Conditions:</b> <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: \_\_\_\_\_