NEW STUDENT REGISTRATION PACKET PRE SCHOOL
Revised January 2017

STUDENT INFORMATION

Name (Full legal name as shown on birth certificate)

______________________________________________________________

(Last) ___________________________________________ (First) ___________________________ (Middle) _______________________

Date of Birth ___________ ___________ ___________ Gender □ Male □ Female □ Non-Binary

Month Day Year

Place of Birth

(City/State/Country) ___________________________

(Program) ___________________________

(Session) ___________________________

Student’s Current Address

Street # & Name _________________________________________________________________

Town __________________________ State ____________ Zip Code ___________________

Home Telephone # __________________________ Soc Sec # __________________________ (optional)

Is the student on an Individual Educational Plan*? □ Yes □ No

*If yes, please enclose a copy of the IEP

Is the student homeless as defined by the McKinney-Vento Homeless Education Assistance Act? Yes □ No □

Race/Ethnicity

Is this student Hispanic or Latino? (choose only one)

 No, not Hispanic or Latino

 Yes, Hispanic or Latino

Relationship to student

Parent □ Guardian □

Foster Parent □ Non-Parent □

What is the student’s race? (choose one or more)

 American Indian or Alaska Native

 Asian

 Black or African American

 Native Hawaiian or Other Pacific Islander

 White
MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1
Name ____________________________________________________________________________

(Last)  (First)  (Middle)

Occupation/Place of Employment (with address) ____________________________________________

Gender ______Date of Birth _______________ Relationship to student _________________
(M or F)  (Month/Day/Year)

Address Street # and Name ____________________________________________________________

City/Town ____________________________ State _________ Zip Code __________

Home Telephone ___________________ Work Telephone _________________________________

Cell phone __________________________ Email __________________________

Parent/Guardian #2
Name ____________________________________________________________________________

(Last)  (First)  (Middle)

Occupation/Place of Employment (with address) ____________________________________________

Gender ______Date of Birth _______________ Relationship to student _________________
(M or F)  (Month/Day/Year)

Address Street # and Name ____________________________________________________________

City/Town ____________________________ State _________ Zip Code __________

Home Telephone ___________________ Work Telephone _________________________________

Cell phone __________________________ Email __________________________

ADDITIONAL HOUSEHOLD MEMBERS  (List ALL)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Age</th>
<th>Attend MPS?</th>
<th>Name of School</th>
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Use the back of this form for additional members

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EMERGENCY CONTACT SECTION

Names of others who will assume responsibility/transportation for the student in the event of an emergency when a parent/guardian cannot be reached. **PLEASE FILL OUT EACH SECTION.**

<table>
<thead>
<tr>
<th>Please list 3</th>
<th>Person #1</th>
<th>Person #2</th>
<th>Person #3</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
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<tr>
<td>Address</td>
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<tr>
<td>Relationship to student</td>
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PREVIOUS PRE SCHOOL INFORMATION (*if applicable*)

Previously Attended School ________________________________

School Address _____________________________________________

School Telephone # __________________________ Dates of Attendance __________________________

Student Address while attending previous school:

Street # and name ________________________________

Town/city ___________________________ State _________ Zip Code ______________

Telephone # ___________________________
MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS
Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student’s home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

### Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>F</th>
<th>M</th>
<th>Non-Binary</th>
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<table>
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<tr>
<th>Country of Birth</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Date first enrolled in ANY U.S. school (mm/dd/yyyy)</th>
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</table>

### School Information

<table>
<thead>
<tr>
<th>Start Date in New School (mm/dd/yyyy)</th>
<th>Name of Former School and Town</th>
<th>Current Grade</th>
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</table>

### Questions for Parents/Guardians

**What is the native language(s) of each parent/guardian? (circle one)**

- [ ] (mother / father / guardian)
- [ ] (mother / father / guardian)

**Which language(s) are spoken with your child?**

(include relatives - grandparents, uncles, aunts, etc. - and caregivers)

- [ ] seldom / sometimes / often / always
- [ ] seldom / sometimes / often / always

**What language did your child first understand and speak?**

**Which language do you use most with your child?**

**Which other languages does your child know? (circle all that apply)**

- [ ] speak / read / write
- [ ] speak / read / write

**Which languages does your child use? (circle one)**

- [ ] seldom / sometimes / often / always
- [ ] seldom / sometimes / often / always

**Will you require written information from school in your native language?**

- [ ] Y
- [ ] N

**Will you require an interpreter/translator at Parent-Teacher meetings?**

- [ ] Y
- [ ] N

**Parent/Guardian Signature:**

- [ ]

**Today’s Date:** (mm/dd/yyyy)
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### Encuesta del idioma hablado en el hogar

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que todas las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

### Información del estudiante

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Segundo nombre</th>
<th>Apellido</th>
<th>Sexo</th>
<th>F</th>
<th>M</th>
<th>Non-Binary</th>
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<table>
<thead>
<tr>
<th>País de nacimiento</th>
<th>Fecha de nacimiento (mm/dd/aaaa)</th>
<th>Fecha de matrícula inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa)</th>
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### Información de la escuela

<table>
<thead>
<tr>
<th>Fecha de comienzo en la escuela nueva (mm/dd/aaaa)</th>
<th>Nombre de la escuela y ciudad anterior</th>
<th>Grado actual</th>
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</table>

### Preguntas para los padres/encargados

1. ¿Cuál es el idioma natal del padre/la madre/los encargados? (encierre en un círculo)
   - (madre / padre / encargado)
   - (madre / padre / encargado)

2. ¿Cuál fue el primer idioma que entendió y habló su hijo?
   - ¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes -abuelos, tios, tías, etc. - y encargados del cuidado)
     - frecuentemente / siempre
     - infrecuentemente / algunas veces / frecuentemente / siempre

3. ¿Qué idiomas sabe su hijo? (encierre en un círculo todo lo que corresponda)
   - habla / lee / escribe
   - habla / lee / escribe

4. ¿Qué idiomas usa su hijo? (encierre uno en un círculo)
   - frecuentemente / siempre
   - infrecuentemente / algunas veces / frecuentemente / siempre

5. ¿Requerirá usted la información impresa de la escuela en su idioma natal?
   - Sí [ ] No [ ]

6. ¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?
   - Sí [ ] No [ ]

7. Firma del padre/la madre/encargado:
   - [X]  / _/20

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Spanish/Sondaj pou Lang nan Lakay
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<table>
<thead>
<tr>
<th>Enfômasyon Elev</th>
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<tbody>
<tr>
<td>Prenom</td>
<td>Nom Mitan</td>
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<tr>
<td>Peyi de Nesans</td>
<td>Dat de Nesans (mm/dd/yyyy)</td>
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<tr>
<th>Enfômasyon Lekòl</th>
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<tr>
<td>Dat li komanse nan Lekòl Nouvo (mm/dd/yyyy)</td>
<td>Nom pou Lekol la e Vil anvann sa</td>
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<td>Klas Kouran</td>
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<thead>
<tr>
<th>Kesyon yo pou Paron/Gadyen</th>
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<tbody>
<tr>
<td>____________________________________________ (maman / papa / gadyen)</td>
<td>____________________________________________ (maman / papa / gadyen)</td>
</tr>
<tr>
<td>Ki lang li moun konpran e pale premye?</td>
<td>Ki lang ou pale plis avek ti moun ou?</td>
</tr>
<tr>
<td>____________________________________________ (pale / li / ekri)</td>
<td>____________________________________________ (pale / li / ekri)</td>
</tr>
<tr>
<td>Ki jòt lang ti moun ou kone? (fè youn sèrk otou tout li kone)</td>
<td>Ki lang yo ti moun ou itilize ? (fè youn sèrk otou tout li kone)</td>
</tr>
<tr>
<td>____________________________________________ pale / li / ekri</td>
<td>____________________________________________ pale / li / ekri</td>
</tr>
<tr>
<td>Eska w va beswen enfômasyon ki ekri nan lang ou pa lekòl la?</td>
<td>Eska ou va beswen yon traduktè a rendevou Paron- Pwofesè?</td>
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<tr>
<td>Wi</td>
<td>Non</td>
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<tr>
<th>Siyati Paron/Gadyen:</th>
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<tbody>
<tr>
<td>X</td>
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<tr>
<td>Dat Jòdè a: (mm/dd/yyyy)</td>
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</table>

Haitian
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Parent/Guardian Registration Checklist

Use this checklist to make sure you bring the original copies of the following to your parent registration appointment:

<table>
<thead>
<tr>
<th>Item</th>
<th>Received</th>
<th>Not Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Original Birth Certificate</td>
<td></td>
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</tr>
<tr>
<td>Parent/Guardian Photo ID</td>
<td></td>
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<tr>
<td>Health/Immunization Forms w/ Recent Physical Exam</td>
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<tr>
<td>Photo/Video Release Form (in this packet)</td>
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**Residency & Re-establishing Residency Documentation Checklist**

Documents required from all 3 columns below. Please follow instructions accordingly.

<table>
<thead>
<tr>
<th>Complete</th>
<th>Complete</th>
<th>Complete</th>
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<tbody>
<tr>
<td><strong>Group A Requirement</strong></td>
<td><strong>Group B Requirement</strong></td>
<td><strong>Group C Requirement</strong></td>
</tr>
<tr>
<td>Provide 3 documents from one of the boxes below.</td>
<td>Provide 3 documents from the column below.</td>
<td>Provide 3 documents from the column below.</td>
</tr>
</tbody>
</table>

**Homeowners Only**

- Copy of Deed
- Most recent mortgage payment
- Affidavit of Residency *(following page)*
  
  OR

- Property tax bill
- Most recent tax bill payment
- Affidavit of Residency *(following page)*
  
  OR

- Copy of Settlement Statement
- Most recent mortgage payment
- Affidavit of Residency *(following page)*

**Renters Only**

- Copy of your up-to-date lease signed and dated by both landlord and tenant
- Signed and **Notarized** Landlord Living Agreement
- Affidavit of Residency *(following page)*
  
  OR

- Most Recent Rent Payment (cancelled check)
- Signed and **Notarized** Landlord living agreement
- Affidavit of Residency *(following page)*

- **Entire bill is required**

- Cable/Satellite TV bill* dated within the past 60 days
- Internet bill dated within the past 60 days

- Electric bill* dated within the past 60 days

- Gas bill* dated within the past 60 days

- Oil bill* dated within the past 60 days

- Bank statement that shows the current address dated within the past 60 days

- **PLEASE RETURN DOCUMENTS TO:**
  
  Residency Office

  **DOCUMENTS DUE:**

---

*You must be residing in Milton, MA at the time of registration.*

**Student name and address:**

___________________________________________________________________

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MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

Affidavit of Residency

I/we, the parent(s) or legal guardian(s) of

__________________________________________, hereby certify as follows:

(Print student’s full name)

1. I/we wish to enroll the above named student in the Milton Public Schools. I/we understand that pursuant to Massachusetts law and Milton School Committee Policy, students who do not actually reside in the Town of Milton may not attend the Milton Public Schools.

2. I/we acknowledge that I am/we are required to notify the above student’s school, in writing, of any change in said student’s address within five (5) calendar days of such change of address.

3. I/we understand that, absent other information to the contrary, this affidavit will be relied upon by the Milton Public Schools for the purpose of determining the above student’s eligibility to attend the Milton Public Schools on the basis of residency. If said student is enrolled in the Milton Public Schools upon the information contained this affidavit and it is subsequently determined that the student does not actually reside in Milton, I/we understand that the student’s enrollment in the Milton Public Schools will be promptly terminated and I/we will be jointly and severally liable to the Milton Public Schools for the student’s tuition for the full academic year(s).

4. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

5. I/we understand that the Milton Public School system reserves the right to investigate a prospective or current student’s residency at any time. This investigation may include resubmission of documents and/or a home visit by a school or police official.

6. I/we understand that if I am unable to supply the requested residency documents I/we will be placed in a “Unique/Referral” status and will be subject to alternative documentation, investigation via home visit, and potentially a one on one meeting with the Assistant Superintendent.

7. Chapter 76, Section 5 of the Massachusetts General Laws provides:

“Every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex religion, national origin or sexual orientation.”

Signed under the pains and penalties of perjury on this ______ day of

______________, 20__:

_____________________________  ______________________________
Parent/Guardian #1                  Parent/Guardian #2

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To: The Milton Public Schools

Landlord Name: __________________________________________________________

Landlord Address: _______________________________________________________ 

Landlord Phone #: _______________________________________________________

I hereby certify and swear under oath that I am the legal owner/renter of the property at:

_______________________________________________________________________.

I also certify and swear that (name of parents/guardians): _________________________

______________________________________________________________________

(names): ________________________________________________________________

are my tenants and live at the above address.

I agree that if the Milton Public Schools investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due the Milton Public Schools for the education of the above referenced children.

I agree that if the tenants listed above move out of the dwelling listed above, that I will notify the Milton Public Schools of this change of residence.

Signed under the pains and penalties of perjury:

________________________________________________________________________

(Owner Signature) (Renter Signature)

By signing this form the Landlord acknowledges that all number of tenants and bedrooms are in compliance with the MA State Building Code and/or Town of Milton Building Code.

_____________________________ ________________________________

(Print owner’s name) (Print renter’s name)

____________________________ 

(Date)

Notary Public stamp/signature
(must be raised)
PHOTOGRAPH POLICY

Video/photographs of Milton Public Schools’ students may be taken by staff for in celebration of the efforts and enthusiasm during Milton Public Schools related events/special programs. The photographs are often displayed in the classrooms, on the corridor bulletin boards, as part of individual projects, local newspaper publications and/or video programming that is displayed for school wide events. If you do not want photos of videos of your child to be used for such purposes, please indicate your preference by signing the appropriate option below.

________ I give permission for pictures/videos to be taken of my child as long as it is directly related to the education of my child, celebrating the efforts of my child, and/or promotion of the Milton Public Schools. I understand that my child’s photograph will be taken at his/her kindergarten screening appointment and attached to his/her registration application.

________ I DO NOT want pictures or video taken of my child. I do not want my child’s photograph to be taken at his/her kindergarten screening appointment.

Student’s Name: _______________________________________________ (Please Print)

Parent/Guardian Signature: ______________________________________

Date: ____________________
IMMUNIZATION RECORDS, STUDENT PHYSICAL, AND OTHER PERTINENT HEALTH RECORDS

Massachusetts state law requires all kindergarten/newly enrolled students present a doctor's certification of immunizations and physical exam before entrance to school. When registering your child for school, please bring a copy of your child's most recent physical exam and documentation of the following required immunizations:

- Five (5) doses of DTAP Vaccine unless the fourth dose was given after the fourth birthday.
- Four (4) doses of Polio Vaccine, unless the third dose was given after the fourth birthday.
- Three (3) doses of Hepatitis B Vaccine.
- Two (2) doses of Measles, Mumps, Rubella (MMR) Vaccine.
- Two (2) dose of Varicella Vaccine or a reliable history of chickenpox documented by the child's physician.

In addition:
- Date of a Lead Screening is also required prior to entrance into kindergarten.
- Date and results of a vision screening (stereopsis) done within 12 months prior to entry into kindergarten.

Children who do not meet the minimum immunization requirements for school entry will be excluded from school until they are brought up to date with their immunizations. PLEASE obtain your child's most recent immunization records from your health care provider to bring to your child's registration appointment for his/her permanent health record. If needed we can identify what is missing and make a plan for compliance prior to starting.

***PLEASE BRING THESE FORMS WITH YOU WHEN YOU SUBMIT THIS REGISTRATION PACKET.
FOR INCOMING PRE-K & KINDERGARTEN STUDENTS ONLY

VISION SCREENING

Physicians and other Health care Providers

As of July 15, 2004 Chapter 181, requires that:

"Upon entering kindergarten or within 30 days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child within the previous 12 months has passed a vision screening conducted by personnel approved by the department of public health and trained in vision screening techniques to be developed by the department of public health in consultation with the department of education...For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child’s parent or guardian indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided."

Thus, it is now mandated in Massachusetts that:

- All preschoolers have a vision screening done within 12 months prior to their entry into Kindergarten.
- All children with neurodevelopmental delay, and all children who fail the vision screening, be referred for a comprehensive eye examination by an ophthalmologist or optometrist.

As you know, Massachusetts General Law, Chapter 71, section 57 requires that each student have a physical examination at certain intervals. After completion, the Massachusetts Health Care Provider's Examination Form must be shared with the school to become part of the student's school health record.

During the past year, the Massachusetts Department of Public Health has collaborated closely with school physicians, pediatricians and nurses to update the existing form. The goal of this process was to identify information needed by the school to protect the health and safety of the student and to meet certain legal requirements. Another goal was to create a single-page document for ease of implementation. The form may be found at MDPH's website located at (http://www.mass.gov/dph/fch/schoolhealth/health_record.htm) and it includes a place to record the results of a vision screening.
STUDENT HEALTH AND EMERGENCY INFORMATION FORM

Please complete the following information. Contact the school nurse if assistance is needed to complete the form.

Student’s Name ___________________________ Last Name ___________________________ Middle Name ___________________________

Address ________________________________________________________________

Home Phone _____________________________

Grade ______ Gender ______ D.O.B _______ Primary Language __________

Name/Grade of sisters/brothers in school building ______________________________________________________________

Does your child have health insurance? ______ Yes _______ No ______

Health Insurance Company ____________________________________________

Policy Number _________________________ Subscriber Name: __________________________

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

In case of emergency, the school will attempt to contact the parent/guardian before calling a student’s primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.

Physician Name __________________________ Phone __________________________

Dentist Name ____________________________ Phone __________________________

Prenatal history: Was pregnancy, labor, and delivery normal? Yes________ No________

If no, please explain __________________________________________________________

Growth and Development: Has your child completed the developmental milestones on time? (i.e. sitting, walking, toilet training)

Yes _______ No _______. If no, please explain ____________________________

Please list all of the medication that your child takes.

_________________________________________________________________________

_________________________________________________________________________

Has your child ever been in the hospital? No _____ Yes ______. If yes, please explain ______

_________________________________________________________________________

Is your child on a special diet? No _____ Yes _______. If yes, please explain ______

_________________________________________________________________________

continued on the next page...
STUDENT HEALTH AND EMERGENCY INFORMATION FORM

Will your child attend an extended-day program during the year? Yes______ No ______

Please explain if your child has been evaluated for special needs. ___________________
________________________________________________________________________

Please check all that applies to your child:

☐ Heart Condition  ☐ Diabetes  ☐ Asthma  ☐ Seizure Disorder

☐ ADD/ADHD  ☐ Migraines  ☐ Depression  ☐ Kidney Disease

☐ Blood Disorder  ☐ Bed Wetting  ☐ Lead Poisoning

☐ Other (Specify) ____________________________________________________________

☐ Allergies (food, insects, medication, environment) (Specify) ______________________
________________________________________________________________________

☐ Hearing problems (Specify)  Left ear ______  Right ear ______  Hearing Aids ______

☐ Vision Problems (Specify) Wears Eyeglasses _________  Contact Lenses ________

I give permission to the school nurse to share information relevant to my child’s health condition with appropriate school personnel when needed to meet my child’s health and safety needs. I give permission to exchange information with my child’s primary care physician for the purpose of referral, diagnosis and treatment.

__________________________  _______________________
Signature of Parent/Guardian  Date