



# Registration Center

3200 W Cholla St  
Phoenix, Arizona 85029

Phone: **602-896-6950**

## Hours of Operation

**Monday, Tuesday, Thursday, Friday**  
**7:15 a.m. – 5:00 p.m.**

**Wednesday**  
**7:15 a.m. – 11:30 a.m.**

**1:30 p.m. – 5:00 p.m.**

**(Closed 11:30 a.m. – 1:30 p.m.)**

## Registration Checklist

**WE CANNOT KEEP INCOMPLETE REGISTRATION PACKETS**

### Required items to bring

1. Student's original birth certificate
2. Student's current Immunization records
3. Proof of Residency  
(See the Arizona Residency Documentation form for documents that will be accepted)
4. Parent/Guardian's Photo ID

### Packet Forms

**USE ONLY BLUE OR BLACK INK**

1. Student Information – filled out, signed and dated
2. Parent Information & Additional Emergency Contacts – filled out, signed and dated
3. Arizona Residency Documentation – filled out, signed and dated (with Registering student's name on it)
4. McKinney Vento Residency Survey – filled out appropriately, signed and dated
5. Unique Populations Identification – filled out appropriately, signed and dated
6. Home Language Survey – filled out, signed and dated
7. Authorization to Release Student Records – filled out, signed and dated
8. Student Health Information – filled out, signed and dated

### Possible additional items to bring

- Custody documents (if applicable)
- Approved Open Enrollment form



(SCHOOL)

# Student Information

FOR OFFICE USE ONLY	
Synergy Student ID#	Date entered into Synergy:
Projected Entry Date/Code	
Actual Entry Date	

**LEGAL**

**NAME:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

**GENDER:**  F  
 M

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **STATE OF BIRTH:** \_\_\_\_\_  
 (MONTH) (DAY) (YEAR)

**GRADE**  PS  KG  01  02  03 **COUNTRY OF BIRTH:**  USA  
 04  05  06  07  08  Other

**ENTRY DATE TO USA:** \_\_\_\_\_  
 (IF COUNTRY OF BIRTH IS OTHER THAN USA)

(IF DIFFERENT THAN LEGAL NAME)

**NAME STUDENT GOES BY:** \_\_\_\_\_ / \_\_\_\_\_  
 (LAST) (FIRST)

**RACE – CHOOSE AT LEAST ONE**

Black  
 White  
 Asian  
 American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander

**ETHNICITY – SELECT A RESPONSE**

Hispanic/Latino?  NO  YES

**Does your family claim any American Indian tribal affiliation?**  NO  YES  
 (IF YES, PLEASE COMPLETE A 506 FORM)

**FOR OFFICE USE ONLY – 506**

Sent Home  In Synergy  
 No Number

**Last School Attended:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Grade Level Attended:** \_\_\_\_\_  
**The last school attended was:**  Public  Charter  Indian Reservation School  Private  Parochial  Home Schooled

Has the student ever attended any school in Arizona?  NO  YES

Has the student ever attended a Washington School District school?  NO  YES **School** \_\_\_\_\_ **Grade(s)** \_\_\_\_\_

HAS THE STUDENT EVER:			FOR OFFICE USE ONLY - SPED	
Received Special Education services?	<input type="checkbox"/> NO <input type="checkbox"/> YES	explain: _____	<input type="checkbox"/> No Docs	<input type="checkbox"/> Docs
Received Gifted services?	<input type="checkbox"/> NO <input type="checkbox"/> YES	explain: _____	<input type="checkbox"/> Saved	
Received ELL or Bilingual services?	<input type="checkbox"/> NO <input type="checkbox"/> YES	explain: _____	<input type="checkbox"/> WESD SpEd Docs in Synergy	
Been or in the process of being expelled or long-term suspended?	<input type="checkbox"/> NO <input type="checkbox"/> YES	explain: _____	<input type="checkbox"/> Resource	<input type="checkbox"/> Self-Contained

**LIST THE NAMES OF ALL BROTHERS AND SISTERS OF THIS STUDENT FROM PRESCHOOL THROUGH GRADE 8:**

Name	Grade	School	Lives with enrolling child	
1. _____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. _____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. _____	_____	_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Court Ordered Custody Information (Documentation Required)		FOR OFFICE USE ONLY	
<b>Custody of Student:</b> <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> DCS	<input type="checkbox"/> No Docs <input type="checkbox"/> CSU Trifold Given	<input type="checkbox"/> Legal Docs (Court, Notice to Provider)	<input type="checkbox"/> N/A
<input type="checkbox"/> Other _____		<input type="checkbox"/> Unofficial Docs	

The District honors all current court orders or decrees pertaining to custody situations. **It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# PARENT INFORMATION & ADDITIONAL EMERGENCY CONTACTS



## PRIMARY ADDRESS - Address where the student(s) live(s) on most school days:

HOME ADDRESS:	APT#:	CITY:	ZIP CODE:
MAILING ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE

## MOTHER, FATHER, GUARDIAN – Email addresses and personal phone numbers will be used for automated messages regarding attendance and notifications from the school and/or district.

1)

LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO <input type="checkbox"/> YES <input type="checkbox"/>
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/>	MILITARY SERVICE START DATE:	
FOR OFFICE USE ONLY			

2)

LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO <input type="checkbox"/> YES <input type="checkbox"/>
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/>	MILITARY SERVICE START DATE:	
FOR OFFICE USE ONLY			

3)

LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO <input type="checkbox"/> YES <input type="checkbox"/>
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/>	MILITARY SERVICE START DATE:	
FOR OFFICE USE ONLY			

## ADDITIONAL EMERGENCY CONTACTS – List those, other than the mother, father, or guardian, who can pick up and temporarily provide care for your children in case of emergency.

1)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:
2)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:
3)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:

IF NEEDED, YOU MAY PROVIDE ADDITIONAL CONTACTS TO THE SCHOOL OFFICE.

## DAYCARE PROVIDER - List the provider who can pick up your child after school.

DAYCARE PROVIDER NAME:	PHONE:
ADDRESS:	CITY: ZIP CODE:

SIGNATURE	DATE:
-----------	-------



# ARIZONA RESIDENCY DOCUMENTATION FORM

**Including enrolling student(s), list all school age siblings living at the address on the proof of residency document:**

Enrolling student: \_\_\_\_\_ District: W.E.S.D. #6

Student: \_\_\_\_\_ District: W.E.S.D. #6

Student: \_\_\_\_\_ District: W.E.S.D. #6

Student: \_\_\_\_\_ District: W.E.S.D. #6

Parent/Legal Guardian \_\_\_\_\_  
PRINT NAME

As the Parent/Legal Guardian of the Student(s), I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following **document that displays my name and residential address** or physical description of the property **where the student(s) reside(s) (No P.O. Boxes)**:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill (*most recent*)
- Valid Residential lease or rental agreement (including Section 8 agreement) (*signed by both landlord & tenant*)
- Water, electric, gas, cable, or phone bill (*most recent and using the service address*)
- Bank or credit card statement (*most recent*)
- W-2 wage statement (*most recent*)
- Payroll stub (*most recent*)
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – (*most recent*)
- Temporary on-base billeting facility (for military families)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

X

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

\_\_\_\_\_  
**DATE**

\* For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.





# McKinney-Vento Residency Survey

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 etseq. The McKinney-Vento Act protects students who are **lacking a fixed, regular, or adequate nighttime residence** to have access to education and other services for which they are eligible. Eligibility must be reviewed and reevaluated every school year.

FOR OFFICE USE ONLY	
School:	_____
Perm ID#:	_____
State ID#:	_____
Grade:	_____
Start Date:	_____

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

- Rent or own your own home
- Student lives in foster care or group home placement



1. Is the student and/or family housing situation a temporary living arrangement?  
 Yes  No
2. Is this housing situation due to loss of housing, economic hardship, or traumatic event?  
 Yes  No

\*\*\* Please do not continue completing this form if you checked one of the boxes above. If none of the boxes above are checked, please proceed to the next section.

**CONTINUE ONLY IF YOU ANSWERED "YES" TO QUESTIONS 1 AND 2.**

<b>Caregiver</b>	MY NAME:	MY BIRTHDATE:
	MY RELATIONSHIP TO THE STUDENT:	PHONE NUMBER(S):
ADDRESS/CITY & ZIP:		
EMAIL:		

<b>Emergency Contact</b>	NAME:
PHONE NUMBER(S):	

### Where is the student or family currently living?

- Temporarily living with another family because we cannot afford or find affordable housing**  
Name and phone # of the person you are living with: \_\_\_\_\_
- In a Homeless shelter / Domestic Violence shelter / Emergency or Transitional shelter**  
Program name and phone #: \_\_\_\_\_
- At a hotel or motel**  
Hotel/Motel name and phone #: \_\_\_\_\_
- In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)**
- The student is living with someone other than the legal parent/guardian.**  
Name and phone # of the person the student is living with: \_\_\_\_\_

What is the expected length of stay at this address? \_\_\_\_\_

Do you have other children in Washington Elementary School District?  Yes  No

Please list name(s) and school(s): \_\_\_\_\_

What school did your child last attend?	In what district?
---	-------------------

I declare that the information I have provided is true and correct and of my own knowledge.

**SIGNATURE**

**DATE**



# Unique Populations Identification

FOR OFFICE USE ONLY
School
Synergy Student ID#

NAME AS IT APPEARS ON THE BIRTH VERIFICATION DOCUMENT		
STUDENT NAME:	_____ / _____ / _____	
	(LAST)	(FIRST) (MIDDLE)

PARENT'S SPOKEN LANGUAGE \_\_\_\_\_  
 (SPOKEN LANGUAGE BEST UNDERSTOOD BY THE PARENT)

1  YES  NO Have you worked in agriculture-related jobs such as field work, fruit, or vegetable packing companies, dairies, or ranches in the last 3 years?

2  YES  NO Have you recently moved with the family from another city, state, or country to work in the fields, packing companies, dairies, or ranches?

3  YES  NO Have you left Phoenix with the family to go to work in the fields, packing companies, dairies, or ranches?

4  YES  NO Is the student a refugee?  
 \_\_\_\_\_  
 (COUNTRY) (I-94 ALIEN NUMBER) (DATE ISSUED)

5 **Resettlement agency:**  
 \_\_\_\_\_  
 (NAME) (PHONE)  
 \_\_\_\_\_  
 (ADDRESS) (CITY, STATE, ZIP CODE)

6 **Resettlement case manager:**  
 \_\_\_\_\_  
 (NAME) (PHONE) (EXTENSION)

7  YES  NO Was the child born outside of the United States? If yes, where? \_\_\_\_\_ (COUNTRY)  
 If yes, when did the child enter the United States? \_\_\_\_\_ (ENTRY DATE TO THE USA)

8  YES  NO If the child was born outside of the United States, are the parents in the United States Military?

9 If the child was born outside of the United States, list all schools attended for the past 3 years:

School Year	Grade	School Name	City	State	Country

I attest that the above information is to my knowledge, true and correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If any answers are Yes, send the form to Academic Services, and keep a copy of the form in the cumulative folder



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**


---

**2. What language does the student speak *most* of the time?**

---

**3. What language did the student first speak or understand?**

---

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature  _____	Date _____
District or Charter _____	Washington Elementary School District
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



# Authorization to Release Student Records

## AUTORIZACIÓN PARA COMPARTIR ARCHIVOS ESTUDIANTILES

Last School Attended: \_\_\_\_\_ Additional School: \_\_\_\_\_  
ÚLTIMA ESCUELA DE ASISTENCIA ESCUELA ADICIONAL

School Address: \_\_\_\_\_  
DIRECCIÓN DE ESCUELA

School City, State, Zip Code: \_\_\_\_\_  
CIUDAD, ESTADO, CÓDIGO POSTAL DE ESCUELA

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ District Name: \_\_\_\_\_  
NÚMERO TELEFÓNICO DE ESCUELA NOMBRE DE DISTRITO

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic, educational, medical (health), psychological, special education, social development, and gifted information to the Washington Elementary School District. Según 'Arizona Revised Statute 15-828', yo autorizo el compartir de todos los archivos, incluyendo el acta de nacimiento, información académica, educacional, médica (salud), psicológica, de educación especial, de desarrollo social, y de estudiantes dotados al Distrito Escolar Washington.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
FIRMA DEL PADRE/TUTOR FECHA

Please send academic file to: PLEASE SEND COPIES ONLY

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>Abraham Lincoln Traditional</b><br>10444 N 39th Ave<br>Phoenix AZ 85051<br>602-896-6300 fax 602-896-6320    | <input type="checkbox"/> <b>Desert View Elementary</b><br>8621 N 3rd Street<br>Phoenix, AZ 85020<br>602-347-4000 fax 602-347-4020            | <input type="checkbox"/> <b>Mountain Sky Junior High</b><br>16225 N 7th Avenue<br>Phoenix, AZ 85023<br>602-896-6100 fax 602-896-6120 | <input type="checkbox"/> <b>Sahuaro Elementary</b><br>12835 N 33rd Avenue<br>Phoenix, Z 85029<br>602-896-6200 fax 602-896-6220         |
| <input type="checkbox"/> <b>Acacia Elementary</b><br>3021 W Evans Drive<br>Phoenix, AZ 85053<br>602-896-5000 fax 602-896-5020           | <input type="checkbox"/> <b>Ironwood Elementary</b><br>14850 N 39th Avenue<br>Phoenix, AZ 85053<br>602-896-5600 fax 602-896-5620             | <input type="checkbox"/> <b>Mountain View</b><br>801 W. Peoria Avenue<br>Phoenix, AZ 85029<br>602-347-4100 fax 602-347-4120          | <input type="checkbox"/> <b>Shaw Butte Elementary</b><br>12202 N 21st Avenue<br>Phoenix, AZ 85029<br>602-347-4200 fax 602-347-4220     |
| <input type="checkbox"/> <b>Alta Vista Elementary</b><br>8710 N 31st Avenue<br>Phoenix, AZ 85051<br>602-347-2000 fax 602-347-2020       | <input type="checkbox"/> <b>John Jacobs Elementary</b><br>14421 N 23rd Avenue<br>Phoenix, AZ 85023<br>602-896-5700 fax 602-896-5720          | <input type="checkbox"/> <b>Ocotillo Elementary</b><br>3225 W Ocotillo Road<br>Phoenix, AZ 85017<br>602-347-2400 fax 602-347-2420    | <input type="checkbox"/> <b>Sunburst Elementary</b><br>14218 N 47th Avenue<br>Glendale, AZ 85306<br>602-896-6400 fax 602-896-6420      |
| <input type="checkbox"/> <b>Arroyo Elementary</b><br>4535 W Cholla Street<br>Glendale, AZ 85304<br>602-896-5100 fax 602-896-5120        | <input type="checkbox"/> <b>Lakeview Elementary</b><br>3040 W Yucca Street<br>Phoenix, AZ 85029<br>602-896-5800 fax 602-896-5820             | <input type="checkbox"/> <b>Orangewood</b><br>7337 N 19th Avenue<br>Phoenix, AZ 85021<br>602-347-2900 fax 602-347-2920               | <input type="checkbox"/> <b>Sunnyslope</b><br>245 E. Mountain View Road<br>Phoenix, AZ 85020<br>602-347-4300 fax 602-347-4320          |
| <input type="checkbox"/> <b>Cactus Wren Elementary</b><br>9650 N 39th Avenue<br>Phoenix, AZ 85051<br>602-347-2100 fax 602-347-2120      | <input type="checkbox"/> <b>Lookout Mountain Elementary</b><br>15 W Coral Gables Drive<br>Phoenix, AZ 85023<br>602-896-5900 fax 602-896-5920 | <input type="checkbox"/> <b>Palo Verde Middle School</b><br>7502 N 39th Avenue<br>Phoenix, AZ 85051<br>602-347-2500 fax 602-347-2520 | <input type="checkbox"/> <b>Sunset Elementary</b><br>4626 W. Mountain View Road<br>Glendale, AZ 85302<br>602-347-3300 fax 602-347-3320 |
| <input type="checkbox"/> <b>Chaparral Elementary</b><br>3808 W Joan De Arc Avenue<br>Phoenix, AZ 85029<br>602-896-5300 fax 602-896-5320 | <input type="checkbox"/> <b>Manzanita Elementary</b><br>8430 N 39th Avenue<br>Phoenix, AZ 85051<br>602-347-2200 fax 602-347-2220             | <input type="checkbox"/> <b>R.E. Miller Elementary</b><br>2021 W Alice Avenue<br>Phoenix, AZ 85021<br>602-347-3000 fax 602-347-3020  | <input type="checkbox"/> <b>Sweetwater</b><br>4602 W Sweetwater Avenue<br>Glendale, AZ 85304<br>602-896-6500 fax 602-896-6520          |
| <input type="checkbox"/> <b>Cholla Middle School</b><br>3120 W Cholla Street<br>Phoenix, AZ 85029<br>602-896-5400 fax 602-896-5420      | <input type="checkbox"/> <b>Maryland</b><br>6503 N 21st Avenue<br>Phoenix, AZ 85015<br>602-347-2300 fax 602-347-2320                         | <input type="checkbox"/> <b>Roadrunner Elementary</b><br>7702 N 39th Avenue<br>Phoenix, AZ 85051<br>602-347-3100 fax 602-347-3120    | <input type="checkbox"/> <b>Tumbleweed Elementary</b><br>4001 W Laurel Lane<br>Phoenix, AZ 85029<br>602-896-6600 fax 602-896-6620      |
| <input type="checkbox"/> <b>Desert Foothills Junior High</b><br>3333 W Banff Lane<br>Phoenix, AZ 85053<br>602-896-5500 fax 602-896-5520 | <input type="checkbox"/> <b>Moon Mountain Elementary</b><br>13425 N 19th Avenue<br>Phoenix, AZ 85029<br>602-896-6000 fax 602-896-6020        | <input type="checkbox"/> <b>Royal Palm Middle School</b><br>8520 N 19th Avenue<br>Phoenix, AZ 85021<br>602-347-3200 fax 602-347-3220 | <input type="checkbox"/> <b>Washington Elementary</b><br>8033 N 27th Avenue<br>Phoenix, AZ 85051<br>602-347-3400 fax 602-347-3420      |

Please send Psychological/Special Education file to:

Phone: 602-347-2604  
FAX: 602-347-2709

Washington Elementary School District #6

Attn: Special Services Department  
4650 W Sweetwater Avenue, Glendale, AZ 85304



# New Student Health Information

FOR OFFICE USE ONLY	
Student ID# _____	
School: _____	
<input type="checkbox"/> Compliant immunization record in Synergy	
<input type="checkbox"/> Awaiting McKinney Vento eligibility	<input type="checkbox"/> Non-compliant immunization(s) CANNOT START SCHOOL UNTIL COMPLIANT
<input type="checkbox"/> Qualifies for Fostering Connections	

Legal Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the student have medical insurance?  NO  YES Name of Insurance Company: \_\_\_\_\_

Is the student presently taking medication?  NO  YES \*(Specify) \_\_\_\_\_

\*If yes, will medication need to be administered at school?  NO  YES  
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses?  NO  YES Does the student wear contact lenses?  NO  YES

Does the student require a special diet due to a life-threatening food allergy?  NO  YES  
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet?  NO  YES  
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing?  NO  YES If yes, does student use hearing aids?  NO  YES

Check conditions that apply to your child and explain below:

- |   |   |
|---|---|
| <input type="checkbox"/> ADD/ADHD   | <input type="checkbox"/> Food Allergy                   |
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Nose or Throat conditions      |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Vision/Eye condition           |
| <input type="checkbox"/> Chronic headaches  | <input type="checkbox"/> Heart condition                |
| <input type="checkbox"/> Seizure/Convulsive disorders                                   | <input type="checkbox"/> Kidney/Urinary tract condition |
| <input type="checkbox"/> Stomach/Digestive condition                                    | <input type="checkbox"/> Hearing/Ear condition          |
| <input type="checkbox"/> Diabetes (Contact health office prior to the student starting) | <input type="checkbox"/> Other, (specify) _____         |

Please explain conditions marked above: \_\_\_\_\_

Please list other medical/health conditions that might limit the student's activities at school.

In case of an accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary. Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_