February 1, 2019

Families of Incoming Davis Kindergarten Students:

Kindergarten registration at Davis School will be completed in March of 2019 between March 5th and March 22nd. **Student interviews/evaluations will take place during these March registration dates.**

Beginning **February 11th**, you may call our main office @ (914) 576-4421 to schedule an appointment for registration. It is only necessary for one parent/guardian to attend this session. **Children will** attend the registration appointment, as children will be assessed by our kindergarten staff, while the attending parent will meet with our office and clinical staff.

During the initial registration, main office staff will collect forms and check residency. You will also meet with our school nurse, Ms. Nancy Pritz and our social worker, Ms. Heather Cayanan. The entire process should take 30-60 minutes.

**In order to speed the registration process and help us stick to our schedule, please complete all registration forms BEFORE arriving at school for your registration appointment. Registration forms can be downloaded off our school website—http://davis.nred.org.**

At the time of initial registration, you will need to present the following in order to establish residency and eligibility:

- Your child’s original birth certificate (or a certified copy) or passport
- Your child’s immunizations records (vaccinations/shots)
- Three (3) proofs of residence (utility bill, phone bill, water bill, tax bill, lease agreement, etc.) showing name and address
- Photo I.D. of parent/guardian

Along with the co-Presidents of the Davis PTA and our Kindergarten teachers, I’m thrilled to invite your family to attend an orientation meeting on **Thursday, April 11th** at 9:30 a.m. in order to learn about our Kindergarten programs and the registration process in general. Our teachers will provide a quick overview of their work, and we will offer a student-led, guided walking tour of the school, as well.

If you know of other families joining Davis in Fall 2019, please remind them to engage with our office team to set up their appointment!

For years, Davis Elementary has proudly cherished each of our students and worked to adapt our instruction to meet every child’s individual needs and strengths. Our teachers and staff care deeply about our school and their work. We look forward to meeting another group of eager kindergarteners shortly, and look forward to welcoming your family into our school community.

Sincerely,

**Anthony Bambrola**

Anthony Bambrola
February 1, 2019

To the Family of ___________________________: 

Welcome to Davis! Thank you for scheduling a registration appointment for your child. Your registration appointment has been scheduled for: ____________________________

Please complete all the enclosed forms PRIOR to your appointment, so as to help us maintain an efficient and timely process each day. Also remember that at the time of initial registration, you will need to present the following in order to establish residency and eligibility:

- Your child’s original birth certificate (or a certified copy) or passport
- Your child’s immunization records (vaccinations/shots)
- Three (3) proofs of residence (a utility bill, phone bill, water bill, tax bill, lease agreement, etc.) showing name and address
- Photo I.D. of parent/guardian

If a question concerning your residence arises, the School District will ask you to provide additional documentation of your residence. If, after supplying such evidence, verification remains unresolved, the School District will conduct a formal investigation into your residency. The District may ask you to provide further proof of residency, including the name and address of your employer, and/or may ask that you attend a conference. During such a conference, a District representative will present you with the evidence we have collected regarding your residency, and you will be given an opportunity to respond.

After the conference, the School District will reach its determination as to your actual residence. If our investigation reveals that you are not a District resident and that you have not relinquished custody and control of your child to a New Rochelle resident, your child will not be permitted to enroll in New Rochelle schools.

Please sign (below) to affirm that you have read and understand our residency requirements and processes outlined in this letter, and to affirm that your children are indeed residents of the City School District of New Rochelle.

Sincerely,

Anthony Bambrola
Principal

Student’s Name: ________________________________

Parent/Guardian’s Signature: ________________________________

Date: ____________
# Registration Information

*Only students whose parents or legal guardians reside in New Rochelle may be registered in our district schools.* Students attend school according to their area of residence, except in the case of Magnet students. Proofs of residence must be provided in accordance with district policy. If the person registering the child is not listed as the parent, he/she must provide a copy of the following at time of registration: Court Order naming “Parent by Adoption” or “Legal Guardian” or “Order of Custody.”

**Registration Date:**

---

## Student’s Information

- **Student’s Name:**
- **Date of Birth:**
- **Male ☐ Female ☐**
- **Student’s First Language:**
- **Did child attend school outside of U.S:**
- **If yes, which grades?**
- **Language(s) Spoken at Home:**

## Home Information

- **Home Address:**
  - Street
  - Apt #
  - City
  - State
  - Zip Code
- **Home Telephone Number (s):**

## Parent’s Information

- **Parent’s Name:**
- **Birthplace:**
- **Home Address:**
  - Street
  - City
  - State
  - Zip Code
- **Email address:**
- **Telephone Numbers**
  - **Home:**
  - **Work:**
  - **Cell:**
- **Occupation:**
- **Employer:**
- **Marital Status (Please Check One)**
  - Single ☐
  - Married ☐
  - Separated ☐
  - Divorced ☐
  - Widowed ☐

## Guardian/Custodian Information

- **Guardian/Custodian Name (other than parent):**
- **Home Address:**
  - Street
  - City
  - State
  - Zip Code
- **Relationship to Student:**
- **Email address:**
- **Telephone Numbers**
  - **Home:**
  - **Work:**
  - **Cell:**
- **Occupation:**
- **Employer:**

---

*(Please continue to page 2)*
CITY SCHOOL DISTRICT OF NEW ROCHELLE REGISTRATION FORM
DAVIS ELEMENTARY

List below the FULL names of all other children in the family

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>School Child attends</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Previous Home Address: ___________________________ Street __________ City ______ State ______ Zip Code

Previous Home Telephone Number:

Does your child have an I.E.P. from Special Education? Yes ☐ No ☐

Please list where and when your child has attended school:

<table>
<thead>
<tr>
<th>Grade</th>
<th>School Attended/Location</th>
<th>Date of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kindergarten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 3</td>
<td></td>
<td></td>
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<tr>
<td>Grade 4</td>
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<tr>
<td>Grade 5</td>
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<td>Grade 6</td>
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<td>Grade 7</td>
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<td>Grade 8</td>
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<tr>
<td>Grade 9</td>
<td></td>
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<tr>
<td>Grade 10</td>
<td></td>
<td></td>
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<tr>
<td>Grade 11</td>
<td></td>
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</tr>
<tr>
<td>Grade 12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Support Services

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>Grade(s) in which Services were Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>English as a Second Language</td>
<td>☐</td>
</tr>
<tr>
<td>Bilingual Class</td>
<td>☐</td>
</tr>
<tr>
<td>Reading Help/Lab</td>
<td>☐</td>
</tr>
<tr>
<td>Resource Room</td>
<td>☐</td>
</tr>
<tr>
<td>Speech/Language</td>
<td>☐</td>
</tr>
<tr>
<td>PT/OT</td>
<td>☐</td>
</tr>
<tr>
<td>Special Education</td>
<td>☐</td>
</tr>
<tr>
<td>Counseling/Social Skills Group</td>
<td>☐</td>
</tr>
<tr>
<td>Repeated a Grade</td>
<td>☐</td>
</tr>
<tr>
<td>Recommended to Repeat a Grade</td>
<td>☐</td>
</tr>
<tr>
<td>Other (explain)</td>
<td>☐</td>
</tr>
</tbody>
</table>

Optional – Please check the appropriate box(es)

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
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</tr>
</tbody>
</table>

(Please continue to page 3)
Child’s Name: ____________________________________________

Emergency Contact: ____________________________________________

Relationship to Child: ____________________________________________

Telephone Number(s) Home: __________ Work: __________ Cell: __________

Email(s): ____________________________________________

SIGN FORM IN PRESENCE OF SCHOOL PERSONNEL AT THE SCHOOL REGISTRATION:

________________________________________
Print Name of Parent or Guardian Completing Form

________________________________________
Signature of Parent or Guardian Completing Form

________________________________________
Today’s Date
NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: ______________________________________________________

Name of School: ____________________________________________________

Name of Student: ____________________________________________________

Gender:  □ Male  □ Female

Date of Birth: _____ / _____ / _____  Grade: _____  ID#: ____________

Address: _________________________________________________________  Phone: ____________

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don’t have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

□ In a shelter

□ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)

□ In a hotel/motel

□ In a car, park, bus, train, or campsite

□ Other temporary living situation (Please describe): _____________________________

□ In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)  

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date __________________

If ANY box other than “In Permanent Housing” is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student’s educational records, including immunization records, and the enrolling district’s LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.

Rev. 11/15/16
Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

**STUDENT NAME:**
- First
- Middle
- Last

**DATE OF BIRTH:**
- Month
- Day
- Year

**GENDER:**
- Male
- Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**
- Last Name
- First Name
- Relation to Student

**HOME LANGUAGE CODE**

**Language Background**
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?
   - English
   - Other (specify)

2. What was the first language your child learned?
   - English
   - Other (specify)

3. What is the Home Language of each parent/guardian?
   - Mother (specify)
   - Father (specify)
   - Guardian(s) (specify)

4. What language(s) does your child understand?
   - English
   - Other (specify)

5. What language(s) does your child speak?
   - English
   - Other (specify)
   - Does not speak

6. What language(s) does your child read?
   - English
   - Other (specify)
   - Does not read

7. What language(s) does your child write?
   - English
   - Other (specify)
   - Does not write

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

**SCHOOL DISTRICT INFORMATION:**

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**

**District Name (Number) & School**

**Address**

ENGLISH
Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

   Yes*  No  Not sure
   ☐  ☐  ☐  ☐  ☐  ☐  "If yes, please explain:________________________

   How severe do you think these difficulties are?  ☐ Minor  ☐ Somewhat severe  ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  ☐ No  ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

   ☐ No  ☐ Yes – Type of services received:________________________________________

   Age at which services received (Please check all that apply):
   ☐ Birth to 3 years (Early Intervention)  ☐ 3 to 5 years (Special Education)  ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  ☐ No  ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

   ____________________________

12. In what language(s) would you like to receive information from the school?

   ____________________________

   Month:  Day:  Year: __________________________________________________________

   Signature of Parent or of Person in Parental Relation

   Relationship to student:  ☐ Mother  ☐ Father  ☐ Other: ________________________

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _________________________  POSITION: __________________________

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _________________________  POSITION: __________________________

ORAL INTERVIEW NECESSARY:  ☐ No  ☐ Yes

**DATE OF INDIVIDUAL INTERVIEW: __________________________

   MO  DAY  YR

   OUTCOME OF INDIVIDUAL INTERVIEW:
   ☐ ADMINISTER NYSITELL
   ☐ ENGLISH PROFICIENT
   ☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _________________________  POSITION: __________________________

DATE OF NYSITELL ADMINISTRATION: __________________________

   MO  DAY  YR

   PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
   ☐ ENTERING  ☐ EMERGING  ☐ TRANSITIONING  ☐ EXPANDING  ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

ENGLISH
NEW ROCHELLE CITY SCHOOL DISTRICT
Office of Transportation
515 North Avenue, New Rochelle, NY 10801

AM BUS: __________ TIME: __________ AM STOP: _____________________________
PM BUS: __________ TIME: __________ PM STOP: _____________________________
BUS COMPANY: ___________________________ START DATE: __________

Parent/Guardian: Complete one application for each student being registered. The transportation office staff will identify and notify students by mail at the end of August those who meet the 1.5 mileage requirement necessary to receive bussing.

2019-2020 Transportation Application
New Rochelle Public Elementary Schools


4. Magnet CILA Kaleidoscope
(circle one) Previous School

School: ___________________ Grade (circle one): PA PP K 01 02 03 04 05

Student ID#: (REQUIRED) ___________________________ Today's Date: ___________________________

STUDENT DATA INFORMATION

Student Name: ___________________________ LAST Name FIRST Name Middle

Student Home Address:
Street: ___________________________ Apt No.: ___________________________
City: ___________________________ State: ___________________________ Zip: ___________________________

Date of Birth: ___________________________ Sex: ___________________________

Parent OR Legal/Custodial Guardian Information

Title: (circle) Dr. Mr. Mrs. Ms. Mr. & Mrs. (print) Other ______________

Mother ___________________________ Father ___________________________
Last name First name Last name First name

Primary Phone# ___________________________ Mother Cell# ___________________________

Father Cell# ___________________________

E-Mail ___________________________

Signature of Mother or Father
or Legal/Custodial Guardian ___________________________

Relationship to Student: ___________________________ (mother, father, other)

Emergency Contact (other than parent or legal/custodial guardian)

Mother ___________________________ Phone # ___________________________

Revised 2-4-15
**City School District of New Rochelle**  
**Dismissal and Contact Form**  
**Despido y Contacto**

<table>
<thead>
<tr>
<th>Student’s Name / Nombre del estudiante</th>
<th>Date of Birth / fecha de nacimiento</th>
<th>Teacher / Maestro (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address / dirección</th>
<th>City / ciudad</th>
<th>State / estado</th>
<th>Zip / código de zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Emergency Early Dismissal / Despido de Emergencia**

In the event of an early dismissal due to an emergency (weather, etc.), please indicate how your child should go home.

En caso de que las escuelas despachen temprano debido a una emergencia (clima, etc.), favor de indicar cómo niño(a) debe irse a su casa.

**Please check ALL boxes that apply:**

- [ ] Contact by phone any of the adults listed below in case of emergency / En caso de emergencia contacte a cualquier adulto nombrado en este documento abajo.
- [ ] My child who normally walks has my permission to walk home. / Mi niño(a) que usualmente camina puede caminar a casa.
- [ ] My child who normally is bused has my permission to be bused home. / Mi niño(a) que usualmente toma el autobús puede ir en autobús.
- [ ] My child may be dismissed to any one of the adults listed below. / Mi niño(a) puede ser recogido (a) por uno de los adultos nombrado abajo.
- [ ] My child may not be dismissed to anyone. / Mi niño(a) puede NO DEBE ser despachado con nadie.

All students dismissed to an adult must be met and signed out at the Principal’s Office.

Todo estudiante despachado a un adulto se debe presentar al personal de la escuela y firmar para recojer el estudiante en la oficina del director de la escuela.

<table>
<thead>
<tr>
<th>Parent/Guardian #1 / Padre/Tutor</th>
<th>Parent/Guardian #2 / Madre/Tutor</th>
<th>Adult #1 / Adulto #1</th>
<th>Adult #2 / Adulto #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name / Nombre</td>
<td>Telephone / Teléfono</td>
<td>Home / Casa</td>
<td>Work / Trabajo</td>
</tr>
<tr>
<td>Address / dirección</td>
<td></td>
<td></td>
<td>Mobile / Móvil</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian #1 / Padre/Tutor</th>
<th>Parent/Guardian #2 / Madre/Tutor</th>
<th>Adult #1 / Adulto #1</th>
<th>Adult #2 / Adulto #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name / Nombre</td>
<td>Telephone / Teléfono</td>
<td>Home / Casa</td>
<td>Work / Trabajo</td>
</tr>
<tr>
<td>Address / dirección</td>
<td></td>
<td></td>
<td>Mobile / Móvil</td>
</tr>
</tbody>
</table>

**Emergency Contacts / Información de emergencia**

Two people we can notify in an emergency, if you are not available. Please list a neighbor or relative who lives nearby and who is generally at home.

Dos personas que se pueda llamar por alguna emergencia y que estén en casa.

1. Name / Nombre  
   Address / dirección  
   Telephone / Teléfono  
   Home:  
   Cell:  

2. Name / Nombre  
   Address / dirección  
   Telephone / Teléfono  
   Home:  
   Cell:  

<table>
<thead>
<tr>
<th>Doctor’s Name / Nombre del Doctor</th>
<th>Telephone / Teléfono</th>
<th>Home:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address / dirección</th>
</tr>
</thead>
</table>

**ATTENDANCE NOTIFICATION / NOTIFICACION DE ASISTENCIA**

The School District routinely announces school related information by telephone, and also notifies parents of student absences. Please provide your preferred contact information to receive absence notices. / El Distrito Escolar anuncia habitualmente por teléfono información relacionada a las escuelas, incluyendo información sobre falta de asistencia a clases. Le pedimos proporcione el modo en el que desea ser informado sobre las faltas de asistencia.

School Related Calls:

<table>
<thead>
<tr>
<th>Home / Casa</th>
<th>Work / Trabajo</th>
<th>Mobile / Móvil</th>
<th>Text 9 Digits / Texto</th>
<th>eMail</th>
</tr>
</thead>
</table>

**Regular Dismissal / Despido Normales**

At Regular Dismissal my child will / Al Despido Regular mi niño(a)

- [ ] Walk home alone / Caminar solo en casa
- [ ] Be picked-up / Va a ser recogido

Persons Authorized to pick-up my child / Personas autorizadas para recoger a mi niño(a)

1.  
2.  
3.  
4.  

Please Print
**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>DOB</th>
<th>School</th>
<th>Grade</th>
<th>Exam Date</th>
</tr>
</thead>
</table>

### HEALTH HISTORY

#### Allergies
- □ No
- □ Yes, indicate type

□ Medication/Treatment Order Attached  □ Anaphylaxis Care Plan Attached

□ Food  □ Insects  □ Latex  □ Medication  □ Environmental

#### Asthma
- □ No
- □ Yes, indicate type

□ Medication/Treatment Order Attached  □ Asthma Care Plan Attached

□ Intermittent  □ Persistent  □ Other: ________________________________

#### Seizures
- □ No
- □ Yes, indicate type

□ Medication/Treatment Order Attached  □ Seizure Care Plan Attached

□ Type: ________________________________  Date of last seizure: ____________

#### Diabetes
- □ No
- □ Yes, indicate type

□ Type 1  □ Type 2  □ HbA1c results: ____________  Date Drawn: ____________

□ Medication/Treatment Order Attached  □ Diabetes Medical Mgmt. Plan Attached

#### Risk Factors for Diabetes or Pre-Diabetes:
*Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.*

**BMI** _______ kg/m²  **Percentile (Weight Status Category):**  □ <5ᵗʰ  □ 5ᵗʰ-49ᵗʰ  □ 50ᵗʰ-84ᵗʰ  □ 85ᵗʰ-94ᵗʰ  □ 95ᵗʰ-98ᵗʰ  □ 99ᵗʰ and>

#### Hyperlipidemia
- □ No  □ Yes

#### Hypertension
- □ No  □ Yes

### PHYSICAL EXAMINATION/ASSESSMENT

#### Height:  □ Weight:  □ BP:  □ Pulse:  □ Respiration:

<table>
<thead>
<tr>
<th>TESTS</th>
<th>Positive</th>
<th>Negative</th>
<th>Date</th>
<th>Other Pertinent Medical Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD/ PRN</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Screen/PRN</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Level Required</td>
<td>Grades Pre-K &amp; K</td>
<td>Date</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

□ Test Done  □ Lead Elevated > 10 μg/dL

- □ System Review and Exam Entirely Normal

Check Any Assessment Boxes **Outside** Normal Limits And Note Below Under Abnormalities

- □ HEENT  □ Lymph nodes  □ Abdomen  □ Extremities  □ Speech
- □ Dental  □ Cardiovascular  □ Back/Spine  □ Skin  □ Social Emotional
- □ Neck  □ Lungs  □ Genitourinary  □ Neurological  □ Musculoskeletal

□ Assessment/Abnormalities Noted/Recommendations:

<table>
<thead>
<tr>
<th>Diagnoses/Problems (list)</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>____________</td>
</tr>
<tr>
<td>________________________</td>
<td>____________</td>
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<tr>
<td>________________________</td>
<td>____________</td>
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<tr>
<td>________________________</td>
<td>____________</td>
</tr>
</tbody>
</table>

□ Additional Information Attached
<table>
<thead>
<tr>
<th>SCREENINGS</th>
<th>Right</th>
<th>Left</th>
<th>Referral</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance Acuity With Lenses</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision – Near Vision</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision – Color</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Pass</td>
<td>☐ Fail</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>Right dB</td>
<td>Left dB</td>
<td></td>
<td>Referral</td>
</tr>
<tr>
<td>Pure Tone Screening</td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td><strong>Scoliosis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required for boys grade 9</td>
<td>Negative</td>
<td>Positive</td>
<td>Referral</td>
<td></td>
</tr>
<tr>
<td>And girls grades 5 &amp; 7</td>
<td>☐</td>
<td>☐</td>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>Deviation Degree:</td>
<td>Trunk Rotation Angle:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommendations:**

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

- **☐ Full Activity** without restrictions including Physical Education and Athletics.
- **☐ Restrictions/Adaptations**
  - **☐ No Contact Sports** Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
  - **☐ No Non-Contact Sports** Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field
- **☐ Other Restrictions:**

- **☐ Developmental Stage for Athletic Placement Process ONLY**
  - Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
  - Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

- **☐ Accommodations:** Use additional space below to explain
  - **☐ Brace*/Orthotic**
  - **☐ Insulin Pump/Insulin Sensor**
  - **☐ Protective Equipment**
  - **☐ Colostomy Appliance**
  - **☐ Medical/Prosthetic Device**
  - **☐ Sport Safety Goggles**
  - **☐ Hearing Aids**
  - **☐ Pacemaker/Defibrillator**
  - **☐ Other:**
  - *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.*

**Explain:** __________________________________________

**MEDICATIONS**

- **☐ Order Form for Medication(s) Needed at School attached**

**List medications taken at home:**

<table>
<thead>
<tr>
<th>IMMUNIZATIONS</th>
<th>Record Attached</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH CARE PROVIDER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Provider Signature:</td>
<td>Date:</td>
<td>Stamp:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Name: <em>(please print)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please Return This Form To Your Child’s School When Entirely Completed.**
## STUDENT HEALTH HISTORY

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Age:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Home Phone:</th>
<th>Cell:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Your Child's Medical History

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>If Yes, please explain and include date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Born premature or had complications after birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has an ongoing medical or developmental condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sees a medical specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has severe <strong>allergies</strong> or <strong>anaphylaxis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has been hospitalized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had an operation/required surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had an injury requiring an Emergency Room visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missed 5 days of school in a row due to illness/injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a bone/muscle injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passed out, had a <strong>concussion</strong> or serious head injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a convulsion, has a <strong>seizure disorder</strong>, or <strong>epilepsy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a vision problem or condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a hearing problem or condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wears a dental bridge, braces or mouthpiece</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Have any family members under the age of 50 ever:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had a heart attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had other serious health problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHECK ALL THAT APPLY TO YOUR CHILD:

- ADHD
- Allergies
- Asthma
- Autism
- Diabetes
- Ear Infections
- Glaucoma
- GI Conditions (ulcer, reflux, IBS)
- Headaches/migraines
- Heart Condition
- High Blood Pressure
- Mental Health Condition
- (Depression, eating disorder, anxiety, OCD, ODD, etc.)
- Scoliosis/Orthopedic Impairment
- Single Organ (kidney, testicle)
- Skin Condition
- Speech Condition
- Urinary Condition
- EI/CPSE/CSE services

### CURRENT MEDICATIONS

- Given at school
- Taken at home

#### Please list name, dose, time(s)

### ASSISTIVE EQUIPMENT

- During or outside of school
- Other:

#### Please check all that apply

- Crutches
- Walker
- Wheelchair
- Other:

### TREATMENTS

- During or outside of school

#### Please list name, dose, time(s)

- Insulin/blood glucose monitoring
- Inhaler/nebulizer/peak flow monitoring
- Special diet

Is there any condition that would prevent your child from participating in physical education or sports?

- No
- Yes: __________________________________________________________

Please list any additional concerns:

**Parent/Guardian Signature:** ____________________________ **Date:** ____________