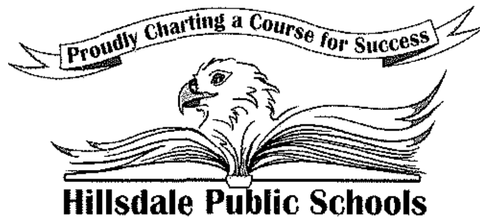


PRE-K REGISTRATION CHECKLIST

Please bring these items with you to your registration appointment

Students are not considered fully registered until all items from A, B, and E are submitted.

A	Original birth Certificate (or Certified Copy) within 30 days of enrollment. Valid Passport *A copy will be made at your registration appointment	[ ]
B	Proof of residency with the last name noted on the proof **(5 items in total)**. • Deed or Lease Agreement, Contract of Sale, or Landlord Certification form • Must bring appropriate completed residency affidavit (available during on-line pre-registration on the Hillsdale registration website) • Choose three supplemental items such as: tax bills, mortgage, voter registration, vehicle registration, licenses, permits, bank statements, utility bills, credit card bills, phone bills, and cancelled checks.	[ ] [ ] [ ]
C	Speech / Language Information Form	[ ]
D	Learning Experiences (If applicable, from parents and/or outside facility and send directly to school)	[ ]
E	Universal Child Health Record Form • Physical and Immunizations (completed by physician) • Current records must be submitted at registration appointment	[ ]
F	Health Questionnaire	[ ]

Hillsdale Board of Education
Hillsdale, NJ 07642

File Code: 5111
Exhibit 1

ADMISSION

AFFIDAVIT OF APPLICANT/GUARDIAN
RESIDENT OF HILLSDALE, NEW JERSEY 07642

(Part one)

STATE OF NEW JERSEY:

AFFIDAVIT

COUNTY OF BERGEN:

Note: If applicant is married, this affidavit must be signed by both husband and wife.

Sworn statement for Right of Non-tuition School Attendance

________________________________ and ________________________________

of full age and being duly sworn according to law and under oath say/s:

1. My/our domicile (permanent home) is in Hillsdale, New Jersey at ____(address).

2. I/we am/are supporting gratuitously, as if s/he were my/our child, the child named ____________________. The child has resided with me/us since ______________________.

   I/we receive no contributions or payment either in money or in food, clothing, recreation, medical expenses, lodging or any other thing or service of value in connection with the support maintenance and education of the child named above. The gratuitous support of the child named above shall continue for a period longer than merely through the school year.

3. I/we will assume all personal obligations for the child named above with respect to school requirements.

4. The answers, statements, and declaration made in the application for admission of said child are absolutely true in all respects.

5. The affidavit, together with the application for admission, is made specifically to induce the Hillsdale Board of Education to accept the child named above as a legally qualified pupil in the Hillsdale School District public schools and without payment of tuition, knowing that the Hillsdale Board of Education will rely upon the truth of the statements herein contained.

6. I/we agree to furnish any documentation that may be required by the Hillsdale Board of Education and/or its administration to confirm the accuracy of any of my/our representatives.

7. I/we fully understand and agree that any false or fraudulent statements, answers or declarations contained in this affidavit or in the application for admission may render me/us personally liable to the Hillsdale Board of Education for the payment of tuition for the school year which is $____________ for the 20____/____ school year.

ADMISSION (continued)

8. I/we fully understand and agree that, if I/we fraudulently allow the child named above to use our residence and I/we am/are not the primary financial supporter of this child, I/we will have committed a disorderly persons offense. If I/we am/are convicted of such an offense, I/we may be fined up to $1,000.00 and/or be imprisoned for up to six months.

9. I/we fully understand and agree that any false statements, answers, or declarations contained in this affidavit or in the application for admission may subject me/us to criminal prosecution for the crime of false swearing in violation on N.J.S.A. 2C:28-2. If I/we am/are convicted for such a crime, I/we may be punished by a fine of up to $7,500.00 and/or be imprisoned for up to 18 months.

10. I/we are owner of or rent the foregoing property. This has been my/our permanent residence since __________________. A copy of my/our deed or lease, whichever is applicable, is attached hereto. If I/we do not have a lease, then I/we understand that I/we have to produce a sworn statement from my/our landlord which acknowledges my/our tenancy.

______________________________	______________________________
Applicant/Guardian Print	Applicant/Guardian Print
______________________________	______________________________
Applicant/Guardian Signature	Applicant/Guardian Signature

Sworn and subscribed
before me on this _____ day
of ______________, 20____.

____
A Notary Public of the State of New Jersey

My Commission expires ____________________ (SEAL)

Approved: November 19, 2007
Revised:

ADMISSION

APPLICATION BY A RESIDENT OF HILLSDALE, NEW JERSEY 07642
FOR THE ADMISSION OF A CHILD WHOSE PARENTS ARE NONRESIDENTS

(Part two)

Note: All questions must be answered. If no information can be provided for an item, enter none in the space. If applicant is married, both applicants must sign this application.

Sworn statement for Right of Non-Tuition School Attendance

TO: Principal of ____________________ School and Board of Education of the Hillsdale Public School District.

I certify that the statements made by me/us in this certification are true and I/we am/are aware that if any statements made by me/us are false that I/we may be subject to civil and criminal penalties.

Signature: ____ (applicant/guardian)

Signature: ____ (applicant/guardian)

Date: ____

QUESTIONS CONCERNIN THE CHILD TO BE ADMITTED TO THE DISTRICT

1. Full name ______________________________________

2. Sex __________________________

3. Date of birth ____________________

4. Date child moved into the Hillsdale School District address ________________________

5. a. Has child continuously resided at the Hillsdale Public School District address since that date? ___________________________

   b. If not, state the address, length of time, and with whom the child has been residing.
   ____

6. State residence and with whom child resided for the past five (5) years immediately preceding the date of this application. ____
   ____

7. a. Will the child be claimed as a dependent child on the applicant's Federal Income Tax Return during the time s/he resides with the applicant? ______________________________

   b. If not, set forth the name and address of the person who will claim the exemption of the child.
   ____

QUESTIONS CONCERNING THE PARENTS AND FAMILY OF THE CHILD

1. Name and address of parent: ______________________________
   ____

2. Occupation, name and address of employer: ______________________________
   ____

3. Name and address of parent: ______________________________
   ____

4. Occupation, name and address of employer: ______________________________
   ____

5. a. Marital status of parents (married, divorced, separated, widowed).
   (circle one)

   b. If parent(s) is/are divorced or separated, who has legal custody of the child? ____________
   ____

   c. Attach a copy of the court order which establishes the custody of the child.

6. Name, address and age of any brother(s) and sister(s) of the child. ______________________
   ____
   ____

7. Names and address of the schools each of the brother(s) or sister(s) will attend this year. _______
   ____
   ____

8. Set forth in detail all reasons why neither parent is capable of caring for the child who seeks admission to the Hillsdale Public School District. ______________________________
   ____
   ____

QUESTIONS CONCERNING THE APPLICANT(S)

1. Name and address of the applicant(s). ____
____

2. Date applicant became a resident of the Hillsdale Public School District. ______________
If less than five (5) years, set forth all residences of applicant during the past five (5) years.
____
____
____

3. Name, age and address of applicant's children. ______________________________________
____
____

4. Name and address of school that applicant's children are attending this year. ______________
____
____

5. a. Number of rooms in applicant's residence. ____________

   b. Number of bedrooms in applicant's residence. _______________

6. Set forth in detail the reason why the child is residing with the applicant and not with the parent or legal guardian. ____
____
____
____
____

______________________________	______________________________
Applicant/Guardian Print	Applicant/Guardian Print
______________________________	______________________________
Applicant/Guardian Signature	Applicant/Guardian Signature

Sworn and subscribed
before me on this _____ day
of _______________, 20_____.

____
A Notary Public of the State of New Jersey

My Commission expires ____________________ (SEAL)

Approved: November 19, 2007
Revised:

ADMISSION

SWORN STATEMENT OF NONRESIDENT PARENTS WHO HAVE GIVEN CUSTODY OF THEIR CHILD TO A RESIDENT OF THE HILLSDALE PUBLIC SCHOOL DISTRICT

(Part three)

STATE OF NEW JERSEY:

AFFIDAVIT

COUNTY OF BERGEN:

________________________________ and ________________________________
of full age and being duly sworn according to law and under oath say/s:

1. Complete one of the following:

   a. We are the parents of the child named ________________________________

   b. I am the only living parent of the child named ________________________________
   The child's other parent ____________________ died on or about ______________

   c. I am the parent of the child named ____________________. I am separated / divorced (circle one) and I have the legal custody of the said child. A copy of the court order which established the custody of the child is attached.

2. I/We am/are the owners of or rent property located at ________________________________
and have resided at this address since ______________________

3. I/We have carefully read the foregoing affidavit (Part 1) and the application (Part 2) made by _____ ________________________ name(s), and the answers, statements, and declarations set forth in said affidavit and application are absolutely true in all respects.

4. On the _______ day of ____________, 20___ I/we gave custody of my/our child to ___________ ________________________ name(s)), hereinafter referred to as the guardian(s).
My/Our child is presently residing with the foregoing person(s) at ______________________ ____________. My/Our child is not residing with the foregoing person(s) for the sole purpose of receiving a free public education in the Hillsdale Public School District.

5. I/We am/are not capable of supporting or providing care for my/our child due to a family or economic hardship for the following reasons: ________________________________
____

   I/We will make no contribution or payment, either in money or in kind for food, clothing, recreation, medical expense, lodging, or anything or service of value, or other costs and expenses in connection with the support, maintenance or education of the said child.

6. The said guardian(s) ______________________________ (name(s)), will keep and support the said child gratuitously as if the said child were their own with no contributions or payment, either in money or in kind for food, clothing, recreation, medical expense, lodging, or anything or service of value, or other costs and expenses in connection with the support, maintenance or education of the said child.

7. The said child **will not** be claimed as a dependent child on my/our Federal or State Income Tax Return during the time the child resides with the guardian(s).

8. This affidavit, together with the application for admission (Part 2) and affidavit of applicant guardian resident of ____________________________ (Part 1), is made specifically to induce the Hillsdale Board of Education to accept the child named as a legally qualified pupil in the Hillsdale District public schools and without payment of tuition, knowing that the Hillsdale Board of Education will rely upon the truth of the statements contained herein.

9. I/We fully understand and agree that any false or fraudulent statements, answers, or declarations contained in this affidavit or in the application for admission may render me/us personally liable to the Hillsdale Board of Education for the payment of tuition for the school year, which is $__________ for the 20___/____ school year.

10. I/We fully understand and agree that:

    a. If I/we fraudulently claim to have given up custody of my/our said child to the said guardian(s), I/we will have committed a disorderly persons offense and upon conviction thereof, I/we may be punished by a fine of up to $1,000 and/or be imprisoned for up to six (6) months.

    b. I/We have read and understand the affidavit and application of the applicant/guardian (Parts 1 and 2), and any false statements, answers or declarations contained in this affidavit (Part 3), or in the affidavit and/or application of the applicant/guardian (Parts 1 and 2), may subject me/us to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2, and upon conviction thereof, I/we may be punished by a fine of up to $7,500 and/or be imprisoned for up to 18 months.

    c. I/We agree to furnish any documentation that may be required by the Hillsdale Board of Education and/or its administration to confirm the accuracy of my/our representations.

In all references herein to any parties or persons, the use of any particular gender or the plural of singular number is intended to include the appropriate gender or number as the test of the within instrument may require.

____
Applicant/Guardian Print

____
Applicant/Guardian Print

____
Applicant/Guardian Signature

____
Applicant/Guardian Signature

Sworn and subscribed
before me on this _____ day
of ______________, 20____.

____
A Notary Public of the State of New Jersey

My Commission expires ____________________

(SEAL)

Approved: November 19, 2007
Revised:

ADMISSION

LANDLORD CERTIFICATION

(Part 4)

1. I am the owner of property located at ________________________________ in the ____________________of _____________________, County of Bergen and State of New Jersey.
2. I am renting the property to ____. There is not a signed lease which memorializes the duration or terms of the rental agreement. The tenancy commenced on ______________________________ and expires on _____________________________.
3. I agree to furnish information on the continued tenancy of the person named in paragraph two to the Hillsdale Board of Education and its administration upon request.

I certify that the statements made by me in this certification are true and I am aware that if any statements made by me are false I may be subjected to civil and criminal penalties.

LANDLORD:

______________________ ___________________________________ _______________
Print Name Signature Date

____ ______________________________
Street Address Phone Number

WITNESS:

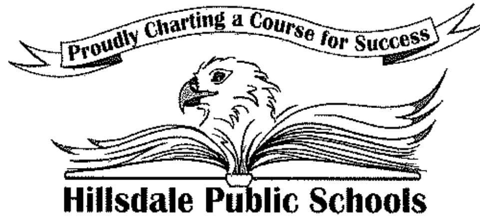
______________________ ___________________________________ _______________
Print Name Signature Date

Sworn and subscribed before me on this _____ day of _____________, 20____.

____
A Notary Public of the State of New Jersey

My Commission expires ____________________ (SEAL)

Approved: November 19, 2007
Revised:



As part of the screening process, your child's speech/language will be assessed.

The screening will provide the classroom teacher with information on overall receptive and expressive language skills, along with listening skills and following directions.

The section below is for your input. If you feel your child has speech or language areas which concern you, please tell us about them.

Please return this page with the registration packet.

Speech/Language Information

Name of Child: ______________________________ Date of Birth: ________________

My child speaks English: Yes [ ] No [ ]

My child speaks another language. It is ____

Describe your child's speech or language skills: __________________________________

____

____

____

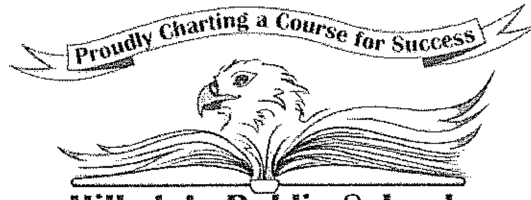
List any information you could share which might be relevant to development of speech, such as birth or milestone history. Use the back of page if necessary.

____

____

____

____



Hillsdale Public Schools

Required Medical Documents

In accordance to NJ State laws, the Hillsdale Board of Education requires that all registrants submit a completed physical examination form and an immunization record before the start of the school year. The physical form must be dated within 365 days from the start of the school year.

(x) Check off each item

A	**Physical Form – completed by physician** • A current physical should be submitted upon registration. • If physical was not performed with the 365 days from the start of the school year, a new one must be submitted immediately upon completion.	
B	**Immunization Form – completed by physician** • A current immunization record must be submitted at registration, regardless of physical exam date. • Any subsequent immunization data should also be submitted immediately upon completion. **For Pre-School (3 - 4 years) your child must have:** 1. DTaP – 4 doses 2. Polio – 3 doses 3. MMR – 1 dose 4. Hib – 1 dose after 1st birthday 5. Varicella (Chicken Pox) – 1 dose 6. PCV7 (Pneumococcal vaccine) – 1 dose (given after 1st birthday) 7. Influenza – 1 dose annually (6-59 months-given after 1st birthday) **For Kindergarten your child must have:** 1. DTaP – 4 doses with one dose given on or after the 4th birthday or any 5 doses. If DT is substituted for DTaP, a written explanation from the child's physician MUST be provided. 2. Polio – 3 doses with one dose given on or after the 4th birthday or any 4 doses. 3. Measles – 2 doses 4. Mumps and Rubella – 1 dose of each. 5. Hepatitis B – 3 doses. 6. Varicella – 1 dose for chickenpox or laboratory evidence of immunity.	

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ *I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.*

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

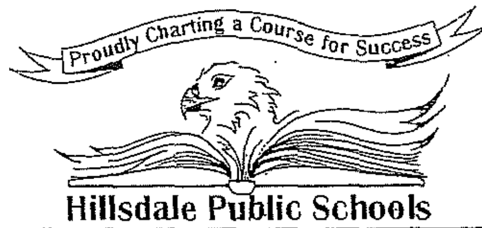
   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.



The nursery, pre-school or in home-care giver who has spent time with your child can often offer information useful to the screening committee. If you would like to have these experiences shared with us, please have the appropriate person fill out the form below. Please send form directly to your child's school.

Parents please indicate which school this form should be returned to:

[ ] Ann Blanche Smith School
1000 Hillsdale Avenue
Hillsdale, NJ 07642
201-664-1188

[ ] Meadowbrook School
50 Piermont Avenue
Hillsdale, NJ 07642
201-664-8088

*Preschool Teacher please return this form to the address above no later than April 1st.

Pre-School Experiences

Child's Name ______________________________ Date: __________________________

Pre-School: _______________________________ Phone: ________________________

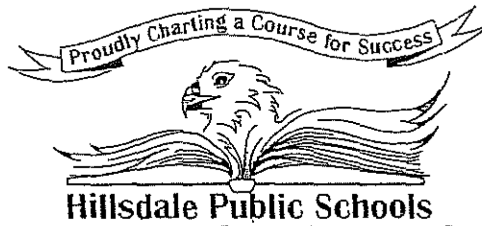
Teacher or Caregiver: ____

1. How long have you worked with this child? ______________________________
2. Is the child in a full day or part day, full week or part week program? ___________
3. Is the program Montessori, developmentally or academically bases?___________
4. School readiness skills (social, emotional, and physical development). Areas which you might address are: friendships, self-image, maturity, independence, attention span, following directions, speech articulation, expressive and receptive language, large and fine motor skills, and special strengths.

   ____
   ____
   ____
   ____
   ____

5. Please specify areas which should receive attention during screening or in determining appropriate school programming. (Articulation, language, maturity, following directions, etc. (Please continue on back of this page.)

   ____
   ____
   ____



KINDERGARTEN

REPORT OF DENTAL EXAMINATION

(Optional)

IT IS RECOMMENDED THAT CHILDREN HAVE BEEN TO THEIR DENTIST FOR AN EXAMINATION BY THE TIME THEY ENTER KINDERGARTEN.

PLEASE HAVE YOUR CHILD'S DENTIST COMPLETE THE FOLLOWING AND RETURN THIS FORM TO THE SCHOOL NURSE.

* *

I HAVE EXAMINED : ____

(CHILD'S NAME)

TEETH ON __________________________, AND REPORT THE FOLLOWING:

____

____

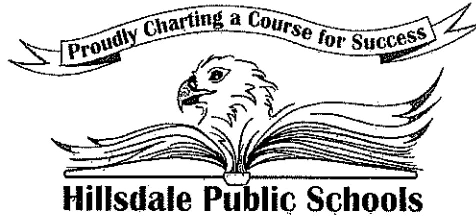
____

____

SIGNATURE OF DENTIST: ____

____

(Print or stamp name and address)



HEALTH INSURANCE INFORMATION FORM

STUDENT'S NAME: ____

Grade: __________ **Homeroom:** ________________

Does child have Health Insurance?

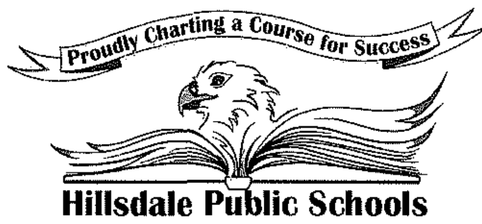
Yes ________ If Yes, name of insurance
company ____

No ________ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.
For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.
You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature ______________________________ Printed Name: ____________________

Date: ________________

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).



HEALTH QUESTIONNAIRE

TODAY'S DATE: ____________________

STUDENT'S NAME: ___________________________________ DOB: __________________

Address: ____ Phone #: ______________________

PARENT'S NAME: ______________________________ Occupation: ___________________

Address: ____ Phone #: ______________________

PARENT'S NAME: ______________________________ Occupation: ___________________

Address: ____ Phone #: ______________________

SIBLINGS (Please specify name, gender, and age):

____

____

____

____

OTHERS LIVING IN HOUSEHOLD (Please state name and relationship):

____

____

LANGUAGE(S) SPOKEN IN THE HOME:

Primary _______________________ Secondary ___________________________

PRE- and POST-NATAL HISTORY:

Pregnancy (Please check one): Full-term __________ Premature _________

Complications: _________________ Birthweight: _______ lbs. ________ ounces

PARENT/SIBLING HISTORY:

Do the student's parents or siblings have any significant medical problems, illnesses, or allergies?

Parent: ____

Parent: ____

Siblings: ____

____

MEDICATIONS:

Does your child take any medications or need an EpiPen/Twinjet for allergic reactions?

Daily medications: ____

Medications needed at school: ____

EpiPen/Twinjet (please indicate yes or no): _____________ Last time used: ___________

STUDENT ALLERGY HISTORY: Reaction to Allergen

Food(s): ______________________________ ____________________

______________________________ ____________________

______________________________ ____________________

______________________________ ____________________

Environmental: ________________________ ____________________

Insect Stings: _________________________ ____________________

Latex: _______________________________ ____________________

Medications: __________________________ ____________________

INJURIES/SURGERY:

Fractures: __________________________ Surgery: ________________

Head Injuries: _______________________ Sutures: ________________

Has your child ever visited the Emergency Room? Yes ________ No__________

How many times? ____________ Reason: ________________________

Other: ____

ILLNESSES (Please check if applicable):

Asthma ______ Epilepsy/Convulsions ______ Respiratory Infections ________

Chicken Pox _____ Febrile Seizures ________ Skin Problems ___________

Diabetes ________ Mononucleosis ________ Strep Throat _____________

Ear Infections _____ Other ____

SPECIAL CONSIDERATIONS:

Developmental Delay: YES ______ NO ______

Hearing Problems ____________ Hearing Aid _______________

Vision Problems _____________ Glasses/Contacts ____________

Bowel/Bladder Problems ______________________________________

Physical Therapy ____________ Occupational Therapy _________

Speech Difficulties ___________ Speech Therapy _____________

Emotional Issues ____

Other ____

IS THERE ANY ADDITIONAL INFORMATION (health status, home situation, or behavior) that you feel would be helpful in planning your child's school year?

____

____

____

____

Completed by: ___________________________________