

TOLEDO MIDDLE SCHOOL REGISTRATION FORM

(Please Print)

(For Office Use Only) *Teacher's Name* _____ *Grade* _____ *Enrollment Date* _____

Student Name: LEGAL Last Name	LEGAL First Name	Middle	Also Known As:	
Method of Transportation: Fill in route # _____ Walk _____ Pick up _____			Birth date:	Sex
<i>Notes:</i>				
Has student ever attended Toledo Schools? ___ Yes ___ No				
If yes, circle school attended: TES TMS THS Dates Attended (M/Y) _____				
Ethnic Identity: White _____ Hispanic _____ Am. Indian _____ African American _____ Other _____				
Are languages other than English spoken in the home? Yes No If yes, what Language? _____				
Previous School Attended				
School Name _____		Phone _____	Address _____	

Household Information

Primary Household Parent/Guardian 1 <i>Last Name</i> <i>First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted?

		Phone #2 Work ___ Cell ___ (include area code)	

Primary Household Parent/Guardian 2 <i>Last Name</i> <i>First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted?

		Phone #2 Work ___ Cell ___ (include area code)	

Primary Resident Address (Street, Apt#)		City	State Zip
		_____	_____ _____
Primary Mailing Address (If different from above)		City	State Zip
		_____	_____ _____
Secondary Household Parent/Guardian 1 <i>Last Name</i> <i>First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted?

		Phone #2 Work ___ Cell ___ (include area code)	

Secondary Household Parent/Guardian 2 <i>Last Name</i> <i>First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted?

		Phone #2 Work ___ Cell ___ (include area code)	

Secondary Resident Address (Street, Apt#)		City	State Zip
		_____	_____ _____
Secondary Mailing Address (If different from above)		City	State Zip
		_____	_____ _____

Is there a joint custody or parenting plan in effect? ___ Yes ___ No (If yes, plan must be on file with the school for enforcement).
 Is there a restraining order in effect? ___ Yes ___ No (If yes, plan must be on file with the school for enforcement).
 Restraining order against: ___ Father ___ Mother ___ Other (Name: _____)

Has your child ever qualified for or been enrolled in a Special Ed Program (IEP)? ___ Yes ___ No
 Has your child ever qualified for or had a 504 Plan? ___ Yes ___ No
 Has your child ever participated in: ___ Title ___ LAP ___ Gifted ___ ESL
 ___ Other _____

Student Name _____

Student's Medical History (check appropriate boxes and describe nature of problem).	
Doctor's Name _____	Doctor's Phone Number _____
Allergies: _____	Other health concerns: _____

Please list other siblings attending Toledo School District			
Last Name	First Name	School	Grade

Emergency Information

When injury, illness, or other non-emergency situation occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child (local area only please).

First Emergency Contact (other than parent/guardian)	Relationship to child:	Phone #1 (area code)	Phone #2 (area code)
Name: _____			
First Contact address: _____	Street or PO Box	City	State Zip
Second Emergency Contact (other than parent/guardian)	Relationship to child:	Phone #1 (area code)	Phone #1 (area code)
Name: _____			
Second Contact address: _____	Street or PO Box	City	State Zip
Third Emergency Contact (other than parent/guardian)	Relationship to child:	Phone #1 (area code)	Phone #1 (area code)
Name: _____			
Third Contact address: _____	Street or PO Box	City	State Zip

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact the parent/guardian immediately. If the parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

PARENT CONSENT: My child has permission to leave the school campus under the supervision/approval of TMS office to participate in local school related activities.

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Toledo School District.

Legal Parent/Guardian Signature: _____ Date: _____

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 2021-2022

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hispanic (Write In)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Honduran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Native	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paraguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Peruvian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	So. Georgia Sandwich Islands	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Spaniard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surinamese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Uruguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venezuelan	<input type="checkbox"/>	<input type="checkbox"/>

American Indian/Alaskan Native		Washington State Tribes
<input type="checkbox"/>	Chinook Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation	<input type="checkbox"/>
<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Confederated Tribes of the Colville Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Cowlitz Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Duwamish Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Hoh Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Jamestown S'Klallam Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Kikialus Indian Nation	<input type="checkbox"/>
<input type="checkbox"/>	Lower Elwha Tribal Community	<input type="checkbox"/>
<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Marietta Band of Nooksack Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Muckleshoot Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Nisqually Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Nooksack Indian Tribe of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Port Gamble S'Klallam Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Quinault Indian Nation	<input type="checkbox"/>
<input type="checkbox"/>	Samish Indian Nation	<input type="checkbox"/>
<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Skokomish Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Snohomish Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Snoqualmie Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Snoqualmoo Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Stellacoom Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Swinomish Indian Tribal Community	<input type="checkbox"/>
<input type="checkbox"/>	Tulalip Tribes of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Alaskan Native (Write In)	<input type="checkbox"/>
<input type="checkbox"/>	American Indian (Write In)	<input type="checkbox"/>

Asian	
<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Bhutanese
<input type="checkbox"/>	Burmese/Myanmar
<input type="checkbox"/>	Cambodian/Khmer
<input type="checkbox"/>	Cham
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Fillpino
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Indonesian
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Asian (Write In)
<input type="checkbox"/>	Lao
<input type="checkbox"/>	Malaysian
<input type="checkbox"/>	Mien
<input type="checkbox"/>	Mongolian
<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Okinawan
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Singaporean
<input type="checkbox"/>	Sri Lankan
<input type="checkbox"/>	Taiwanese
<input type="checkbox"/>	Thai
<input type="checkbox"/>	Tibetan
<input type="checkbox"/>	Vietnamese

Black/ African-American	
African American	African Canadian
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Anguillian
<input type="checkbox"/>	Antiguan
<input type="checkbox"/>	Bahamian
<input type="checkbox"/>	Barbadian
<input type="checkbox"/>	Barthélemois/Barthé emoises (Saint
<input type="checkbox"/>	British Virgin Islander
<input type="checkbox"/>	Caymanian (Cayman Island)
<input type="checkbox"/>	Cuba Dominican
<input type="checkbox"/>	Caribbean (Write In)
<input type="checkbox"/>	Central African
<input type="checkbox"/>	Angolan
<input type="checkbox"/>	Cameroonian
<input type="checkbox"/>	Central African (Gen. African RC)
<input type="checkbox"/>	Chadian
<input type="checkbox"/>	Congolese (RC of the Congo)
<input type="checkbox"/>	Central African (Write In)
<input type="checkbox"/>	East African
<input type="checkbox"/>	Burundian
<input type="checkbox"/>	Comoran
<input type="checkbox"/>	Djiboutian
<input type="checkbox"/>	Eritrean
<input type="checkbox"/>	Ethiopian
<input type="checkbox"/>	Kenyan
<input type="checkbox"/>	Malagasy (Madagascar)
<input type="checkbox"/>	Malawian
<input type="checkbox"/>	Mauritian (Mauritius)
<input type="checkbox"/>	Mahoran (Mayotte)
<input type="checkbox"/>	Mozambican
<input type="checkbox"/>	East African (Write In)
<input type="checkbox"/>	West African
<input type="checkbox"/>	Beninese
<input type="checkbox"/>	Bissau-Gulnean
<input type="checkbox"/>	Burkinabé (Burkina Faso)
<input type="checkbox"/>	Cabo Verdean
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)
<input type="checkbox"/>	Gambian
<input type="checkbox"/>	Ghanalian
<input type="checkbox"/>	West African (Write In)
<input type="checkbox"/>	Reunionese
<input type="checkbox"/>	Rwandan
<input type="checkbox"/>	Seychellois
<input type="checkbox"/>	Seychelloise
<input type="checkbox"/>	Somali
<input type="checkbox"/>	South Sudanese
<input type="checkbox"/>	Sudanese
<input type="checkbox"/>	Ugandan
<input type="checkbox"/>	Tanzanian (United RC of Tanzania)
<input type="checkbox"/>	Zambian
<input type="checkbox"/>	Zimbabwean
<input type="checkbox"/>	Dominican (Dominican Republic)
<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/>	Grénadian
<input type="checkbox"/>	Guadeloupian
<input type="checkbox"/>	Haitian
<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Martiniquais/ Martiniquaise
<input type="checkbox"/>	Montserratian
<input type="checkbox"/>	Puerto Rican

Black/ African-American Continued	
<input type="checkbox"/>	South African
<input type="checkbox"/>	Botswanan
<input type="checkbox"/>	Mosotho (Lesotho)
<input type="checkbox"/>	Namibian
<input type="checkbox"/>	South African
<input type="checkbox"/>	Swazi
<input type="checkbox"/>	South African (Write In)
<input type="checkbox"/>	Black (Write In)
<input type="checkbox"/>	Latin American
<input type="checkbox"/>	Argentine
<input type="checkbox"/>	Belizean
<input type="checkbox"/>	Bolivian
<input type="checkbox"/>	Brazilian
<input type="checkbox"/>	Chilean
<input type="checkbox"/>	Colombian
<input type="checkbox"/>	Costa Rican
<input type="checkbox"/>	Ecuadorian
<input type="checkbox"/>	El Salvadoran
<input type="checkbox"/>	Falkland Islander
<input type="checkbox"/>	French Guianese
<input type="checkbox"/>	Latin American (Write In)
<input type="checkbox"/>	Guatemalan
<input type="checkbox"/>	Guyanese
<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Venezuelan

Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Carolinian
<input type="checkbox"/>	Chamorro
<input type="checkbox"/>	Chuuukese
<input type="checkbox"/>	Fijian
<input type="checkbox"/>	i-Kiribati/Gilbertese
<input type="checkbox"/>	Kosraean
<input type="checkbox"/>	Maori
<input type="checkbox"/>	Marshallese
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Ni-Vanuatu
<input type="checkbox"/>	Native Hawaiian (Write In)
<input type="checkbox"/>	Palauan
<input type="checkbox"/>	Papuan
<input type="checkbox"/>	Pohpeian
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Solomon Islander
<input type="checkbox"/>	Tahitian
<input type="checkbox"/>	Tokelauan
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Tuvaluan
<input type="checkbox"/>	Yapese
<input type="checkbox"/>	Other Pac. Islander (Write In)

White	
<input type="checkbox"/>	White
<input type="checkbox"/>	Eastern European
<input type="checkbox"/>	Bosnian
<input type="checkbox"/>	Herzegovinian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Romanian
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Ukrainian
<input type="checkbox"/>	Middle Eastern and North African
<input type="checkbox"/>	Algerian
<input type="checkbox"/>	Amazigh or Berber
<input type="checkbox"/>	Arab or Arabic
<input type="checkbox"/>	Assyrian
<input type="checkbox"/>	Bahraini
<input type="checkbox"/>	Bedouin
<input type="checkbox"/>	Chaldean
<input type="checkbox"/>	Copt
<input type="checkbox"/>	Druze
<input type="checkbox"/>	Egyptian
<input type="checkbox"/>	Emirati
<input type="checkbox"/>	Iranian
<input type="checkbox"/>	Iraqi
<input type="checkbox"/>	Israeli
<input type="checkbox"/>	Jordanian
<input type="checkbox"/>	Kurdish Kuwaiti
<input type="checkbox"/>	Lebanese
<input type="checkbox"/>	Libyan
<input type="checkbox"/>	Moroccan
<input type="checkbox"/>	Omani
<input type="checkbox"/>	Palestinian
<input type="checkbox"/>	Qatari
<input type="checkbox"/>	Saudi Arabian
<input type="checkbox"/>	Syrian
<input type="checkbox"/>	Tunisian
<input type="checkbox"/>	Yemeni
<input type="checkbox"/>	Middle Eastern (Write In)
<input type="checkbox"/>	North African (Write In)



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>		
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12th grade)</p> <p>_____</p> <p>Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



PARENT/STUDENT SIGNATURE FORM

CELL PHONES IN SCHOOL

All students are expected to keep their cell phones in their lockers. No cell phones will be allowed in classes. Students who do not follow this expectation will face immediate disciplinary actions. Repeated offenses will not be tolerated.

Print Student Name

Student Signature

Print Parent/Guardian Name

Parent/Guardian Signature

.....

LEAVE CAMPUS CONSENT

My child has permission to leave the school campus under the supervision/approval of TMS office to participate in local school-related activities.

Print Parent/Guardian Name

Parent/Guardian Signature

.....

STUDENT HANDBOOK

I have read the TMS Student Handbook and understand its contents. I realize that it is my responsibility to keep it and refer to it when needed.

Student Signature

Date

Parent/Guardian Signature

Date

Toledo School District Annual Health History

Student Name _____	Date of Birth _____	<input type="checkbox"/> Male	Grade _____	School _____
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The following information is required in order to create an appropriate plan for your child in the event of an emergency. This information may be shared with school staff on a "need to know basis" only.

Current Medical Concerns

Asthma

If yes, are there
 Inhaler(s)
 Nebulizer
 Hay Fever
 Diabetes
 Heart Disease
 Seizures/Spells
 Color Blindness

Vision Problems
 Hearing Problems
 Speech Difficulty
 Bone Disease
 Fainting
 Headaches
 Dental Problems
 Physical Handicap
 Other _____

Are there any special medical problems of concerns that the school staff should note? Yes No
 If yes, please specify: _____

Allergies (Check all that apply)

Plants
 Specify type/Reaction: _____
 Insects
 Specify type/Reaction: _____
 Drugs
 Specify type/Reaction: _____
 Foods
 Specify type/Reaction: _____
 Animals
 Specify type/Reaction: _____
 Bees
 Specify type/Reaction: _____
 Other
 Specify: _____

If there is an allergy present, does student have an Epi-Pen or have ever had one ordered for allergies? Yes No

Does your child wear:
 Eye Glasses Contact Lenses Hearing Aides

Last eye exam: _____ Eye Dr: _____
 Last dental exam: _____ Dentist: _____
 Last medical exam: _____ Doctor: _____

If emergency treatment is required for your child and you cannot be reached immediately, may the school authorities use their own judgment in calling one of the local doctors indicated in this form, or if not available, another doctor, to give treatment necessary for the health and welfare of your child? Yes No

If no, please explain what action you desire the school to take: _____

Is medication required for either an allergy or another medical condition? (Please note, medication requires written physician and parent permission)
 At home? Yes No At school? Yes No
 Name of medication(s): _____

Do you have medical insurance? Yes No
 Do you need assistance in accessing medical insurance? Yes No

Was there a health problem or handicap present at birth? Yes No
 If yes, what was the diagnosis? _____
 What age was the diagnosis? _____
 Name of physician? _____
 Any operations, injuries, or hospitalizations related to diagnosis? _____

Physical education activity: Limited Not Limited
 If activity is limited, please explain: _____

Signature of Parent _____ Date _____