

ENROLLMENT CHECKLIST

Please complete and sign ALL of the attached forms listed below.

FORMS

- ☐ ENROLLMENT FORM (4 page form)
- ☐ TRANSPORTATION FLYER - Online Student Transportation Special Request Form (1 page form)
- ☐ TITLE VII STUDENT ELIGIBILITY CERTIFICATION - Office of Indian Education (1 page form)
- ☐ STUDENT INFORMATION FORM (1 page form)
- ☐ EMERGENCY CONTACT AND HEALTH HISTORY FORM (1 page form)

Bring *PHOTO ID* and *TWO PROOF OF RESIDENCY* of biological parent/legal guardian. Approved documentation listed below:

BIOLOGICAL PARENT/ LEGAL GUARDIAN DOCUMENTS

- ☐ PHOTO ID (Include ONE of the following identification documents)
 - Driver's License
 - College ID
 - State ID
 - Passport
 - Military ID
 - Tribal ID
- ☐ PROOF OF RESIDENCY (Bring TWO of the following)
 - Current Driver's License with current address
 - Current Utility Bill - dated within 60 days
 - Letter from Government Agency - dated within 60 days
 - Lease Agreement - signed by lessee and lessor and show the lease period (start date and end date)
 - Purchase Agreement - signed agreement (by both buyer and seller) with purchase date and address referenced / HUD Verification with owner's name and address
 - Closing escrow papers or warranty deed - Purchase dated within 60 days
 - Mortgage Statement- Dated within 60 days
 - Property Tax Statement -must show principal residential address and current year.
 - Homeowners or Renters Insurance Policy - must be active and issued within 60 days (proof of insurance card unacceptable)
 - U.S Postal Service change of address confirmation letter - dated within 60 days (cannot be a PO Box)

For data privacy information, see school board policy #515 at district279.org

ENROLLMENT FORM SCHOOL

PROGRAM

GRAD INCENTIVE

OFFICE USE ONLY	STUDENT ID		BEGIN DATE (mm/dd/yyyy)		LAST LOCATION CODE		<input type="checkbox"/> NEW <input type="checkbox"/> RE-ENTRY <input type="checkbox"/> ADDRESS CHANGE Move date:		<input type="checkbox"/> WARD OF THE STATE <input type="checkbox"/> HOMELESS		<input type="checkbox"/> SHARED-TIME <input type="checkbox"/> 504 <input type="checkbox"/> IEP	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE		DWELLING #		FAMILY #		LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6		RESIDENT DISTRICT		RESIDENT SCH	
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> LIVES WITH <input type="checkbox"/> ADDRESS CHANGE		DWELLING #		FAMILY #		LEGAL <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6		ACTION CODE <input type="checkbox"/> NW <input type="checkbox"/> EO <input type="checkbox"/> SP <input type="checkbox"/> OS <input type="checkbox"/> RO		HOME LANGUAGE	
										CCA		SAC
										COMPLETED BY		

1. STUDENT INFORMATION (LEGAL NAME AS IT APPEARS ON THE BIRTH CERTIFICATE)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (mm/dd/yyyy)	ENR GRADE
MAIN ADDRESS	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	WHO DOES THE STUDENT LIVE WITH?			CHECK ALL THAT APPLY <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> OTHER - Relationship:		

2. BIOLOGICAL OR ADOPTIVE PARENT #1 INFORMATION ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (If different than MAIN)	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

3. BIOLOGICAL OR ADOPTIVE PARENT #2 INFORMATION ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (If different than MAIN)	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

4. LEGAL GUARDIAN (LEGAL DOCUMENTATION IS REQUIRED TO USE THIS ADDRESS FOR SCHOOL ASSIGNMENT) ☐ SAME AS MAIN ADDRESS

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (If different than MAIN)	STREET NAME & HOUSE NUMBER (Apt/Unit #)			CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

5. OTHER ADULT #1 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR THE STUDENT)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

6. OTHER ADULT #2 (OTHER ADULT IN HOME WITH LEGAL RESPONSIBILITY FOR THE STUDENT)

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP	INCLUDE FOR MAILINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL			

Why do we ask these questions?

7. GENERAL ENROLLMENT QUESTIONS

Military: A “Military-connected youth” means having a biological parent or legal guardian who is currently in the armed forces (either as a reservist or on active duty) or has recently retired from the armed forces.

Expelled: Has your student ever been expelled from a previous school? This information is used in determining if an Open Enrollment request will be granted. Determination is based on the reason for the expulsion.

Arrested: Has your student ever been arrested resulting in a charge? If yes, the school district contacts the probation officer to exchange information regarding the enrollment (such as attendance, grades, etc.). This information is used to determine if your student is currently on probation.

Title I – Part A (Title I) of the Elementary and Secondary Education Act, as amended (ESEA) provides financial assistance to Local Education Agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Federal funds are currently allocated through four statutory formulas that are based primarily on census poverty estimates and the cost of education in each state.

Section 504 – Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. Part 104) is a federal civil rights statute that assures individuals will not be discriminated against based on their disability. All school districts that receive federal funding are responsible for the implementation of this law. Individuals who have been determined to have a disability under Section 504 may or may not be disabled under special education (IDEA). Section 504 protects a student with an impairment that substantially limits one or more major life activities, whether the student receives special education services or not. Parents who have concerns or questions regarding Section 504 should contact their building principal.

Is this your student's first school enrollment in the United States? Providing the information is not required and the requested information will only be used to determine whether the child may be eligible for programs offered in the district that provide enhanced instructional opportunities for immigrant children and youth.

9. RACIAL/ETHNIC INFORMATION

This information is for federal and state civil rights and statistical reports. This is a nonscientific racial/ethnic designation as defined by the U.S. Department of Education. The manner of collection is described in Rule 3535.0120, Duties of the District.

American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian/Other Pacific Islanders – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White – A person having origins in any other original peoples of Europe, the Middle East or North Africa.

10. RESIDENCY INFORMATION

This information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence and (2) includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in an emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; and (c) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section there may be a delay in the provision of services. The school teacher, school and district administrators and the Minnesota Department of Education (MDE) have access to this information.

7. GENERAL ENROLLMENT QUESTIONS

Have you recently moved to the school district in the last 36 months for temporary or seasonal agriculture or fishing work? ☐ Yes ☐ No

Is the student a member of a military family? *(See definition on page 2)* ☐ Yes ☐ No

If Yes, is the military member actively deployed or expects to be actively deployed this year? ☐ Yes ☐ No

Has your student ever enrolled in a Minnesota public school before? ☐ Yes ☐ No

Has your student ever enrolled in ISD 279 - Osseo Area Schools before? ☐ Yes ☐ No

Is your student currently enrolled in a talented and gifted program? ☐ Yes ☐ No

Has your student ever received help learning American English? (ESL, ELL, EL, etc.) ☐ Yes ☐ No

Is your student currently receiving Title I services? *(See definition on page 2)* ☐ Yes ☐ No

Does your student have a social worker? ☐ Yes ☐ No

Name and phone number of social worker: _____

Has your student ever been expelled from a school? ☐ Yes ☐ No

If Yes, where? and when? _____

Has your student ever been arrested resulting in a charge? ☐ Yes ☐ No

Name and phone number of probation officer: _____

If enrolling for Kindergarten, has your student completed Early Childhood Screening? ☐ Yes ☐ No

If Yes, where? _____

Does your student have a Section 504 Accommodation Plan as defined by the Americans with Disabilities Act (ADA)? *(See definition on page 2)* ☐ Yes ☐ No

Does your student have a Special Education IEP (Individual Education Plan)? ☐ Yes ☐ No

If Yes, what is your student's disability? *(Check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Emotional/Behavior Disorders | <input type="checkbox"/> Speech/Language Impairments |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Other Health Disabilities | <input type="checkbox"/> Severely Multiple Impaired |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf – Hard of Hearing | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visually Impaired |

7. GENERAL ENROLLMENT QUESTIONS - continued

The district is sometimes able to offer translated documents and messages. How would you like to receive communications?

- ☐ English
 ☐ Hmong (Hmoob Dawb)
 ☐ Spanish (Español)
 ☐ Vietnamese (Tiếng Việt)
 ☐ Somali

Do you, as biological parent/legal guardian, need an interpreter? ☐ No ☐ Yes If yes, which language _____

What is your student's country of birth? _____

Date your child first attended school in the USA? _____ (mm/dd/yyyy)

Is this your student's first school enrollment in the United States? ☐ Yes ☐ No

8. SIBLINGS OF THE STUDENT UNDER THE AGE OF 21 LIVING IN THE SAME HOUSEHOLD

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE (mm/dd/yyyy)	GRADE	SCHOOL
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			
			<input type="checkbox"/> Male <input type="checkbox"/> Female			

9. RACIAL/ETHNIC REPORTING INFORMATION (check ALL 3 columns)

Primary Racial Ethnic Background for STATE - Check <u>ONE</u> response <input type="checkbox"/> Not Northern American Indian <input type="checkbox"/> Northern American Indian	FEDERAL Reporting - Part A Check <u>ONE</u> response <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	FEDERAL Reporting - Part B Check <u>ALL</u> responses that apply <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin
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10. RESIDENCY INFORMATION (McKINNEY - VENTO)

Are you temporarily staying with another person or family due to loss of housing, economic hardship or similar reason?

☐ Yes ☐ No

Are you living in a hotel, motel, or camping grounds due to lack of alternative, adequate housing?

☐ Yes ☐ No

Are you living in emergency or transitional shelters, cars, parks, public spaces or similar places?

☐ Yes ☐ No

11. PREVIOUS SCHOOL ENROLLMENT INFORMATION. LIST ALL PREVIOUS ENROLLMENTS (Most recent first):

DISTRICT NAME	SCHOOL NAME	STATE	GRADE(S)	WITHDRAW DATE

12. BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I certify the information given above is true and complete to the best of my knowledge and belief.

Print Name _____ Signature _____ Date _____

Will your child need bus transportation to/from childcare in 2020-21?

2020-21

If your child will need to be picked up from (before school) and/or dropped off (after school) at a childcare location in 2020-2021, please let us know by completing an online Student Transportation Special Request form. Having this information by August 1 will help transportation staff plan efficient and effective bus routes.

Please complete the form online here:
<http://bit.ly/studenttransrequest>

Or you can request a hard copy from your
child's school or Enrollment Center.

Completing the form by August 1 will also help ensure that you receive a postcard during the last week of August with your student's confirmed busing information.

You can also access your child's busing information through ParentVUE throughout the school year.

As always, please call/email if you have any transportation questions:

E-mail: Busquestions@district279.org

Phone: 763-391-7244

Thank you for choosing Osseo Area Schools.

We wish you a great 2020-2021 school year!

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

STUDENT INFORMATION

STUDENT NAME _____

Please read the following list and check/circle all that apply.

This information will be shared with staff at the school to help your student.

Initial at the bottom of the page if you have NO concerns

STUDENT HAD THE FOLLOWING AT PREVIOUS SCHOOL:

- _____ Advanced Placement Classes
- _____ English Language Support (EL, ELL, ESL)
- _____ 504 Accommodation Plan
- _____ Special Education Services (IEP) Primary Disability: _____

STUDENT MAY NEED SUPPORT IN THE FOLLOWING AREAS: (Check all that apply)

- | | | | | | |
|-------------------------------------|---------------|------------------|-----------------|------------|---------------|
| Reading | Math | Writing | Behavior | Attendance | Mental Health |
| Family Change | Social Skills | English Language | Credit Recovery | | |
| Other Concern(s) please list: _____ | | | | | |

STUDENT HAS HAD OR CURRENTLY HAS:

- _____ Expulsion
- _____ Suspension
- _____ Chemical Use Concern
- _____ Probation Officer
- _____ Social worker
- _____ Mental Health Concern
- Therapist's name & phone # _____
- _____ Health/Medical Concerns- briefly describe _____

_____ **INITIAL HERE IF YOU HAVE NO CONCERNS FOR YOUR STUDENT**

2020-2021 School Year

EMERGENCY CONTACT AND HEALTH HISTORY FORM

OFFICE USE ONLY	STUDENT ID	NOTES
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1. STUDENT INFORMATION

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	BIRTH DATE (mm/dd/yyyy) — —	ENR GRADE
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2. EMERGENCY CONTACT INFORMATION

This information is being collected to provide for the student's health and safety at school. Refusal to supply emergency information could result in the school's inability to contact you in case of an emergency. In the event of an emergency and the school is unable to reach the parent, the school will secure emergency services (medical, dental, paramedic, ambulance) for my child, at parent expense. District Policy authorizes school staff to release private data to appropriate parties in connection with an emergency if the knowledge of the information is necessary to protect the health and safety of the student. I certify that all information below is accurate and that it is my responsibility to apprise the school of any changes in residency, phone numbers, and emergency release contacts.

BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER ADULT that lives with the student

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
PRIMARY EMAIL ADDRESS - Please list only one			DOCTOR/CLINIC NAME		DOCTOR/CLINIC PHONE NUMBER

OTHER EMERGENCY CONTACT(S) - If possible please list at least two contacts

LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	
LEGAL NAME	LAST	FIRST	MIDDLE	GENDER	RELATIONSHIP
HOME PHONE		CELL PHONE		WORK PHONE	

3. HEALTH HISTORY INFORMATION

This information is required in order to provide appropriate health services for your student. This data will be treated as private data and will be recorded in the student health record. It will be shared with those working with your child only on a "need to know" basis and with emergency personnel in the event of an emergency.

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CHRONIC HEALTH CONDITIONS? (Check all that apply)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Sickle Cell Disease/Trait
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Vision Loss
<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Wheel Chair Type:
<input type="checkbox"/> Other (Explain)		

DOES YOUR CHILD HAVE ALLERGIES? LIST:
☐ Yes ☐ No

DOES YOUR CHILD HAVE AN EPI-PEN? ☐ Epi-Pen (Prescribed) - will be kept in the nurse's office
☐ Yes ☐ No ☐ Epi-Pen (Prescribed) - student will self-carry their Epi-pen

DOES YOUR CHILD HAVE ASTHMA? ☐ Inhaler/Neb (Prescribed) - will be kept in the nurse's office
☐ Yes ☐ No ☐ Inhaler - student will self-carry their inhaler

HAS YOUR CHILD BEEN HOSPITALIZED FOR ILLNESS, SURGERY, OR INJURY? IF YES, EXPLAIN:
☐ Yes ☐ No

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, LIST MEDICATIONS:
☐ Yes ☐ No

4. BIOLOGICAL PARENT/LEGAL GUARDIAN/OTHER PRIMARY CARE PROVIDER/EMANCIPATED STUDENT CERTIFICATION

I certify the information given above is true and complete to the best of my knowledge and belief.

Printed Name _____ Signature _____ Date _____