

# ENROLLMENT CHECKLIST

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

## FORMS

- ☐ ENROLLMENT FORM (2 page form)
- ☐ ETHNIC AND RACIAL DEMOGRAPHIC DESIGNATION FORM (2 page form)
- ☐ TRANSPORTATION FLYER (1 page form)
- ☐ TITLE VII STUDENT ELIGIBILITY CERTIFICATION - Office of Indian Education (1 page form)
- ☐ EMERGENCY AUTHORIZED PICKUPS AND HEALTH HISTORY FORM (1 page form)

BRING PHOTO ID AND ONE PROOF OF RESIDENCY OF PARENT/GUARDIAN.  
APPROVED DOCUMENTATION LISTED BELOW:

## PARENT/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 ONE of the following)
  - Valid Driver's License - (not expired) 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](http://district279.org)

ENROLLMENT FORM SCHOOLPROGRAMGRAD INCENTIVE

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

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

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

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

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

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? \_\_\_\_\_

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

Does your student have a Section 504 Accommodation Plan as defined by the Americans with Disabilities Act (ADA)?      Yes    No

Has your student ever received help learning American English (ESL, ELL, EL, etc.)    ☐ 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<br><input type="checkbox"/> Female |                         |       |        |
|           |            |             | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                         |       |        |
|           |            |             | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                         |       |        |
|           |            |             | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                         |       |        |
|           |            |             | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                         |       |        |
|           |            |             | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                         |       |        |

9. 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

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

| DISTRICT NAME | SCHOOL NAME | STATE | GRADE(S) | WITHDRAW DATE |
|---------------|-------------|-------|----------|---------------|
|               |             |       |          |               |
|               |             |       |          |               |
|               |             |       |          |               |
|               |             |       |          |               |
|               |             |       |          |               |
|               |             |       |          |               |

11. 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 \_\_\_\_\_

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations.

Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons 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.<sup>1</sup>

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

**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

EMERGENCY CONTACT/AUTHORIZED PICKUPS AND HEALTH HISTORY FORM

|                    |            |       |
|--------------------|------------|-------|
| OFFICE<br>USE ONLY | STUDENT ID | NOTES |
|--------------------|------------|-------|

1. STUDENT INFORMATION

|               |      |       |        |        |                                |           |
|---------------|------|-------|--------|--------|--------------------------------|-----------|
| LEGAL<br>NAME | LAST | FIRST | MIDDLE | GENDER | BIRTH DATE (mm/dd/yyyy)<br>— — | ENR GRADE |
|---------------|------|-------|--------|--------|--------------------------------|-----------|

2. EMERGENCY CONTACT INFORMATION

This information is being collected to provide for the student's health and safety at school. In completing this form I'm authorizing the school to contact the parent/legal guardians designated emergency contact, and to permit the emergency contact to pickup the child in the event the parent/guardian cannot be reached. 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 or designated emergency contact, 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<br>NAME                                | LAST | FIRST      | MIDDLE             | GENDER     | RELATIONSHIP               |
| HOME PHONE                                   |      | CELL PHONE |                    | WORK PHONE |                            |
| LEGAL<br>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 CONTACTS/AUTHORIZED PICKUPS - If possible please list at least two contacts

|               |      |            |        |            |              |
|---------------|------|------------|--------|------------|--------------|
| LEGAL<br>NAME | LAST | FIRST      | MIDDLE | GENDER     | RELATIONSHIP |
| HOME PHONE    |      | CELL PHONE |        | WORK PHONE |              |
| LEGAL<br>NAME | LAST | FIRST      | MIDDLE | GENDER     | RELATIONSHIP |
| HOME PHONE    |      | CELL PHONE |        | WORK PHONE |              |
| LEGAL<br>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?<br>(Check all that apply) | <input type="checkbox"/> ADD/ADHD<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Epilepsy/Seizures<br><input type="checkbox"/> Other (Explain) | <input type="checkbox"/> Hearing Loss<br><input type="checkbox"/> Heart Disease<br><input type="checkbox"/> Hepatitis<br><input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Sickle Cell Disease/Trait<br><input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Vision Loss<br><input type="checkbox"/> Wheel Chair Type: |
|--|---|---|---|

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 & AUTHORIZATION

I certify the information given above is true and complete to the best of my knowledge and belief. I further authorize the emergency contact(s) listed is/are able to receive relevant information on my child and pick up my child in the event of an emergency when I cannot be contacted by the school.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_