

Learning for all... whatever it takes!



Registration Packet & Information

Please call to make an appointment when returning the registration packet.

Documents required to complete enrollment are:

- Birth Certificate
- Immunizations/Physical
- Proof of Address
- (Current Utility bill, lease, rent receipt)
- Parents/Guardians picture ID
- Previous school Information (Name of school, fax #, Telephone #, email)
- Custody Papers (if it applies to you)
- Special Ed, IEP, 504 plans

If you have any questions, please feel free to call or email me and I will be happy to assist you.

Vanessa Escobar
vescobar@q.dunkirkcsd.org
Central Registration Office
752 Central Ave
Dunkirk NY 14048
716 366 9300 ext. *4401
Fax:716 366 9395

For more information, please visit our District website at: www.dunkirkcsd.org

STUDENT ID: _____

REGISTRATION FORM

Name: _____ Last Name _____

Date of birth: _____ Male _____ Female _____ Dominant Language _____

Address: _____ # of Apt. _____ How many adults in the household? _____

Phone Number # Cell: _____ Home #: _____ Work# _____

Grade: _____ Has student failed _____ What a grade _____ Country of Birth: _____

ALERTS: About the student.	YES	NO
Have any medical condition, take medication, have any allergies	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive special education? Do you have an IEP?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive speech therapy?	<input type="checkbox"/>	<input type="checkbox"/>
You are in a temporary housing situation	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a 504 Rehabilitation Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended the Dunkirk School District before?	<input type="checkbox"/>	<input type="checkbox"/>
The family receives SNAP benefits	<input type="checkbox"/>	<input type="checkbox"/>

Custody: Check here if you don't have legal documentation – **YOU NEVER WENT TO COURT**

Are there any custody situations that the school should know about? _____

Who has physical custody of the student? Both parents Mother Father Another person

The student lives with: Both parents Mother Father Another person

Please provide custody documentation if student lives with another person.

Mother:

Name: _____ Last Name _____ Dominant Language: _____

Address if different: _____

Phone Number: _____ Work Number: _____

Email: _____ Permission to pick up child

Should we call her in case of emergency: Should she receive correspondence

Father:

Name: _____ Last name: _____ Dominant Language: _____

Address if different: _____

Phone Number: _____ Work Number: _____

Email: _____ Permission to pick up the child

Should we call him in case of emergency: Should he receive correspondence

Student Information

Last Name: _____ First Name: _____
Address: _____ Telephone/Mobile: _____
Date of birth: _____ Receives Special Ed Services _____
Grade _____ Email: _____

FATHER'S INFORMATION (not stepfather's)

Name: _____ Do you reside in the home? Yes _____ No _____
If not, please provide the alternate address: _____
Home phone: _____
Mobile phone: _____
Workplace: _____
Telephone: _____

INFORMATION FROM THE MOTHER (not the stepmother)

Name: _____ Do you reside in the home? Yes _____ No _____
If not, please provide the alternate address: _____
Home Phone: _____
Mobile phone: _____
Workplace: _____
Telephone: _____

GUARDIAN INFORMATION (complete ONLY if the child DOES NOT reside with the parents)

Name: _____ Do you reside at home? Yes _____ No _____
If not, please provide the alternate address: _____
Home Phone: _____
Cell Phone: _____
Workplace: _____
Telephone: _____

MEDICAL INFORMATION

What is the name of your child's doctor? _____
Telephone: _____
Please make a list of any **SERIOUS medical conditions** for your child: _____

OTHER SIBLINGS -- Please make a list of other siblings living in your household, including preschoolers:

Name: _____ Date of Birth: _____ School: _____ Grade _____
Name: _____ Date of birth: _____ School: _____ Grade _____
Name: _____ Date of birth: _____ School: _____ Grade _____

TO PARENTS/GUARDIANS: When a student needs to be released/registered during school hours, parental permission is required. LIST ONLY ADULTS 18 YEARS OF AGE AND OLDER WHO CAN BE REACHED BETWEEN 8:00 A.M. AND 3:00 P.M.

Name: _____ Telephone: _____ Relation: _____
Number: _____ Telephone: _____ Relation: _____
Number: _____ Telephone: _____ Relation: _____

Parent's or Guardian's signature: _____ Date: _____

Learning for all... whatever it takes!

Central Registration Office
 752 Central Ave Dunkirk NY 14048
AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____ Fax: _____

The student(s) listed below have entered the Dunkirk City School System:

NAME: _____ D.O.B.: _____ GRADE: _____

NAME: _____ D.O.B.: _____ GRADE: _____

Please send the following information:

- Cumulative records*
- Standardized test scores*
- Health/immunization records*
- Professional reports/notes*
- Attendance records*
- Gifted records*
- Any Psychological/Educational Evaluations*
- Secondary Science Lab Requirements*

- All Special Education Components*
- Latest report card*
- Current Individualized Education Program (IEP)*
- Grades averaged from date of latest report card to date of withdrawal.*
- 504 Accommodation plan*
- Disciplinary Records*
- ENL components*
- Other: _____*

Please send information to:

_____ **Dunkirk Elementary School #3**
Sue Fountain
 742 Lamphere Street
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4340
 Fax: (716) 366-0565
sfountain@g.dunkirkcsd.org

_____ **Dunkirk Elementary School #5**
Marie Kaminski
 117 Brigham Road
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4500
 Fax: (716) 366-9355
mkaminski@g.dunkirkcsd.org

_____ **Dunkirk Intermediate (DMS)**
Mary Helfeldt
 525 Eagle St.
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x. 3386
 Fax: (716) 366-9357
mhelfeldt@g.dunkirkcsd.org

_____ **Dunkirk Elementary School #4**
 752 Central Avenue
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4400
 Fax (716) 366-0548

_____ **Dunkirk Elementary School #7**
Kristin Tofil
 348 Lake Shore Drive East
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 4700
 Fax: (716) 366-9426
ktofil@g.dunkirkcsd.org

_____ **Dunkirk Jr/Sr. High School (DHS)**
Laurie Barberich
 75 West Sixth Street
 Dunkirk, NY 14048
 Phone: (716) 366-9300, x 2076
 Fax: (716) 366-9411
lbarberich@g.dunkirkcsd.org

_____ **Dunkirk City Schools Registration Office**
 752 Central Ave, Dunkirk, NY 14048
 Phone: (716) 366-9300
 Fax: (716) 366-9395
Vanessa Escobar ext. x4401
vescobar@g.dunkirkcsd.org

_____ **Dunkirk City Schools Dept. of Special Education**
 90 East Fourth St., Dunkirk, NY 14048
 Phone: (716) 366-9300, x 2700
 Fax: (716) 366-9362
Brooke Tilley ext. *2702
btalley@dunkirkcsd.org

~~~~~  
 In accordance with the Family Rights and Privacy Act of 1974, I hereby give permission to request a release of records for my son/daughter from your school. Such request for disclosure is for the purpose of enrollment and shall include the above records. This release will expire one year from the date of signature.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_



NEW YORK STATE EDUCATION DEPARTMENT  
Emergent Multilingual Learners Language Profile for  
Prekindergarten Students<sup>i</sup>

*Dear Parent or Guardian,  
Thank you for completing the Emergent  
Multilingual Learners Language Profile.  
This survey will assist your new school  
with valuable information about your  
child's experience with languages.  
Information gathered will assist  
Prekindergarten educators in delivering  
academically and linguistically relevant  
instruction that strengthens the  
language and literacy of all students.*

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| <b>THIS SECTION TO BE COMPLETED BY ENROLLMENT OR<br/>SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE</b> |
| Date Profile Completed:                                                                               |
| Student Name:                                                                                         |
| Gender:                                                                                               |
| Date of Birth:                                                                                        |
| District or Community Based Organization Name:                                                        |
| Student ID (if applicable):                                                                           |
| Name of Person Administering Profile:                                                                 |
| Title:                                                                                                |

***Parent or Person in Parental Relation Information***

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile:  mother  father  other \_\_\_\_\_

In what language(s) would you like to receive information from the school?  English  other home language:

***Language in the Home***

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home?  yes  no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings?  yes  no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

***Language Outside the Home/Family***

10. Has your child attended any nursery, Head Start or childcare program?  yes  no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

***Language Goals***

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual?  yes  no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes  no

If yes, in what language(s)?

***Emergent Literacy***

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English?  yes  no

16b. Can your child recognize letters or symbols in another language?  yes  no

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If yes, in what language(s)?                                                                                                                                                               |
| 17a. Does your child pretend to read? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure<br>If yes, in what language(s)?                             |
| 17b. Does your child pretend to write? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure<br>If yes, in what language(s)?                            |
| 18. Does your child tell the stories from his/her favorite books or videos? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, in what language(s)?                       |
| 19. Does your child's childcare or nursery program describe goals for his or her learning? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If so, what goals do they describe? |
| 20. Please describe anything special you did to prepare your child to begin Prekindergarten.                                                                                               |

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<sup>1</sup> For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email [OEL@nysed.gov](mailto:OEL@nysed.gov) or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email [OBEWL@nysed.gov](mailto:OBEWL@nysed.gov).

**Learning for all... whatever it takes!**

**RESIDENCY FORM**

Name of Student: \_\_\_\_\_

Gender:  Male  
 Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month Day Year*

Grade: \_\_\_\_\_  
*(preschool-12)*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
  
- In permanent housing

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

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

\_\_\_\_\_  
Date

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



Learning for all... whatever it takes!

**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

Grade Level:

**DIRECTIONS TO PARENT/GUARDIAN**

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

- Yes Hispanic
- No, Not Hispanic

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Select one or more races from the following five racial groups [for question (2) check (X) all groups that apply to your child; check (x) at least one box].

- AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- 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.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK, NOT OF HISPANIC ORIGIN: A person having origins in any of the black racial groups of Africa
- WHITE, A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Signature of Parent/Guardian

Date

RELATIONSHIP TO STUDENT [please check one box below]:

- Mother
- Father
- Guardian
- Other (specify) \_\_\_\_\_

## Digital Access Survey \*Encuesta de Acceso Digital

Digital Equity is a data set being collected for the 2025-2026 school year. Districts are now required to survey all parents or guardians to identify the source of student's digital resources (devices and availability). Parents or guardians are encouraged to complete the survey for each child.

\* Equidad digital es el nuevo conjunto de datos que se está recopilando para el año escolar 2025-2026. Los distritos ahora deben encuestar a todos los padres o tutores para identificar la fuente de los recursos digitales de los estudiantes (dispositivos y disponibilidad). Se anima a los padres o tutores a completar la encuesta para cada niño.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Student Name</b> (first and last) *Nombre del estudiante (nombre y apellido)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |
| <b>Survey Date</b> * Fecha de la encuesta (Mes, día y año)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                |
| <p><b>1:</b>The district will issue your child a Chromebook to use during the school day. If needed these will be sent home for Remote instruction. <b>1:</b> El distrito le entregará a su hijo un Chromebook para que lo use durante el día escolar. Si es necesario, se enviarán a casa para recibir instrucción remota.</p>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |
| <p><b>Question 2:</b> What is the device your child uses most often to complete learning activities away from school ? (Whatever the student is most often using to complete their schoolwork.) * <b>Pregunta 2:</b> ¿Cuál es el dispositivo que usa su hijo con más frecuencia para completar actividades de aprendizaje fuera de la escuela? (Lo que sea que el estudiante use con mayor frecuencia para completar su trabajo escolar).</p>                                                                               | <input type="checkbox"/> Desktop (Escritorio)<br><input type="checkbox"/> Laptop (Ordenador portátil)<br><input type="checkbox"/> Tablet (Tableta)<br><input type="checkbox"/> Chromebook<br><input type="checkbox"/> Smartphone (teléfono inteligente)<br><input type="checkbox"/> No device (No dispositivo) |
| <p><b>Question 3:</b> Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) * <b>Pregunta 3:</b> ¿Quién es el proveedor del dispositivo de aprendizaje principal identificado en la pregunta 1? (Puede ser un dispositivo proporcionado por la escuela u otro dispositivo, el que el estudiante utilice con más frecuencia para completar su trabajo escolar).</p> | <input type="checkbox"/> School (Escuela)<br><input type="checkbox"/> Personal (Personal)<br><input type="checkbox"/> No device (No dispositivo)                                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Question 4:</b> Is the primary learning device shared with anyone else in the household? * <b>Pregunta 4:</b> ¿Se comparte el dispositivo de aprendizaje principal con alguien más en el hogar?</p>                                                                                                                                                                                                                                                                                                 | <p><input type="checkbox"/> Shared (Comparte)<br/> <input type="checkbox"/> Not shared (No comparte)<br/> <input type="checkbox"/> No device (No dispositivo)</p>                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 5:</b> Is the primary learning device sufficient for your child to fully participate in all learning activities away from school? * <b>Pregunta 5:</b> ¿El dispositivo de aprendizaje principal es suficiente para que su hijo participe plenamente en todas las actividades de aprendizaje fuera de la escuela?</p>                                                                                                                                                                       | <p><input type="checkbox"/> Yes (Sí)<br/> <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 6:</b> Is your child able to access the internet in their primary place of residence? * <b>Pregunta 6:</b> ¿Puede su hijo acceder a Internet en su lugar de residencia principal?</p>                                                                                                                                                                                                                                                                                                      | <p><input type="checkbox"/> Yes (Sí)<br/> <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 7:</b> What is the primary type of internet service used in your child's primary place of residence? * <b>Pregunta 7:</b> ¿Cuál es el tipo principal de servicio de Internet que se utiliza en el lugar de residencia principal de su hijo?</p>                                                                                                                                                                                                                                            | <p><input type="checkbox"/> Residential broadband (Banda ancha residencial)<br/> <input type="checkbox"/> Cellular (Celular)<br/> <input type="checkbox"/> Mobile hotspot (Punto de acceso móvil)<br/> <input type="checkbox"/> Community (Comunidad) Wifi<br/> <input type="checkbox"/> Satellite (Satélite)<br/> <input type="checkbox"/> Dial up (marcar)<br/> <input type="checkbox"/> DSL<br/> <input type="checkbox"/> Other (Otro)<br/> <input type="checkbox"/> None (Ninguno)</p> |
| <p><b>Question 8:</b> In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance? * <b>Pregunta 8:</b> En su residencia principal, ¿puede su hijo completar la gama completa de actividades de aprendizaje, incluida la transmisión de videos y la carga de tareas, sin interrupciones causadas por un rendimiento de Internet lento o deficiente?</p> | <p><input type="checkbox"/> Yes (Sí)<br/> <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 9:</b> What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence? * <b>Pregunta 9:</b> ¿Cuál es la barrera principal, si la hay, para tener acceso a Internet suficiente y confiable en el lugar de residencia principal de su hijo?</p>                                                                                                                                                                           | <p><input type="checkbox"/> Availability (Disponibilidad)<br/> <input type="checkbox"/> Cost (Costo)<br/> <input type="checkbox"/> None (Ninguno)<br/> <input type="checkbox"/> Other (Otro)</p>                                                                                                                                                                                                                                                                                           |



IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

*Please take a few minutes to complete this questionnaire.*

**Has anyone in your family worked or looked for work at the following occupations during the past 3 years?**

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



*If you answered YES, please provide your contact information below:*

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Best time to be reached: \_\_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd. Suite 41, Ballston Spa, NY 12020.**



**Learning for all... whatever it takes!**

# MEMO

from the Nurse

Dear Parents/Guardians,

Welcome to Dunkirk City Schools. The following forms **MUST** be completed and returned to the Nurse **BEFORE** your child starts school.

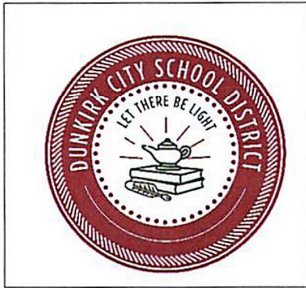
- **HIPAA Compliant Consent for Exchange of Health and Education Information**
- **Health history form**
- **Copy of recent Physical Exam (no more than 1 year old)**
- **Current Immunization Record**

These are not only District Requirements but also New York State Requirements.

If you have, any questions please feel free to contact your building school nurse.

Sincerely,

Dunkirk City School District Nurses



**Health History**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Gender assigned at birth \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone number \_\_\_\_\_

In the last 12 months, has your child:

| Check all that apply                                   | YES | NO |
|--------------------------------------------------------|-----|----|
| Had an ongoing medical condition                       |     |    |
| Seen a medical specialist                              |     |    |
| Had allergies                                          |     |    |
| Been Hospitalized                                      |     |    |
| Had an operation                                       |     |    |
| Had an injury requiring an Emergency Room visit        |     |    |
| Missed 5 days of school in a row due to illness/injury |     |    |
| Had a bone/muscle injury                               |     |    |
| Passed out, had a concussion or serious head injury    |     |    |
| Had convulsions/seizures                               |     |    |
| Had vision problem or condition                        |     |    |
| Had a hearing problem or condition                     |     |    |
| Worn a dental bridge, braces, or mouth guard           |     |    |

If any box/condition was checked, please describe condition and/or treatment:

Does your child have any allergies      yes      no

If child does have an allergy, what are they allergic to? What are the symptoms and routine treatment?

| Check all that apply                     | YES | NO |
|------------------------------------------|-----|----|
| ADHD                                     |     |    |
| Asthma/Trouble breathing                 |     |    |
| Autism/Asperger                          |     |    |
| Dental injuries                          |     |    |
| Diabetes                                 |     |    |
| Frequent Ear Infections                  |     |    |
| Gi Conditions                            |     |    |
| Headaches/Migraines                      |     |    |
| Heart Conditions                         |     |    |
| High Blood Pressue                       |     |    |
| Scoliosis                                |     |    |
| Single organ (kidney, testicle, lung)    |     |    |
| Skin Condition (eczema, psoriasis, etc.) |     |    |
| Speech Condition                         |     |    |
| Urinary Condition                        |     |    |

If any box/condition was checked **yes**, please describe:

Does your child have a Mental Health Condition or Behavioral Concern?      **yes**      **no**

Please explain condition/concern:

Does your child receiver outside counselling or therapy for condition/concern?

**yes**      **no**

If yes, please give contact information

Current Medications:

Please list any assistive equipment student may use at home or at school.

Please list any treatments student receives inside or outside of school.

Is there any condition that would prevent your child from participating in physical education, sports or playground?      **yes**      **no**

Please explain:

I give permission for the school doctor to perform required health examination (physical) if I do not provide evidence of current examination.      yes      no

I give permission for medical information on this page to be shared with teacher and related staff if necessary.      yes      no

Parent Guardian Electronic Signature and Date

*By typing name below, you are testifying that all information on this page is accurate to the best of your knowledge.*

Name \_\_\_\_\_ Date