



The Campus of Wickliffe
Inspiring Students to Learn, Lead and Serve

CONSENT FOR RECORDS RELEASE

PREVIOUS SCHOOL: _____ CITY & STATE _____

SCHOOL PHONE: () _____ FAX: () _____ SCHOOL EMAIL: _____

The following student has enrolled in the Wickliffe City School district. You are authorized to release the records for the following student:

Student Name: _____ Date of Birth _____

Address: _____ Grade _____

If a 12th grader is this student on track to meet graduation requirements? Yes No

I HEREBY REQUEST THAT ALL RECORDS BE RELEASED FOR MY CHILD, INCLUDING, BUT NOT LIMITED TO:

- Educational Records (Transcripts, Report Cards, Achievement Test Scores, OGT Scale Scores, etc.)
- Attendance Records
- Health Records/Immunizations
- IEP (including progress reports), MFE, 504 Plan, Psychological Reports / Special Education Reports
- Other

The purpose of this authorization:

- Aid in making present and future educational decisions
- RIMP (Reading Improvement and Monitoring Plan)
- Other

Expiration and Revocation

This authorization may be revoked (cancelled) at any time except to the extent that the District has already released personal health information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact Wickliffe City Schools at 440-943-6900. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

(Date)

(Signature of parent/guardian or student, if 18 or older)

PLEASE SEND RECORDS TO:
Kelly Pfundstein, Secretary for Attendance & Registration
Campus of Wickliffe
 2255 Rockefeller Rd.
 Wickliffe, OH 44092
 Phone: 440.810.8001
 Fax: 440.970.3064
 Email: kelly.pfundstein@wickliffecsd.org

Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
Height	Weight	BMI percentile	BP

Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	Date performed / /
Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____

Speech/Language

Speech assessment completed Yes No

Child has no discernible speech problem Yes No

Speech evaluation recommended Yes No

Child has possible problem with _____

Lead Poisoning

Date _____ Type C V Results _____ µg/dL

Date _____ Type C V Results _____ µg/dL

Tuberculin Test
Date _____ Type _____ Results _____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

Essentially normal Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes <input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports <input type="checkbox"/> Yes <input type="checkbox"/> No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

HealthCare Provider's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

Language Usage Survey

Parents and Guardians: Ohio schools, in accordance with [The Every Student Succeeds Act](#), request all families complete a language usage survey when they enroll their student in school. This information will help school staff understand your child’s language background and your family’s preferred language communications to best support your child’s learning. The information is not used to identify immigration status.

Student name (First and Last):

Student date of birth (mm/dd/yyyy):

<p>Communication Preferences <i>Indicate your language preference so an interpreter or translations may be provided at no cost.</i></p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p>
<p>Language Background <i>Information about your child’s language background is needed to identify whether students are screened for English learner status.</i></p>	<p>2. What language did your child learn first? 3. What language does your child use the most? 4. What languages are used in your home?</p>
<p>Prior Education. <i>Responses about your child’s birth country and previous education provide information about the knowledge and skills your child is bringing to school.</i></p>	<p>5. In what country was your child born? 6. Has your child ever studied or received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, how many years/months? b. If yes, what was the language of instruction? 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, when did your child first attend school in the United States? (mm/dd/yyyy):</p>
<p>Additional Information. <i>Share any information to better understand your child’s language experiences and background.</i></p>	
<p>Parent/Guardian name (First and Last):</p>	
<p>Parent/Guardian Signature:</p>	<p>Today’s Date: (mm/dd/yyyy):</p>