



GIBBSBORO SCHOOL
NEW STUDENT ENROLLMENT FORM
37 Kirkwood Road
Gibbsboro, NJ 08026
(856) 783-1140 (x301) FAX (856) 783-9155
www.Gibbsboroschool.org

DISTRICT USE ONLY

Entry Date: _____ Grade: ____ Grad Year: ____
State ID: _____ Student ID: _____
Counselor: _____ Case Manager: _____

NEW STUDENT INFORMATION FORM

SECTION 1A: STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Preferred Name: _____
Gender: _____ Birth City: _____ Birth Country: _____ School Year for Enrollment & Grade: _____
& State: _____
Previous School Attended: _____ Previous School City, State & Country: _____
Does your student have any of these services currently? (Leave blank if student has no services) ☐ IEP ☐ 504 ☐ ELL/ESL

SECTION 1B: STUDENT ADDRESS INFORMATION

Student Address: _____ City, State, Zip: _____
Home Phone: _____ Check Phone Type: ☐ Landline ☐ Same as a Parent/Guardian Cell

SECTION 1C: PROOF OF ADDRESS REQUIREMENT INFORMATION

All students residing in the district as defined by [N.J.A.C. 6A:22-3.1](#) are eligible for a free public education at Gibbsboro School under [District Policy 5111](#), pursuant to [N.J.S.A. 18A:38-1](#) and therefore must have **CURRENT PROOF OF ADDRESS DOCUMENTATION** on record to satisfy the New Student Enrollment Requirements.

☐ OWN? Primary Doc ex: Deed, Mortgage, Tax Assessment, etc. Support Doc ex: Current bills, DMV/MVC, bank info, etc.
☐ RENT? Primary Doc ex: **Current Lease with all children listed** Support Doc ex: Current bills, DMV/MVC, bank info, etc.

For "OWN" or "RENT", documents should be submitted after completing and submitting the form. **IF YOU HAVE JUST RECENTLY MOVED IN/ARE WAITING TO MOVE IN**, submit whatever PRIMARY DOCUMENT you have to support the address provided in section 1B.

Need (1) Primary Document and (3) Supporting Documents for submission seen on page 12

IF YOU NEITHER OWN NOR RENT, READ BELOW, OTHERWISE MOVE ON TO SECTION 2.

☐ OTHER? Select if your current residency is temporary or permanent:

As per the McKinney-Vento Act U.S.C. 11435, the answers to these questions help determine services the student may be eligible to receive.

☐ Permanent

(i.e. intend to use this **established** in-district address for the duration of this school year or more, or until another in-district residence is established like if waiting for house to be built or a lease to start, etc.)

(1) Primary Doc: [Notarized Affidavit](#)

(1) Official Doc from owner/renter of domicile (proof of own or rent)

(2) Official items from parent(s) (ex: bills, financial info, DMV doc)

The Affidavit MUST be notarized before it is submitted; the enrollment process cannot proceed until the affidavit is received.

☐ Temporary

(i.e. due to being **displaced from residence** such as loss of housing or eviction, or due to economic hardship)

Where is the student presently living? (Check one):

☐ In a motel ☐ In a shelter ☐ Moving from place to place

☐ With more than one family in a house/apartment

☐ In a place not designed for ordinary sleeping (i.e. car, park, or campsite)

If your situation is Temporary, please reach out to the Homeless Liaison Office: **Mrs. Susan Backal at sbackal@gibbsboroschool.org**

SECTION 2: PRIMARY PARENT/ GUARDIAN CONTACT INFORMATION

Provide contact information for any LEGAL PARENT/GUARDIAN who resides with the student at the address provided above

Parent/Guardian 1 Name: _____	Parent/Guardian 2 Name: _____
Relationship with Student: _____	Relationship with Student: _____
P/G 1 Email: _____	P/G 2 Email: _____
P/G 1 Best Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime	P/G 2 Best Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime
Alternate Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime	Alternate Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime
Parent/Guardian 1 Employer: _____	Parent/Guardian 2 Employer: _____
P/G 1 Work Phone: _____	P/G 2 Work Phone: _____

SECTION 3: SECONDARY PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

This is ONLY for PARENT(S)/GUARDIAN(S) who have LEGAL or SHARED GUARDIANSHIP of the student (i.e. Stepparent(s), birth parent(s), another person LEGALLY responsible for the student, etc. and LIVE IN A DIFFERENT ADDRESS than the one listed in Section 1B.

If there are no other LEGAL parent/guardians with access to the student, leave blank and complete Section 4

Parent/Guardian 3 Name: _____	Relationship with Student: _____
P/G 3 Address: _____	City, State, ZIP: _____
P/G 3 Email: _____	P/G 3 Best Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime
P/G 3 Employer: _____ Work Number: _____	Alternate Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime
Parent/Guardian 4 Name: _____	Relationship with Student: _____
P/G 4 Address: _____	City, State, ZIP: _____
P/G 4 Email: _____	P/G 4 Best Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime
P/G 4 Employer: _____ Work Number: _____	Alternate Phone Number & Type(s): ☐ Home ☐ Cell ☐ Daytime

Any LEGAL parent/guardian listed in this section is automatically allowed the following accesses, unless there is documentation specifying otherwise (see Section 4 to provide Custody Agreement clarification and information)

- Allowed to receive access to the PowerSchool Parent Portal
- Allowed to drop off or pick up the student without restrictions/permissions from primary parent
- Can be called in case of an emergency

- Allowed copies of any mailers from the school
- Allowed copies of email newsletters
- Allowed to communicate with the counselor/case manager about academic information.

SECTION 4A: STUDENT CUSTODY QUESTIONNAIRE

Please initial next to the appropriate statement(s):

There are NO CUSTODY ARRANGEMENTS for my child. If at any time this status changes, I am responsible for providing a copy of custody papers to the Gibbsboro School Guidance Office. If I do not alert the school of any status changes, I understand that my child may be released to either parent or any persons listed as an Emergency Contact.

There ARE CUSTODY ARRANGEMENTS for my child, and I will provide a copy of the latest custody paperwork to the Gibbsboro School Guidance Office. I understand that if I do not submit this information accordingly, my child may be released to either parent or any persons listed as an Emergency Contact.
Please provide a brief description of the custody arrangements: _____

There ARE CUSTODY ARRANGEMENTS for my child, but there is no custody paperwork or there is a verbal agreement of custody. I understand that in the absence of paperwork the school cannot limit or prohibit parental access to the student.
Please provide a brief description of the custody arrangements: _____

SECTION 4B: LIMITED OR NO CONTACT WITH STUDENT

An alert will be added into PowerSchool

FIRST & LAST Name: _____

Relationship to Student: _____

Please provide details of any parental limitations or non-contact situations (in the absence of any legal documentation the school cannot prohibit any person who has legal rights to the student):

SECTION 5: DECEASED PARENT(S)/GUARDIAN(S)

FIRST NAME: _____

Relationship to Student: _____

LAST NAME: _____

When did he/she pass away? _____

FIRST NAME: _____

Relationship to Student: _____

LAST NAME: _____

When did he/she pass away? _____

SECTION 6: EMERGENCY CONTACTS

Any contacts listed in this section will be contacted in case of emergency when parent/guardian cannot be reached; These contacts are allowed to pick up the student unless the school is otherwise advised by parent/guardian*

Emergency Contact 1: _____

Relationship to Student: _____

Phone Number: _____ ☐ Home ☐ Cell ☐ Daytime

Emergency Contact 2: _____

Relationship to Student: _____

Phone Number: _____ ☐ Home ☐ Cell ☐ Daytime

Emergency Contact 3: _____

Relationship to Student: _____

Phone Number: _____ ☐ Home ☐ Cell ☐ Daytime

SECTION 7: BLACKBOARD CONNECT

This information is to ensure you receive automated messages about school closures and other important information about school operations or alerts

Call 1: _____

Call 2: _____

Call 3: _____

Email 1: _____

Email 2: _____

Email 3: _____

SECTION 8: VERIFICATION OF INFORMATION AND SIGNATURE

I, _____, the person(s) completing this form, verify that the information provided in the form is correct and true to the best of my knowledge in accordance with the Gibbsboro School Board of Education District Policy 5111*, pursuant to N.J.S.A 18A:38-1* and as defined in N.J.A.C. 6A:22-3.1*. I understand that enrollment of any student under false documents subjects me to liability for tuition or possible review of my student's continued enrollment.

Parent/Guardian Signature: _____

Complete the NJ Smart Information Form on Page 4 before submitting.

NJ SMART INFORMATION

Last Name: _____

First Name: _____

Student ID#: _____

The state department has a mandate in relation to a statewide student data based system entitled NJ SMART. Each district is required to keep specific information on every student.

**NOTE: All descriptors are taken directly from the NJ SMART Student Data Handbook V6.0*

1. Is the student **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race). ☐ YES ☐ NO

Race/Ethnicity background information, check all that apply:

- ☐ **White** (A person having origins of the original peoples of Europe, the Middle East or North Africa)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)
- ☐ **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)
- ☐ **American Indian or Native American** (A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands)

2. Language Spoke at home: _____ 3. Native Language: _____

4. Is the Student Bilingual? ☐ YES ☐ NO* (Please complete the Home Language Survey if English is not the student's first language)

5. Military Affiliation – check all that apply:

- ☐ **Not military affiliated**
- ☐ **Active Duty** – Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps or Coast Guard
- ☐ **National Guard or Reserve** – Student is a dependent of a member of the National Guard or Reserved Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

6. Has student always attended school in the U.S.? ☐ YES ☐ NO**

**If NO, when did student first start attending a school in the U.S.? (Month & Year): _____

Does your child have Health Insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

- ☐ **YES** What is your Health Carrier? (ex. Horizon) _____
- Physician's Name: _____
- Physician's Phone: _____

- ☐ **NO** If you said no, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

Initial: _____ You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Parent's Name (PRINT/TYPE)

Parent's Signature (Handwrite or Electronic)

Date



Gibbsboro School

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PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Student Name: _____ DOB: _____ Grade *for enrollment year*: _____

PREVIOUS / CURRENT TRANSFERRING SCHOOL

CITY/STATE/ZIP & COUNTRY (if out of USA)

CONTACT PERSON HANDLING WITHDRAW at SCHOOL noted above

WITHDRAWAL CONTACT EMAIL ADDRESS

TO WHOM IT MAY CONCERN:

The above student is enrolling in the **Gibbsboro School District**. To ensure our successful enrollment of this student, please send the following via **fax (856-783-9155)** or email rmcferren@gibbsboroschool.org as soon as possible:

- Updated Immunization Record
- List of Standardized Test Scores
- In-Progress Grades or most recent earned grades
- Copy of Special Services Records (IEP or 504 Plans)
- Copy of any Legal Documentation (if applicable)

We appreciate if any **official paperwork also be mailed** at your earliest convenience (address is in the header):

- Official Transcript
- Official Standardized Test Scores
- Attendance Report
- Discipline Records
- Official Special Services Records (IEP or 504 Plans)
- Official Legal Documentation
- Copy of Birth Certificate
- MEDICAL RECORDS

Please contact us immediately if there are any questions or issues regarding the requested records, if separate offices are to be contacted for records (and please provide appropriate contact information), or **if the student has NOT yet been withdrawn from your school**. Otherwise, we look forward to receiving all pertinent information regarding the student's educational, psychological, and medical history in a timely manner.

Sincerely,
Rebecca McFerren
Superintendent Secretary
(856) 783-1140 ext. 301
FAX (856) 783-9155

I, _____, hereby give permission for Gibbsboro School to contact previous
Print/Type Parent/Guardian Name
School to collect all important student records.

Parent/Guardian Signature

Date



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SPEECH - LANGUAGE CASE HISTORY SUMMARY

BACKGROUND INFORMATION:

Child's Name _____ Phone # _____

Address _____

Date of Birth _____ Age _____

Parents/Guardians _____

SPEECH - LANGUAGE HISTORY

YES NO

_____ Is English the primary language spoken in the home? If not, what is your primary language?

_____ Is English the first language your child learned to speak? If not, please explain.

_____ Are there any relatives who speak other than English?

_____ If yes, do they live in your home?

_____ Does your child have any speech, language, or hearing problems that you are aware of? If yes, please state the problem. _____

_____ Are there any relatives who have speech, language, or hearing problems? If yes, please state relationship and type of problem. _____

CONTINUED ON BACK – PLEASE COMPLETE

YES NO

_____ Did your child babble as an infant?

_____ Does your child understand directions and carry them out appropriately?

_____ Does your child have any difficulty expressing him/herself so that he/she can't share feelings, needs or experiences? Please explain.

_____ Does your child have trouble pronouncing words? If so, does this interfere with others being able to understand him/her?

_____ Has your child previously received, or is he/she now receiving speech therapy services? Where? When? _____

AGE

_____ When did your child speak his/her first word?

_____ When did your child first begin combining two or more words together to form phrases or sentences?

YES NO

_____ Has your child had ear infections or ever shown any indications of having difficulty hearing?

_____ Has your child had more than two upper respiratory problems per year? (colds, tonsillitis, ear infections, etc.?)

_____ Does your child have allergies? If yes, what allergies and is medication taken? _____

_____ Does your child have any visual problems? Does your child wear glasses? _____

_____ Does your child have dental problems? How often does your child visit the dentist? _____

COMMENTS

Please comment on any information about your child's history you may feel is important or any concerns you have about your child.

Date: _____

Signed: _____



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HOME LANGUAGE SURVEY PARENT/GUARDIAN QUESTIONNAIRE

Child's Name: _____ Age: _____

Date of School Entrance: _____

Person Completing this survey: ☐ Mother ☐ Father ☐ Grandparent
☐ Guardian ☐ Other _____

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?

English _____ Other: (specify) _____

2. What language does the family speak at home most of the time?

English _____ Other: (specify) _____

3. What language does the parent/guardian speak to the child most of the time?

English _____ Other: (specify) _____

4. What language does the child speak to his/her parent/guardian most of the time?

English _____ Other: (specify) _____

5. What language does the child speak to her/his brothers and sisters most of the time?

English _____ Other: (specify) _____

6. What language does the child speak to her/his friends most of the time?

English _____ Other: (specify) _____

7. In which language do you wish to receive school communication?

English _____ Other: (specify) _____

Signature: _____ Date: _____

Print Name: _____



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PLEASE COMPLETE ONLY IF YOU DO NOT RENT OR OWN IN GIBBSBORO

GIBBSBORO ELEMENTARY SCHOOL DISTRICT

37 Kirkwood Road
Gibbsboro, NJ 08026

RESIDENCY AFFIDAVIT

I, _____, living at _____ affirm that I am a Resident
(Name of Gibbsboro Property Owner) (Street Address)

of Gibbsboro, Camden County, New Jersey.

I further acknowledge that the _____ family is residing with me at the above address and expects to be domiciled with me for the following period of time:
from _____ until _____.

I make this sworn statement for the purpose of inducing the Board of Education of Gibbsboro to accept the following children:

as student(s) on a permanent basis in the Gibbsboro Elementary School District.

I acknowledge that I am aware of the fact that a fraudulent claim in regard to the issue of residence may subject me to charges of a criminal nature and payment of back tuition.

Signature

Date

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

AFFIDAVIT STUDENT: Complete Section B (side two) if the student is living with a person domiciled in the district, other than the parent or guardian

GIBBSBORO BOARD OF EDUCATION

**37 Kirkwood Road
Gibbsboro, NJ 08026**

Section B (“AFFIDAVIT STUDENT”): Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian.

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term, and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person’s lease if a tenant, or a sworn landlord’s statement if a tenant without written lease.)

Students are not eligible to attend school as ‘affidavit’ students unless the student’s parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian’s family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

Please note: A student will not be considered ineligible because required sworn statement(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student’s actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.

It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an ‘affidavit’ basis.

END OF SECTION B.



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AFFIDAVIT OF RESIDENCY STATUS FORM

Your Name: _____ Relationship to Student(s) Listed: _____

Address: _____
House Number and Street / Apt. #

Phone Number: _____
Home Cell Work

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Current living status (Check one):

All families must present three approved proofs of residency (see reverse for examples) before a student can enter school.

- ☐ Own and reside at the property listed above. Proof of ownership in accepted form provided.
- ☐ Rent/lease and reside at the property listed above. Copy of valid lease with all dependent children listed provided.
- ☐ Living temporarily with family member/friends until a permanent residence can be obtained.
- ☐ Living permanently with family member/friends and a signed sworn affidavit is provided by homeowner.
(Please be aware that the homeowner may be liable for any educational/legal costs that result from a falsely sworn affidavit.)
- ☐ Homeless. Have no place to live or living in a motel **or** shelter temporarily until a permanent residence can be obtained.
- ☐ Other. Please explain: _____

I (We), _____, swear that the information given in this affidavit to be true and accept all legal penalties should the information provided be proven to be false.

Signature of parent/guardian: _____

For office use only:

Based on the information provided by the student's parent/guardian the student(s) is considered:

- ☐ Not Homeless/Legally Residing in Gibbsboro as defined by law
- ☐ Homeless as defined by law
- ☐ Temporary Resident as defined by law

Signature of administrative official

Date

Examples of proofs of residency:

Motor Vehicle Registration

Driver's License showing address

Utility bill

Certificate of Occupancy

Signed Lease

Notarized letter from builder or realtor

Settlement document on new home

Government/Social Agency ID showing address

Tax Bill

Food Stamp ID

Voter Registration Card

Medical ID Card

Non-property owners: Notarized form (obtain from school office)

Any official state or federal identification that would show your name and Gibbsboro address



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McKinney-Vento Homeless Education Questionnaire

Student's Name: _____ School Year: _____

Birth date _____ Age: _____
Month / Day / Year

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No
3. Could you be asked to leave at any time with no legal recourse? _____ Yes _____ No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

Where is the student currently living? (Check one box)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
- ☐ Other _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Phone _____

Presenting a false record or falsifying records is an offense under Gibbsboro Board of Education Nonresident policy File Code:5118. Enrollment of a child under false documents subjects the person to liability for tuition or other costs.

Signature of Parent/Legal Guardian

Date

For office use

I certify the above named student qualifies for services under provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

GIBBSBORO SCHOOL
37 Kirkwood Rd.
Gibbsboro, NJ 08026
phone: 856-783-1140 • fax: 856-783-9155

PHYSICAL FORM

Name _____ DOB _____ Grade _____

PHYSICAL EXAMINATION **Date of Exam** _____

Vaccinations: (must be filled in by physician)

DTP Series (Please indicate DTP, Td, DtaP, DT):

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____

Polio (indicate OPV,IPV)	(1) _____	(2) _____	(3) _____	(4) _____
MMR	(1) _____	(2) _____		
Hib	(1) _____	(2) _____	(3) _____	(4) _____
Hepatitis B	(1) _____	(2) _____	(3) _____	
Varivax	(1) _____	(2) _____		
Pneumoccal	(1) _____	(2) _____		
Meningococcal	(1) _____			
Hepatitis A	(1) _____	(2) _____		
HPV	(1) _____	(2) _____	(3) _____	
Flu Vaccine	(1) _____	(2) _____		

TB test: Tine or Mantoux _____ (circle test used) Results _____

HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR
ALLERGIES		DRUG ALLERGIES		NEUROMUSC. DISORDER		AUTISM SPECTRUM DISORDERS	
ASTHMA		HEART DISEASE		CHRONIC OTITIS MEDIA		HEMATOLOGICAL DISORDERS	
CONGENITAL DISORDER		HEPATITIS		AUTO IMMUNE DISORDERS		OPERATIONS OR INJURIES:	
CONVULSIVE DISORDER		LYME DISEASE		STREP INFECTIONS			
DIABETES		MONONUCLEOSIS		JUVENILE RHEUMATOID ARTHRITIS			

Height _____ Weight _____ Blood Pressure _____

Vision: R _____ L _____ Both _____ Muscle Balance _____ Color Perception _____

Hearing: Sweep check R _____ L _____ (pass or fail)

	PASS	FAIL		PASS	FAIL
Genito-Urinary			Ears (otoscopic)		
Structural			Eyes		
Orthopedic-Posture			Lymph Glands		
Feet			Thyroid		
Skin			Nose		
Nutrition			Throat		
Nervous System			Teeth-mouth		
Speech			Heart		
Other			Lungs		
General Appearance			Abdomen		
			Hernia		

Findings/Recommendations/Referrals; Comments concerning any limitations child may have when entering school:

Signature of Physician/Advanced Practice Nurse _____

Date: _____ Phone number: _____

Print Name/Address _____



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NURSE'S OFFICE REGISTRATION FORM

Student's Name _____

Date of Birth _____ Sex: M _____ F _____

What was mother's due date? _____

Birth Weight _____

1. Does your child have any allergies? If yes, please explain where necessary.

A. Medication No _____ Yes _____

B. Foods No _____ Yes _____

C. Environmental:

1) seasonal or hay fever type allergy Yes _____ No _____

2) house dust, grasses, trees, soaps, etc, Yes _____ No _____

3) insect bites or stings Yes _____ No _____

4) animals Yes _____ No _____

5) Other _____

2. Has your child had any serious illness, injury or been operated on? If yes, please explain.

No _____ Yes _____

3. Does your child have either a physical handicap or a chronic illness? If yes, please explain.

No _____ Yes _____

4. Does your child take medication on a regular basis? If yes, please explain.

No _____ Yes _____

5. Childhood disease history. If **YES**, please give approximate dates.

A. Chicken Pox _____

E. Frequent respiratory infections _____

B. Ear Infection _____

C. Asthma _____

F. Other _____

D. Kidney Infection _____

6. Were there any problems for mother and/or baby during pregnancy, delivery, or shortly after birth?

No _____ Yes _____

CONTINUED ON BACK – PLEASE COMPLETE

7. Did your baby require oxygen at the time of birth or shortly after?

No ____ Yes _____

8. Are there any nutrition problems?

No ____ Yes _____

9. Does your child have now or has he/she ever had any of the following behaviors?

Stuttering _____

Bedwetting _____

Nightmares _____

Nail biting _____

Aggressiveness _____

Excessive crying _____

Nervous habits _____

Fears _____

Temper tantrums _____

Other: _____

10. Which hand does your child use? _____

11. Has your child been examined by a dentist? Yes _____ No _____

12. Has your child been examined by an eye doctor? Yes _____ No _____

13. Does your child wear glasses? Yes _____ No _____

14. Family health history:

Indicate relationship (i.e.: grandparents, aunts, uncles, as well as mother and father)

Diabetes _____

Heart Disease _____

Asthma/Allergies _____

Arthritis _____

High Blood Pressure _____

Thyroid problems _____

Seizures _____

Obesity _____

Cancer _____

Mental Illness _____

15. Does your child have any behaviors that would make you suspicious of either a hearing or vision problem? _____

No ____ Yes _____

16. Please feel free to comment on anything about your child that you consider relevant to his/her adjustment to school. Do you have any concerns regarding your child's health?