

OFFICE USE ONLY:	ENROLLMENT DATE	GRADE	STUDENT ID
	ENROLLMENT CODE	BUS NUMBER	HOMEROOM

Instructions: The enrollment form is a required official record. We collect details such as address, language, and emergency contacts to ensure your child is placed in the correct school, receives language support if needed, and can be cared for in case of an emergency. Health and special services information helps us plan for your child's safety and educational needs. Some questions also allow the district to meet state and federal reporting requirements. This information is used solely to support your child and comply with legal guidelines. The Beaverton School District complies with the Family Educational Rights and Privacy Act (FERPA), ensuring your child's information is protected and only shared as permitted by law.

If you need help filling out this form, contact your school. **Print using a pen and complete all pages.**

Has your child ever attended a Beaverton School? ☐ Yes ☐ No ☐ Initial Enrollment ☐ Enrollment Changes
Does the student have a current Individualized Education Plan (IEP)? ☐ Yes ☐ No Does the student have a section 504 Plan? ☐ Yes ☐ No

Student Information

1. Legal Last Name	2. Legal First Name	3. Middle Name	4. Suffix	5. Grade
6. Preferred First Name	7. Date of Birth (mm/dd/yyyy)	8. Age	9. Gender ☐ Female ☐ Male ☐ Non-Binary Pronouns ☐ She/Her ☐ He/Him ☐ They/Them	
10. Home Address	11. Apartment Number & Complex Name (If Applicable)		12. City	13. State
14. Zip				
15. Is mailing same as home address? ☐ Yes ☐ No (If No, complete boxes 16-19)	16. Different Mailing Address		17. City	18. State
19. Zip				
20. Primary Phone Number ☐ Home ☐ Cell	21. Student Cell Phone		22. Student Email Address	

Ethnicity and Race

Federal & State regulations require BSD to gather this information for statistical reporting. Your response is not required for enrollment. If you chose not to respond, Beaverton School District is required to report this information through an observer identification process. **Complete Part A and Part B.**

23. **Part A: Ethnicity** (Choose One) ☐ Not Hispanic/Latino ☐ Hispanic/Latino (Having origins in Cuba, Mexico, Puerto Rico, Central and South America or Other Spanish Culture.)

24. **Part B: Race** No matter what you selected above continue to answer the following by marking **one or more boxes** to indicate what you consider your child's race to be.

- ☐ **American Indian or Alaska Native:** Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Asian:** Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Black or African American:** Having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander:** Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White:** Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

McKinney-Vento Program

McKinney-Vento Program is a program that ensures that students who "lack a fixed, regular and adequate nighttime residence" have access to public education. If you are experiencing any of the following circumstances, additional services may be available.

- ☐ Living **doubled-up** or sharing housing with others due to loss of housing, economic hardship or a similar reason
- ☐ Living in a **shelter**
- ☐ Living in a **motel/hotel**
- ☐ Living in an **unsheltered situation** such as camping, in a car or abandoned building
- ☐ Living in a home with substandard conditions (non-working utilities, mold, pest infestations)
- ☐ Student is not living with or being supported by a parent or legal, court appointed guardian. Student is living on their own or may be staying temporarily with someone else.

25. Would you like to be referred to the McKinney-Vento program? ☐ Yes ☐ No

Student Last & First Name	Grade	Student ID-Office Use Only
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Parent/Guardian Information					
Provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.					
Are there any current legal restrictions or restraining orders pertaining to this student? ☐ Yes ☐ No If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.					
26. Relationship to Student	27. Last Name	28. First Name	29. Gender ☐ Female ☐ Male ☐ Non-Binary Pronouns ☐ She/Her ☐ He/Him ☐ They/Them		
30. Contact Order ☐ 1 st ☐ 2 nd	31. Primary Language	32. Interpreter Needed ☐ Yes ☐ No	33. Email Address		
34. Employer	35. Job Title	36. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No		37. Education Level	
38. Same Address as Student ☐ Yes ☐ No If no complete boxes 39-42	39. Correspondence Address (if different from Student)		40. City	41. State	42. Zip
Indicate One Phone Type as Your Primary Phone Number (boxes 43-44) A cell number is required in box 44 to receive text communications through ParentSquare					
43. Home ☐ Primary		44. Cell ☐ Primary		45. Work	46. Pager
47. Willing to Volunteer ☐ Yes ☐ No	48. Lives with Student ☐ Yes ☐ No	49. Parental Permissions Legal Documentation Required If Any Of These Boxes Are Not Checked ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐ Release To ☐ ParentSquare Communications			

Parent/Guardian Information					
Provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.					
Are there any current legal restrictions or restraining orders pertaining to this student? ☐ Yes ☐ No If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.					
50. Relationship to Student	51. Last Name	52. First Name	53. Gender ☐ Female ☐ Male ☐ Non-Binary Pronouns ☐ She/Her ☐ He/Him ☐ They/Them		
54. Contact Order ☐ 1 st ☐ 2 nd	55. Primary Language	56. Interpreter Needed ☐ Yes ☐ No	57. Email Address		
58. Employer	59. Job Title	60. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No		61. Education Level	
62. Same Address as Student ☐ Yes ☐ No If no complete boxes 63-66	63. Correspondence Address (if different from Student)		64. City	65. State	66. Zip
Indicate One Phone Type as Your Primary Phone Number (boxes 67-68) A cell number is required in box 68 to receive text communications through ParentSquare					
67. Home ☐ Primary		68. Cell ☐ Primary		69. Work	70. Pager
71. Willing to Volunteer ☐ Yes ☐ No	72. Lives with Student ☐ Yes ☐ No	73. Parental Permissions Legal Documentation Required If Any Of These Boxes Are Not Checked ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐ Release To ☐ ParentSquare Communications			

Student Last & First Name	Grade	Student ID-Office Use Only
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Siblings

List any Pre-School Age (Birth – 4 Years) and School Age (Grades K-12) siblings. This page may be copied to add additional siblings.

74. Last Name	75. First Name	76. Age	77. Birth Date	78. Gender ☐ Female ☐ Male ☐ Non-Binary	79. School Name	80. Circle Program NWRES D/ Head Start	81. Grade
82. Last Name	83. First Name	84. Age	85. Birth Date	86. Gender ☐ Female ☐ Male ☐ Non-Binary	87. School Name	88. Circle Program NWRES D/Head Start	89. Grade
90. Last Name	91. First Name	92. Age	93. Birth Date	94. Gender ☐ Female ☐ Male ☐ Non-Binary	95. School Name	96. Circle Program NWRES D/ Head Start	97. Grade

Emergency Contacts

In the event of an emergency, parents/guardians will be called first. If we are unable to reach them, we will then contact the individuals listed as Emergency contacts in the order indicated. By listing someone as an Emergency Contact, you are giving permission for that person to transport your student if needed. Parents and guardians do not need to be listed as Emergency Contacts, as they will be contacted first. Check **Release To** if you are granting the listed contact permission to pick up your child without additional parent contact. This would apply for contacts such as nanny, after-school provider, or stepparents. If this box is checked, the student may be released to this person without additional parent contact.

1.	98. Contact Last Name	99. First Name	100. Relationship To Student (Indicate If Before Or After School Care)	101. Release To ☐	102. City, State
103. Primary Language Spoken		104. Home Phone Number		105. Work Number	106. Cell Number
2.	107. Contact Last Name	108. First Name	109. Relationship To Student (Indicate If Before Or After School Care)	110. Release To ☐	111. City, State
112. Primary Language Spoken		113. Home Phone Number		114. Work Number	115. Cell Number
3.	116. Contact Last Name	117. First Name	118. Relationship To Student (Indicate If Before Or After School Care)	119. Release To ☐	120. City, State
121. Primary Language Spoken		122. Home Phone Number		123. Work Number	124. Cell Number

Natural Disaster Contact

In case of a large damaging natural disaster, an out-of-area contact is needed because there is a higher possibility of being able to telephone outside of the region than across our city or metropolitan area. List a separate phone contact that is at least 100 miles away so that your child could call that telephone number to regain contact with you through this third party. Do not include international numbers.

125. Last Name	126. First Name	127. Relationship to Student
128. Primary Language Spoken		129. City, State
130. Home Phone Number	131. Work Number	132. Cell Number

Medical Information

133. Does your student have Health/ Accident Insurance? ☐ Yes ☐ No

If No, Beaverton School District offers low-cost Accident and Health Insurance Options. See the District Accident and Health Insurance information in the back-to-school packet, contact your school or call (503) 356-4560.

134. Physician Name	135. Telephone Number	136. Health Insurance Policy (Middle & High School Use Only)
137. Dentist Name	138. Telephone Number	139. Dental Insurance Policy (Middle & High School Use Only)

Student Last & First Name	Grade	Student ID-Office Use Only
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Military/College Recruitment (High School Use Only)

140. The Every Student Succeeds Act (ESSA) requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "OPT OUT". To do so, you must check next to one or both of the following categories:

☐ No College Recruiters ☐ No Military Recruiters

Emergency Closure Plan

Indicate what the student should do in case of emergency or early school closure. **Choose Only One Option**

141. School Bus to Home/Neighbor/Daycare ☐	142. Walk/Bike/Drive to Home/Neighbor/Daycare ☐	143. Pick up by Parent/Friend/Neighbor/Relative/Daycare ☐
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Family Courier

Applies if more than one family member attends same school (**Elementary Only**)

144. Should this student be identified as the "Family Courier" to carry school information packets home? ☐ Yes ☐ No

Printed Materials

145. Send printed materials in language spoken at home (if available)? ☐ Yes ☐ No

Previous School Information

Provide the last non-Beaverton School your child attended and the last Beaverton School attended if applicable.

146. Previous School District Attended	147. Previous School Attended	148. Previous School Address	149. Dates Attended (From – To)

For early learning history also include if your child participated in a preschool/pre-kindergarten program and the name of the program in which they participated.

(**Elementary Only**)

150. Attended PreK/Preschool ☐ Yes ☐ No	151. Attended BSD PreK/Preschool ☐ Yes ☐ No	152. Name of PreK/Preschool Program
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Student Vehicle Information (High School Only)

153. Year	154. Make	155. Model	156. Color	157. License Number	158. Parking Permit Number (Office Use Only)
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Bus Information

159. If eligible for district transportation will the student ride the bus? **A.M.** ☐ Yes ☐ No **P.M.** ☐ Yes ☐ No

Student Last & First Name	Grade	Student ID-Office Use Only
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Language Use Survey (Title III)

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism. These responses will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language. If a language other than or in addition to English is listed in boxes 160-162 your child's English proficiency will be assessed. English language services will only be provided if student is eligible.

160. What language(s) are primarily used in the home?

161. What was the first language(s) that your student learned?

162. What language(s) does your student use most frequently at home?

163. In what language(s) would you prefer to receive communication from the school?

Students with Interrupted Formal Education

The purpose of this information is to determine if your child has experienced interruptions in their formal education that might make them eligible for one of the Newcomer Center sites. **(Optional)**

164. When did your child start attending school?

In which country?

165. Was your child in school **continuously** since they started?

☐ Yes ☐ No

If NO, what was the last grade completed?

166. Did your child attend other schools in the U.S.? (List)

167. Is there anything else you think the school should know about your child's education? (i.e. received instruction in refugee camp, did not attend school due to teacher strikes or safety issues, etc.)

Migrant Education Program (Title IC)

The purpose of this information is to determine if your child is eligible to participate in the Migrant Education Program.

168. Has your family moved within the last three years?

☐ Yes ☐ No

169. Have you or a relative worked in agricultural or fishing industries, in a farm/ranch, cannery, nursery, dairy, packing fruit or vegetables, food processing plant, forestry/logging or any other related activity?

☐ Yes ☐ No

170. Have you or a relative ever qualified for the Migrant Education Program?

☐ Yes ☐ No

Indian Education Program (Title VI)

The purpose of this information is to determine if your child is eligible to participate in the Indian Education Program.

171. Students who are enrolled or have an enrolled parent or grandparent in a federally or state recognized Tribe and Alaska Native are eligible for services provided under the Indian Education Act of 1972. To learn about the program and how to enroll students, visit the Beaverton School District Title VI website.

Tribal Affiliation:

Student Last & First Name	Grade	Student ID-Office Use Only
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Medical Concerns

List any medical conditions your child has that may impact their school day. Medical conditions may include but are not limited to allergies, diabetes, seizures, asthma, mental health diagnoses, etc. Indicate in the Symptoms/Required Treatment/Medication(s) field if it is a life-threatening condition. Parents must bring to the office any medications that are required to attend school. Depending on the impact of the medical condition on your child's school day, your school's nurse may contact you to gather more information and/or create a health plan.

172. Condition	173. Symptom(s)	174. Required Treatment/ Medication(s)	175. Life Threatening ☐ Yes ☐ No
176. Condition	177. Symptom(s)	178. Required Treatment/ Medication(s)	179. Life Threatening ☐ Yes ☐ No
180. Condition	181. Symptom(s)	182. Required Treatment/ Medication(s)	183. Life Threatening ☐ Yes ☐ No

Vision Screening Certification (Elementary Only)

ORAR 581-021-0031 requires that each student age seven or younger, who is entering an educational program for the first time, submit certification of a vision screening or eye examination, along with any necessary follow-up eye exams, treatments, or vision-related assistance.

184. Student has received a vision screening ☐ Yes ☐ No	185. Most recent screening or vision exam date	186. Was a follow up recommended ☐ Yes ☐ No	187. Name of Provider
A parent or guardian may choose to have their student opt-out of a vision screening certificate due to one of the reasons listed below.			
188. Certification at Previous School ☐		189. Religious Beliefs ☐	

Dental Screening Certification (Elementary Only)

ORAR 581-021-0017 requires that each student age seven or younger, who is entering an educational program for the first time, submit certification of a dental screening or exam.

190. Student has received a dental screening within the last 12 months ☐ Yes ☐ No	191. Most recent screening or dental exam date	192. Name of Provider
A parent or guardian may choose to have their student opt-out of a dental screening certificate due to one of the reasons listed below.		
193. Certification at Previous School ☐	194. Religious Beliefs ☐	195. Dental Screening is a Burden because Cost is too high ☐ No access to a screening ☐ Unable to obtain an appointment ☐

Student/Parent Permission Information:

* FERPA allows the district to provide directory information upon request without the prior permission of parents or students. If you do not want the District to disclose directory information, to include photo and video from your child's education records without your prior consent, you must notify the office at your child's school in writing within two (2) weeks of starting school. This notification must be submitted on an annual basis. For a detailed definition of directory information refer to the Parental Privacy Annual Notification of FERPA Rights, or online at <https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms> and/or School Board Policy JOA.

* The district utilizes Google Apps for Education. Parents must submit a Digital Resources Permission form in order for their student to receive access to their education account. You may revoke permission for use of digital resources at any time. The Parental Privacy and Digital Resources forms can be found at <https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms>.

Signature of Parent/Guardian:

Notify the School Office if the information on any of these pages changes.

Signature of Parent/Guardian:	Date:
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Use the Parent Information Sheet for more detailed information about the fields on the Student Enrollment Form.

Student Information:

Boxes 1-4 Enter the student's legal name information.

Box 5 Enter the student's grade level

Box 6 Enter a student's Preferred First Name if different from their Legal First Name. If entered, the first name will be changed in the District's Student Information System, and the change will be reflected in future generated reports. This name will be used in Class Rostering, systems and Classroom Apps (Canvas, Seesaw), Report Cards, etc. in place of Legal First Name. Records sent to the Oregon Department of Education will include the student's affirmed and legal first name. A record of the legal name will be recorded in the Student Information System but will only be accessible by District staff in compliance with state and federal privacy laws.

Boxes 7 & 8 Enter the student's date of birth and age.

Box 9 Oregon recognizes three gender classifications. Check the box for the student's gender (F=female, M=male, X=non-binary). Indicate the student's preferred pronouns.

Boxes 10-14 Enter student's home address. If applicable enter the apartment number and complex name.

Box 15 Indicate if the mailing address is different from the home address.

Boxes 16-19 Enter student's mailing address if different from the home address.

Box 20 Enter the primary contact number associated with the student. Check one of the boxes to indicate if it is a home phone or a cell phone number

Box 21 Enter student's cell phone. This information is only used for official school communications.

Box 22 Enter student's personal email address. This information is only used for official school communications.

Ethnicity and Race

Boxes 23 & 24 Reporting Ethnicity and Race of the student is required by the Federal Government. The information that is collected is used only for data analysis and reporting purposes only. For boxes 23 & 24 the choices are determined by the Department of Education (72 Fed. Reg. 59266 (Oct. 19, 2007)). Choose the Ethnicity and Race that best represents your child. Your response is not required for enrollment. If you chose not to respond, Beaverton School District is required to report this information through an observer identification process.

McKinney-Vento Program

Box 25 The purpose of this information is to inform the school you would like to be referred to the program to determine if your child is eligible for services through the McKinney-Vento Program.

Parent Guardian Information

Boxes 26-73 Enter the parent/guardian information.

Boxes 30 & 54 Indicate the call order the Parent/Guardian is to be called from the school office staff for, sickness, discipline etc.

Boxes 31 & 44 List the primary language that is spoken by the parent. Language indicated will be used in ParentSquare communications.

Boxes 32 & 56 Check Yes or No if the parent will need an interpreter for educational conferences.

Boxes 33 & 57 The email address listed will be used to send communications through ParentSquare, teacher communications, and is used to create an account in the parent portal ParentVUE. If the email address changes, update it with your school.

Boxes 36 & 60 Parents/Guardians who are full time Army, Navy, Air Force, Marine Corps, or Coast Guard, full time National Guard members, Active-Duty Reserves, (members of the reserves who have been called to active duty for at least 180 consecutive days). Does not include former service members retired or discharged, part-time National Guard members who are not deployed or members of the reserves who have not been called to duty, members of other uniformed services such as the commissioned corps of the National Oceanic and Atmospheric Administration and Civilian employees of the Department of Defense.

Boxes 38-42 & 62-66 List your correspondence address if it is different from the student.

Boxes 43-46 & 67-70 List your contact numbers. For Boxes 43 & 44 and 67 & 68 indicate which number is your primary phone number.

Boxes 47 & 71 Indicate if you are willing to volunteer

Boxes 48 & 49, 72 & 73 It is assumed that all **parents/legal guardians** listed in this section will have the following boxes checked unless legal documentation stating otherwise is provided:

- **Lives With** (if applicable) - Student lives with Parent/Guardian
- **Contact Allowed** - Parent/Guardian is authorized to have contact with the student, with no supervision or limitation in place.
- **Educational Rights** - Parent/ Guardian has rights to access their student's education records and access student information. Records may be accessed in the Synergy parent portal, ParentSquare, or by contacting the school.
- **Has Custody** - Parent/Guardian has legal custody of the student and rights to make decisions regarding the student's education.
- **Mailings Allowed** - Parent/Guardian is allowed to receive correspondence such as, student report cards, progress reports, and other school communication
- **Release To** - The student may be released to this parent/guardian. Examples include:
 - Emergency reunification: If there is an emergency, students will only be released to those you have granted permission.
 - Everyday dismissal processes: such as when a stepparent or other authorized adult routinely picks up the student on a daily basis
- **ParentSquare** is the notification system that the district, schools, and teachers use for communications sent to Parents/Guardians, students, and staff. Communications can be sent through text, phone calls and email. Types of communications include, but are not limited to, emergency notifications, closures, attendance calling, school events etc. More information about ParentSquare and the app can be found on the district website or contact your school.

Any **Non-Legal guardians** (stepparents, partners, grandparents, etc.) listed in this section will only have the following boxes checked: Lives With (if applicable) and Contact Allowed.

Educational Rights, Has Custody, Mailings Allowed, and Release To will remain unchecked for non-legal guardians, unless written authorization is provided by a legal parent/guardian.

Siblings

Boxes 74-97 List all Pre-K and school aged siblings.

Emergency and Additional Contacts

Boxes 98-124 List emergency and additional contacts that are authorized to pick up the student. These contacts will be contacted if there is an emergency and parents/guardians cannot be reached. It is assumed that any person listed as an emergency contact also has permission to transport your student in the event of an emergency. Non-custodial parents will not be permitted to add or change emergency contacts without the consent of the custodial parent.

Boxes 101, 110 & 119 Check the **Release To** box if you are granting the listed contact permission to pick up your child without additional parent contact. This would apply for contacts such as nanny, after-school provider, or stepparents not listed in the parent/guardian section. If this box is checked, the student may be released to this person without additional parent contact

Natural Disaster

Boxes 125-132 Natural Disaster contact should be a contact that lives at least 100 miles away. This contact is only called during a natural disaster situation.

Medical Information

Boxes 133-139 Indicate if your child has health/accident insurance. List student's Physician, Dental and Insurance information.

Military and College Recruitment (High School use only)

Box 140 Check the boxes if you wish to **opt out** of the military, and/or college/university recruitment.

Emergency Closure

Boxes 141-143 In the case of emergency closure or an early school closure choose how your student is to leave the school premises. **Choose only one option.**

Family Courier

Box 144 If there is more than one sibling at the school, indicate which sibling will carry home school information packets **(Elementary use only)**.

Printed Materials

Box 145 If printed information packets are available in the parent's primary language, other than English, indicate if the school should send the materials home in that language.

Previous School Information

Boxes 146-149 Enter the previous school information the student attended.

Boxes 150-152 For elementary students, indicate if the student attended a preschool/pre-kindergarten program and if it was a Beaverton School District sponsored program. If student participated in a non-BSD program, list the name of the program.

Student Vehicle Information (High School use only)

Boxes 153-158 If the student will drive their own vehicle to school it will need to be registered with the school and display a parking permit.

Bus Information

Box 159 Indicate if the student will ride the bus in the morning and afternoon.

Language Use Survey

Boxes 160-163 The Language Use Survey is used by the Multilingual Department. This survey is used as part of a process to assess if your child is eligible for English language development services.

Students with Interrupted Formal Education

Boxes 164-167 The purpose of this information is to determine if your child has experienced interruptions in their formal education that might make them eligible for one of the Newcomer Center sites.

Migrant Education Program

Boxes 168-170 The purpose of this information is to determine if your child is eligible to participate in the Migrant Education Program.

Tribal Affiliation

Box 171 Enrollment in a Federal or State Recognized Tribe can establish eligibility to participate in the Title VI Indian Education Program, a Federal Grant under the Indian Education Act of 1972. A Title VI Student Eligibility Certification must be completed for every eligible student.

Medical Concerns

Boxes 172-183 Medical conditions may include but are not limited to allergies, diabetes, seizures, asthma, mental health diagnoses, etc. Indicate the Symptoms/Required Treatment/Medication(s) and if it is a life-threatening condition. Parent must bring to the office any medications that are required to attend school. Depending on the impact of the medical condition on your child's school day, your school's nurse may contact you to gather more information and/or create a health plan.

Vision Screening Certification (Elementary Only)

Boxes 184-189 Indicate whether your child had a vision screening, the date, the provider, and if any follow-up was recommended. If choosing to opt out, select the reason for opting out.

Dental Screening Certification (Elementary Only)

Boxes 190-195 Indicate whether their child has had a dental screening, the date, the provider. If choosing to opt out, select the reason for opting out.