Welcome to
Fred Fifer III Middle School
Guidance Office
109 East Camden-Wyoming Avenue, Camden-Wyoming, Delaware 19934
Phone: 302.698.403    Fax: 302.697.4961

REGISTRATION REQUIREMENTS

Proof of Residency in the Caesar Rodney School District.
You must provide one of the following:
- Mortgage, lease or rental agreement with parent/guardian’s name and address, and current driver’s license
  - Secondary proof of residency (may be requested) a current utility bill, (electric, gas, oil, water or sewer bill) with parent/guardian’s name and address along with their current driver’s license.
- Copy of CR School Choice acceptance letter, if not a CR resident
- If the student and family are living with another person/family in the district? If yes, please see below:
  - If living with a friend/relative who leases/rents their home in the CR School District it is required that the Parent/Guardians name and new enrollee names, be listed as occupants on the lease/rental agreement; in addition, our CR School District Residency Affidavit needs to be signed (by both parties, parent/guardian & rental/lease holder) in front of school administration or registrar with the following information provided:
    - Driver’s License updated to reflect new address (for parent/guardian), current address for rental/lease holder
    - A current bill or piece of mail with parent/guardian name and new address
  - OR -
  - If living with a friend/relative who owns their home in the CR School District, it is required that the new enrollee’s parent/guardian and homeowner complete and sign the CR School District Residency Affidavit in the presence of school administration or registrar. In addition, the following information is required:
    - Homeowner provides mortgage documents with name address listed, current address on license
    - Parent/guardian of new enrollee must provide an updated driver’s license to reflect new address, a
    - A current bill or piece of mail with parent/guardian name and new address

Verification of Student Age.
- Birth certificate

Parent/Legal guardian must accompany student to register.
- Custody arrangements? Parent/guardians must have current picture ID and must provide “Delaware Legal Guardianship” through the Family Court system paperwork that is signed by a judge.

Information from previous school.
- Withdrawal form and most recent grades
- Report Card Showing Promotion
- Copy of most recent IEP, 504 Plan
- Psychological Evaluation
- Immunization Records
- Health Plan

Please note: If partial documentation is received, and our office has to contact the previous school for pertinent information, the enrollment process cannot proceed until ALL information is obtained. We appreciate your patience.

7/12/2019
ENROLLMENT FORM

Student Information
Last Name: ____________________________ First Name: ____________________________ Middle Name: ____________________________
Birth Date: ________________ Place of Birth: ____________________________
Grade: __________ Gender: □ Male □ Female Hispanic/Latino Ethnicity: □ Yes □ No
Race: □ American Indian □ Black □ White □ Asian □ Native Hawaiian or Pacific Islander
911 Street Address: ____________________________ Mailing Address: ____________________________
City, State, Zip Code: ____________________________ City, State, Zip Code: ____________________________
Residency Documented By: □ Current Utility Bill(s) □ Mortgage/Lease Agreement □ Other: ____________________________
Home Telephone #: ____________________________
Previous School: ____________________________
Mailing Address: ____________________________
School Choice: □ Yes □ No
Resident School: ____________________________
Resident District: ____________________________
Special Program Enrollment: □ Special Education □ Speech □ Title I □ Other: ____________________________

Parent/Guardian Information
□ Parent □ Step-Parent □ Foster Parent □ Guardian □ Other
Name: ______________________________________
Address: ______________________________________
Home Telephone: ____________________________
Date of Birth: M _____ Day _____ Year __________
Employer: ____________________________
Work Telephone: ____________________________
Cellular Telephone: ____________________________
E-Mail Address: ____________________________
Emergency Contact: ____________________________
Emergency Telephone: ____________________________
□ Parent □ Step-Parent □ Foster Parent □ Guardian □ Other
Name: ______________________________________
Address: ______________________________________
Home Telephone: ____________________________
Date of Birth: M _____ Day _____ Year __________
Employer: ____________________________
Work Telephone: ____________________________
Cellular Telephone: ____________________________
E-Mail Address: ____________________________
Emergency Contact: ____________________________
Emergency Telephone: ____________________________

Siblings in Household Under Age 18:
Name: ____________________________ Age: ______ Grade: ______
Name: ____________________________ Age: ______ Grade: ______
Name: ____________________________ Age: ______ Grade: ______

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**
Migrant Survey

Have you moved across state or school district lines within the last 3 years?
☐ Yes  ☐ No

Have you ever or are you currently seeking employment in agriculture, food processing or in the fisheries?
☐ Yes  ☐ No

Was your move into the school district related to your employment?
☐ Yes  ☐ No

Student lives with*:  ☐ Father  ☐ Mother  ☐ Step-Father  ☐ Step-Mother  ☐ Guardian
*If there are custodial/guardianship restrictions, it will be necessary for you to provide the school with a copy of court records.

Home Language Survey

A Delaware education policy requires schools to determine the language(s) spoken at home by each student. Your cooperation in helping us meet this important requirement is requested. Thank you for your help.

• Which language did your child learn when he/she first began to talk?  

• What language does your child most frequently use at home?

• What language do you use most frequently to speak to your child?

• What language is most often spoken by the adults at home?

• If a language other than your own is spoken in school, does your child understand:

☐ Everything  ☐ Most of what is said  ☐ Some of what is said  ☐ Very little of what is said  ☐ Nothing  ☐ N/A

I verify all information presented on this form is factual. I understand that any misinformation regarding residency will result in the termination of this student's enrollment in the Caesar Rodney School District.

It is the responsibility of the parent/guardian to inform the school of any changes in information on this form.

Signature: ___________________________ Date: ___________________________

Individual Enrolling Student

Relationship to Student: ___________________________

For Office Use Only

Enrolled By: ___________________________

Student ID: _______________ Records Requested: __________ Room: ________ Bus: ________

Last DCAS Score: PL Read: ________ PL Math: ________ Grade of Last Test: ________

Where Educational Excellence Is A Tradition

Revised 6/4/12
Fifer Middle School
109 East Camden-Wyoming Avenue, Camden, DE 19934
Phone: (302) 698-8400 Fax: (302) 697-4961
www.k12.de.us/fifer

Permission for Release of School Information

Student: ___________________________ Date of Birth: ________ Current Grade: ________

The above named student is currently seeking enrollment at Fred Fifer III Middle School, having previously attended your school. Please send the following information as applicable to the student:

Cumulative Record
Withdraw grades/Most recent report card
Standardized Test Scores
Health/Medical Records
Special Education Records
Psychological Report
Court/Custody Records

You may mail the above applicable student information to:

UNITED STATES MAIL ADDRESS:
Fred Fifer III Middle School
109 East Camden-Wyoming Avenue
Camden, DE 19934-1978
ATTN: Guidance/Records

STATE MAIL ADDRESS (Delaware Schools):
Caesar Rodney School District
Camden SLC D280
Fred Fifer III Middle School
ATTN: Guidance/Records

Information requested via fax such as withdraw grades, IEP's, or immunization records may be faxed to Fifer Guidance at (302)697-4961

Signature: ___________________________ Date: __________________

NOTE: When records are requested by school personnel for a student who has enrolled or who intends to enroll in a school system, parental permission is no longer required (Family Educational Rights and Privacy Act; Final Rule on Education Records; Buckley Amendment; Section 99.31; Paragraph b; Federal Register; June 17, 1976; Volume 41, Number 118 Page 24673).

For office use only:

Date records requested: _______________ Date records received: _______________
This form is intended to address the McKinney-Vento Act (42 U.S.C. 11434a (2)). The answers to these residency questions will aid our school in determining if the student qualifies for services.

Student Name:________________________ M/F ______ Birth Date:_____/_____/_____

Parent/Guardian Name(s):__________________________

Current Address:_________________________________  

If the home address is permanent, please sign here: ___________________________  

(parent, guardian or care giver)

If the above address is temporary, please continue below if the current living arrangement is due to:

☐ Loss of housing  
☐ Economic hardship  
☐ Fire  
☐ Natural disaster  
☐ Other, please explain below  

If other, please explain: ________________________________________________  

Please indicate where your child is currently living:

☐ Motel  
☐ Shelter  
☐ With more than one family in house or apartment, by choice  
☐ With more than one family in house or apartment, because of economic hardship  
☐ Student is in foster care. Date of BIM:__________________________  
☐ Moving from place to place  
☐ In a place not designated for ordinary sleeping accommodations (car, park or campground)  

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec 25.002 (3)(d).

Please sign: ____________________________________________  

(parent, guardian or care giver)

__________________________  

Date forwarded to FTMS McKinney Vento Coordinator
Delaware McKinney-Vento Student Residency Questionnaire

This Student Residency Questionnaire is intended to address the McKinney-Vento Act. Your answers will help the school personnel determine residency documents necessary for enrollment of this student. Information provided on this form is confidential.

Name of Student: ___________________________ D.O.B.: ____________ Grade: _____ □ Male □ Female

Name of Current School: ___________________________ Name of Last School: ___________________________

Is your current address a temporary living arrangement? Yes □ No □

If you answered “YES”, please complete all questions on this form.

If you answered “No”, you may stop here. You do not need to complete this form.

1. Do you live in any of these following situations?
   □ Sharing the housing of other persons due to: (check one)
     □ Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)
     Explain: ___________________________
     □ Long-term, cooperative living arrangement to save money or a similar reason
     □ Other (please specify): ___________________________
     □ In a motel, hotel, campground or similar setting due to: (check one)
       □ Lack of alternative adequate accommodations,
       Explain: ___________________________
       □ A convenient living arrangement or waiting for apartment or house to be ready
       □ Other (please specify): ___________________________
     □ In an emergency or transitional shelter such as a domestic violence shelter or a homeless shelter or transitional housing
       or other shelter
     □ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular
       sleeping accommodation for humans
     □ In a car, park, public space, abandoned building, substandard housing, bus or train station, or
       similar setting
     □ None of the above

2. How long do you anticipate living at this location? ___________________________

3. The student lives with:
   □ Parent(s) or legal guardians(s)
   □ Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian
   □ Alone with no adults

4. Please list the name and ages of any children living with you that you have guardianship of:
   A. ___________________________ C. ___________________________
   B. ___________________________ D. ___________________________

I am the parent/legal guardian of ____________________________________________, who is of school age and who is seeking enrollment in the school district.

I understand that presenting a false record of falsifying records is an offense under Federal and state laws and enrollment of the child under false documents subjects the person to liability for tuition and other costs.

Printed Name: ____________________________________________
Signature: ____________________________________________ Date: ____________ Email: ____________________________
Address: ____________________________________________
Phone Number with Area Code: ____________________________ Emergency contact Phone Number with Area Code: ____________________________

(Rev 8/2017)
Delaware Department of Education Home Language Survey

Date: _______________  School: _______________

The Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. The information provided will only be used to determine whether your student is eligible to begin the English as a Second Language process and will not be used for immigration matters or reported to immigration authorities.

<table>
<thead>
<tr>
<th>Student Information</th>
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</thead>
<tbody>
<tr>
<td>First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
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<tr>
<td>Birthdate:</td>
</tr>
</tbody>
</table>

Circle grades your child attended in US schools

PK  K  1  2  3  4  5  6  7  8  9  10  11  12

How many total months has the student been enrolled in a US school? _______________

1. What language did your child first learn?
   Language: ___________________  Dialect: ___________________

2. What language does your child most often use at home?
   Language: ___________________  Dialect: ___________________

3. What languages do you most often speak to your child?
   Language: ___________________  Dialect: ___________________

4. What language(s) other than English are spoken in your home?
   Language: ___________________  Dialect: ___________________

5. What language would you prefer to receive information from your school?
   Language: ___________________  Dialect: ___________________

Parent Name ___________________  Parent Signature ___________________  Date _______________

LEA: Please have all families complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. If a language other than English or Non-US English is rated on questions 1-3, the LEA must continue with a records review, step 2 of the English learner identification process.

THE DELAWARE DEPARTMENT OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, DISABILITY, AGE, GENETIC INFORMATION, OR VETERAN'S STATUS IN EMPLOYMENT, OR ITS PROGRAMS AND ACTIVITIES.

Rev. 12.8.17
Dear Parent/Guardian,

In order to serve your child, ____________________________________________, the ___________ District/Charter School is helping the State of Delaware identify students who may qualify to receive additional education and support services.

The information provided below will be kept confidential with in the Department of Education and will be used for planning purposes only. Please answer the following questions and return this form to your child’s school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

   ____ YES     ____ NO

If “NO,” do not complete the remainder of this survey. If “YES,” please continue.

2. Was the reason for this change to look for or to accept a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

   ____ YES     ____ NO

If “YES,” please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

   Farm     Chicken processing plant     Dried or dehydrated fruits/spices     Plant nursery/greenhouse
   Dairy    Processing meat/fish          Sod farms                           Tree growing or harvesting
   Ranch    Cranberry bogs               Meat or food packing plant          Food processing
   Cannery  Fresh/frozen juices          Mushrooms                          Pet food processing
   Chicken house Fishery                Planting, picking, or packing fruits, vegetables, seeds, or nuts Cleaning, weeding or preparing land for planting

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

__________________________________________________________

Please list all children ages 3-21 years old in the home, including those not enrolled in school:

<table>
<thead>
<tr>
<th>First / Last name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
</tr>
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<tbody>
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Parent/Guardian: ____________________________________________

Address: ___________________________ Apt. No. ___________ City: ___________ Zip: ___________

Phone: ___________ Best time to be reached ___________ AM / PM Alternate or cell phone number: ___________

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education Title I, Part C Office within 10 days of the student’s enrollment by State Mail Code D3708 or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901. A COPY of this form must be retained in the student’s file to document compliance with the Title I, Part C federal program requirements.

Revised May 31, 2017
DELWARE DEPARTMENT OF EDUCATION
Tuberculosis (TB) Risk Assessment Questionnaire for Students

Prior to use of this form, the school nurse must review the student’s health record and assure that the student is compliant with the requirements for a current health examination (within past 2 years) and up-to-date immunizations. The questionnaire must be administered by the school nurse to the parent/guardian in person, or by phone, and signed by the person who answered the questions.

Name: ____________________________
Last __________ First __________ MI __________

Date of Birth: __/__/____
Date Form Completed: __/__/____

1. Has your child had close contact with anyone with an active infectious TB disease?
2. Was any household member, including your child, born in or has he/she traveled to area(s) where TB is common? (Refer to the Tuberculosis High Burden Countries list provided by the Delaware Division of Public Health.)
3. Does your child have regular (i.e., daily) contact with adults at high risk for TB (i.e., those who are HIV infected, homeless, incarcerated, and/or illicit drug users)?
4. Does your child have a history of HIV infection, living in a shelter, incarceration, or illicit drug use?
5. Does your child have any health conditions or take medications that might affect his/her immune system?
6. Has your child ever had a positive test for tuberculosis?

Any “yes” response to questions 1-5 is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test or a TB blood test, such as The Quantiferon Gold TB Test, to the child.

A “yes” response to question 1-6 indicates probable previous exposure to TB, and requires medical follow-up to evaluate medical status.

This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child,

☐ Does not require a Tuberculosis Test
☐ Does require documentation related to current disease status
☐ Does require a Tuberculosis Test

TB testing and documentation must be completed and given to the school nurse by __/__/____ (date) or your child will be excluded from school.

School Nurse Comments: ___________________________________________________________

__________________________
School Nurse (signature)

__________________________
Parent/Guardian (signature)

I give permission for the school nurse and my child's primary care physician (name of physician) to share information relating to this form.

Name ____________________________ Date ____________________________

Parent/Guardian (signature)

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2CDC describes “close contact” as prolonged, frequent, or intense contact with a person with TB, while he/she was infectious

3The term “homeless” means a situation where the person lived in a shelter or with others.

4Incarceration should be longer than one week.
Dear Parent or Guardian,

According to Delaware Code, Title 14, section 131; a child is not permitted to enter into school without acceptable evidence of immunization. If your child is a new enterer* to Delaware public schools he or she will not be permitted to enroll without an immunization record. Please see below for children of active duty members of the uniformed services.

Delaware law requires the following for entry to public school. If these items are not provided to the school within 14 CALENDAR DAYS from the date below your child will be denied entry into school.

1. IMMUNIZATIONS:
   - Four (4) or five (5) doses of DPT OR DTAP, or a combination thereof. A fifth dose is not required if the fourth dose is given after the fourth birthday.
   - Three (3) or four (4) doses of the polio (OPV or IPV) vaccine. A fourth dose is not required if the third dose is given after the fourth birthday.
   - Three (3) doses of Hepatitis B vaccine.
   - Two (2) doses of measles, mumps and rubella vaccine, MMR, (first dose after the age of 12 months, second dose after the fourth birthday).
   - Two (2) doses of Varicella (chicken pox), or a written disease history by a licensed healthcare provider.
   - Entering 9th Graders must additionally have 1 dose Tdap (adult booster) and 1 dose meningococcal² (8/2018 - Grades 9 - 11; 8/2019 - Grades 9 – 12)

2. PHYSICAL EXAM:
   - A physical examination by a physician, nurse practitioner, or physician's assistant within the last two (2) years for all new enterers. A second health examination is required for all students entering 9th grade. Examinations completed no more than two years prior to entry into 9th grade will be accepted.

3. TUBERCULOSIS SCREENING:
   - Written results from either a TB risk assessment, a Tuberculosis skin test (Mantoux, PPD), or a QuantiFeron TB Gold test, within the last twelve (12) months.

4. LEAD TEST:
   - All kindergarten and preschool students must show proof of a blood lead test, completed any time after 1 year of age.

If you enroll your child over the summer, please be aware that if appropriate documentation is not provided for any of the above requirements within 14 days of the date below, the date of exclusion will start on the first day of school.

If your child is transferring to our school from another school in the state of Delaware we assume he or she currently complies with all the above requirements. However, if for any reason your child does not meet all of the above requirements, your student will also have 14 days from the date of this form to comply with regulations.

Military families: Children of active duty members of the uniformed services will have 30 days from the date of enrollment to comply with the above immunization requirements.

All documents should be turned in to the school as soon as possible. BY STATE LAW, FAILURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN EXCLUSION FROM SCHOOL.

* A new enterer is defined as a child entering a Delaware public school for the first time, including but not limited to foreign exchange students, immigrants, students from other states and territories and children entering from non-public schools.

Transferring from: School_________________________ State_________________________ Country_________________________

Please sign below to acknowledge receipt of this information.

Parent/Guardian Signature_________________________ Date_________________________ Student's Name_________________________ Grade_________________________

Revised 2018 Copy distribution: White/School, Yellow/Parent DCI FORM # SA-292
DELAWARE EMERGENCY TREATMENT CARD

Student Name: [Last Name] [First Name]  
Birth Date: ________

Grade: _____  
Teacher: ____________________________

Resides with:  
Mother  Father  Other:  
Custody papers on file, if applicable:

Mother/Guardian Information:  
Please keep numbers updated.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P. O. Box</td>
<td>Development</td>
</tr>
<tr>
<td>City</td>
<td>Zip</td>
<td>Email</td>
</tr>
<tr>
<td>Employer:</td>
<td>Daytime Phone #</td>
<td>Cell Phone #</td>
</tr>
</tbody>
</table>

Father/Guardian Information:  
Please keep numbers updated.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
<th>Date of Birth</th>
</tr>
</thead>
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</tr>
<tr>
<td>Employer:</td>
<td>Daytime Phone #</td>
<td>Cell Phone #</td>
</tr>
</tbody>
</table>

If parents/guardians cannot be reached, call:  
(Local contact preferred.)

1.  
   Name:  
   Relationship:  
   Daytime Phone:  
   Home Phone: 

2.  
   Name:  
   Relationship:  
   Daytime Phone:  
   Home Phone: 

Indicate student’s serious medical problems and any medicines taken routinely:  
__________________________

Student is allergic to:  
Food, Medicine or Other (Be Specific – Name of food, medicine, etc.)  
__________________________

Medical Insurance:  
Yes  No  
If yes:  
Private  Medicaid

I give permission for my child to have the appropriate dose of Tylenol (Acetaminophen), Advil (Ibuprofen) or an antacid as determined by and at the discretion of the nurse.  
Yes  No

I verify that all of the above information is correct.  
This information may be shared with school personnel on a “need to know” basis.

Parent/Guardian Signature:  
Date:  

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school will seek immediate medical care.  

In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,  
2. The school will call the father’s, mother’s or guardian’s place of employment. If there is no answer,  
3. The school will call the other telephone number(s) listed and the physician,  
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility,  
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility,  
6. The school will continue to call the parents, guardians or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature:  
Date:  

PLEASE COMPLETE REVERSE SIDE
STUDENT HEALTH HISTORY UPDATE
This information will be shared with staff and administration on a “need to know” basis, unless you notify us otherwise.

DISTRICT: Caesar Rodney School District
SCHOOL:

Student Name:
Daycare Provider/phone number: After-School Care:

PLEASE CHECK IF CHILD HAS ANY OF THE FOLLOWING:
GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS:

1. □ ADD/ADHD  □ Body Piercing/Tattoo  □ Emotional  □ Physical Disability
□ Allergies  □ Bone Problem  □ Hearing  □ Seizures
□ Asthma  □ Bowel/Bladder  □ Heart  □ Speech
□ Behavior  □ Chicken Pox  □ Infections  □ Surgery
□ Bleeding  □ Diabetes  □ Kidney  □ Vision
□ Other
Comments:

2. Does your child have allergies to medicine, food, latex, or insect bites?
□ NO  □ YES To what __________________________ What Happens
Treatment __________________________

3. Has your child had any recent illnesses, medical problems, or an injury?
□ NO  □ YES Type of issue, with date(s)

4. Has your child recently had surgery?
□ NO  □ YES Type of surgery, with date(s)

5. Has your child received any immunizations with in the past year?
□ NO  □ YES List immunizations, with dates

6. Is your child being treated or evaluated for any health conditions?
□ NO  □ YES List condition

7. Is your child on any medication or treatment?
□ NO  □ YES Name of medication and/or treatment __________________________
Does your child need medicine during school hours?
□ NO  □ YES *If yes, please contact the school nurse to make arrangements.

8. Has your child ever been examined by an eye doctor?
□ NO  □ YES Date of last exam ____________ Glasses Prescribed □ NO  □ YES
If your child wears glasses or contact lenses, when was the prescription last changed

9. Has your child had any emotional upsets (recent move, death, separation, divorce, etc) ?
□ NO  □ YES List

10. What is the name of your child’s dentist? __________________________ Phone #
What is the date of his/her last exam?

11. What is the name of your child’s doctor? __________________________ Phone #
What is the date of his/her last exam?

PLEASE COMPLETE REVERSE SIDE

Form #: SA-491