

# Lanett Junior High School

## APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX- Circle One: MALE / FEMALE HOME PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RACE- Circle One: ASIAN BLACK HISPANIC AM. INDIAN MULTI WHITE PACIFIC ISLANDER

CHILD LIVES WITH- Circle One: PARENTS MOTHER FATHER GUARDIAN: RELATION \_\_\_\_\_

\*SOCIAL SECURITY NUMBER (voluntary) \_\_\_\_\_ Receives Special Services YES NO

PARENT(S) / GUARDIAN NAME: \*\* If guardian, provide school with a copy of guardianship papers.\*\*

MOTHER / GUARDIAN \_\_\_\_\_ Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Work Phone \_\_\_\_\_

FATHER / GUARDIAN \_\_\_\_\_ Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Work Phone \_\_\_\_\_

SPECIAL INFORMATION ABOUT CUSTODY \_\_\_\_\_

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN... VERY IMPORTANT!!!)

EMERGENCY #1 CONTACT \_\_\_\_\_ EMERGENCY #2 CONTACT \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

NAME AND ADDRESS OF FORMER SCHOOL: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

PARENT(S) / GUARDIAN DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

*\*Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin. Code §290-3-1-.02(2)(b)(2). It will be used as a means of identification in the statewide student management system*

**Lanett Junior High School**  
**1301 South 8<sup>th</sup> Avenue**  
**Lanett, AL 36863**

TO THE PARENTS OR GUARDIANS OF STUDENTS ENROLLING IN LANETT CITY SCHOOLS:

The Lanett City Board of Education is under order from the United States Department of Justice to determine the residence of all students (those who live in Lanett and those outside of the city limits), who enroll in the Lanett City School System.

Please return proof of residency (any utility bill) along with this form.

Jennifer Boyd  
Interim Superintendent  
Lanett City Schools

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**AFFIDAVIT**

I \_\_\_\_\_, the parent/legal guardian of  
\_\_\_\_\_ do solemnly state and affirm that my  
permanent principal place of residence is at the following address:

\_\_\_\_\_  
Street City State Zip

Further, I solemnly state and affirm that the above named student actually resides at my place of residence.

This document will be made available to investigative officers of the United States Department of Justice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Routes and Post Office Boxes are not acceptable addresses. Please use road or street numbers or names. Landmarks may be given to pinpoint your area.

\_\_\_\_\_ This address is inside the Lanett city limits.

\_\_\_\_\_ This address is outside the Lanett city limits.

We reside in the \_\_\_\_\_ school district.



# ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Dear Parents or Guardians;

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

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

Name of Parent or Guardian: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

1. Have you moved during the last 3 years **to work or to seek work** even if it was for a short period of time? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you or your spouse **working or have you worked** in an activity directly related to some of the following? Please, check (✓) all applicable:
  - ☐ The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
  - ☐ Fruit farms
  - ☐ The cultivation or cutting of trees
  - ☐ Work in nurseries or sod farms
  - ☐ Fish or shrimp farms
  - ☐ Worm farms
  - ☐ Catching or processing seafood (shrimp, oysters, crabs, fish, etc.....)
3. From what city, state or country did you come from? \_\_\_\_\_  
\_\_\_\_\_
4. What type of work did you or your spouse do before coming here? \_\_\_\_\_  
\_\_\_\_\_



## Lanett Junior High School

### SCHOOL-PARENT COMPACT

*The Lanett Junior High School, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act of 2015 (ESSA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.*

This school-parent compact is in effect during school year 2019-2020.

#### School Responsibilities

##### Lanett Junior High School will:

1. **Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:**
  - We will provide student access to technology in all subject areas.
  - Teachers will incorporate the use of 21<sup>st</sup> century technology into instruction.
  - We will seek to hire and retain highly qualified instructors.
  - We will provide supplemental services for students with exceptional needs.
  - We will provide data-driven instruction.
2. **Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.** Specifically, those conferences will be held:
  - Parent-teacher conferences can be arranged at any time through the school counselor by calling 334-644-5971.
  - Parents will pick up their child's report card on October 17<sup>th</sup> and March 13<sup>th</sup>. Teachers are available for conferences on these dates starting at 1:00.
3. **Provide parents with frequent reports on their children's progress.** Specifically, the school will provide reports as follows:
  - Progress reports are sent home each four and one-half weeks during the school year.
  - Individual teachers may send home subject specific progress reports more often.
  - Parents and teachers may develop a schedule for more frequent reports of progress when requested by the parent.
  - Parents can access student grades via the parent portal by requesting access through the school office.
  - Mandatory state assessment scores and college entrance assessment scores and requirements will be discussed at parental involvement activities.
4. **Provide parents reasonable access to staff.** Specifically, staff will be available for consultation with parents as follows:
  - Teachers are available on parent report card pick up days.
  - Individual parent/teacher conferences can be held at the convenience of the parent through the school office. Teachers are available before and after school as well as at reasonable times during the school day.



5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:
- Parents are welcome to volunteer by making arrangements through the counselor's office.
  - Parents are welcome to observe classes when requested. Parents must gain permission through the school office and obtain a visitor's pass.
  - Individual teachers may enlist the aid of parents for special classroom activities and field trips.
  - Parents are welcome to volunteer to help with PTSO activities or special events. Parents are also welcome to become a part of volunteer booster organizations.
6. Ensure regular two-way, meaningful communication between family members and school staff, and, to the extent practicable, in a language that family members can understand.
- All students are provided with a planner which will be used to communicate with parents.
  - Information will be sent to parents and guardians via Blackboard Connect (phone calls and emails). Parents will then be able to call the school if there are any questions.
  - All teachers' emails are listed in the student handbook and parents can send emails to teachers through the school website.
  - District personnel are available on an as-needed basis to translate documents and communicate with parents and students in Spanish.

#### Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

- Monitoring attendance;
- Making sure that homework is completed;
- Establishing a time and place for regular study;
- Participating, as appropriate, in decisions relating to my child's education;
- Promoting positive use of my child's extracurricular time;
- Staying informed about my child's education and communicating with the school;
- Serving, to the extent possible, on advisory groups, such as Title I advisory committees and parental involvement committees;
- Developing an open-line of communication with my child;
- Supporting my child in extracurricular activities; and
- Making sure that my child is dressed appropriately for school in the school uniform dress code.

#### Student Responsibilities (revise as appropriate to grade level)

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically, we will:

- Follow the school and classroom rules;
- Talk to my parents or guardians about school;
- Participate and put forth my best effort in class;
- Ask for help when I need it; and
- Do my classwork and homework to the best of my ability.

Mrs. Donna Bell  
School Representative Signature

\_\_\_\_\_  
Parent Signature(s)

\_\_\_\_\_  
Student Signature

Aug. 1, 2019  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Ethnicity and Race

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please answer BOTH Question 1 AND Question 2

**Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNICITY:**

- ☐ NO, not Hispanic/Latino
- ☐ YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

*\*The above question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following Question 2** by marking one or more boxes to indicate what you consider your student's race to be.*

**Question 2. What is the student's race? CHOOSE ONE OR MORE:**

- ☐ AMERICAN INDIAN OR ALASKA NATIVE. A person 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. 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.
- ☐ BLACK OR AFRICAN AMERICAN. A person having origins in any of the black racial groups of Africa.
- ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ WHITE. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Office use only:

Ethnicity – Choose only one:

\_\_\_\_\_ NOT Hispanic/Latino

\_\_\_\_\_ Hispanic/Latino

Race – Choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Date:

Staff Signature:

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military parent

Circle One: YES NO

PRESCHOOL

Head Start Circle One: YES NO

First Class Funded Preschool – Circle One: Yes NO

Centered Based Child Care - Circle One: YES NO

Home Based Child Care – Circle One: YES NO

Home Visitation Program – Circle One: YES NO

Other Preschool – Circle One: YES NO

No Preschool – Check if no Preschool ☐

Special Education Funded – Circle one: YES NO

SPECIAL EDUCATION SERVICES

Student currently receiving special education services Circle One: YES NO



**Lanett City Schools**  
**Internet Acceptable Use and Network Safety Permission Form**  
**Student Use**

Dear Parents and Students:

Date: \_\_\_\_\_

The Lanett City Schools Internet Acceptable Use and Network Safety Policy is designed to provide guidelines for using Internet in the classrooms, school media center, and computer labs of the school this year. Please take the time to read this policy. If you have any questions, be sure to contact the technology coordinator at 644-5900.

Any offense that violates local, state, or federal laws may result in the immediate loss of all computing privileges and will be referred to the proper school authorities and/or law enforcement authorities. Conduct that violates this policy includes, but is not limited to the activities in the following list.

**Class I – Minor Offenses**

1. Unauthorized use of a computer account
2. Overloading computer resources, such as printing too many copies of a document
3. Using electronic mail or participating in a chat room without the consent of a teacher or administrator
4. Initiating or propagating electronic chain letters

**Disciplinary Action \***

**First Violation** - Verbal warning

**Second Violation** – Detention hall, written warning, and parent/student conference

**Third Violation** – Loss of Internet privileges for one week

\*Minor infractions of this policy are generally resolved informally by the administration. Repeated minor infractions or misconduct, which is more serious, may result in temporary or permanent loss of computer access privileges or the modifications of these privileges.

**Class II – Intermediate Offenses**

1. Posting personal contact information about you or other people. Personal contact information includes your address, telephone, work address, etc.
2. Agreeing to meet with someone you have met online without your parent's approval. Your parent should accompany you to this meeting
3. Not promptly disclosing to your teacher or other school employee any message you receive that is inappropriate or makes you feel uncomfortable
4. Using obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language
5. Using the computer or the Internet to hurt, harass, attack or harm other people or their work
6. Damaging the computer or network in any way

7. Installing software or downloading unauthorized files, games, programs, or other electronic media
8. Violating copyright laws
9. Accessing other student's work, folders, or files
10. Re-posting non-academic personal communications without the original author's prior consent
11. Using school district resources for commercial activity such as creating products or services for sale
12. Transmitting or reproducing materials that are slanderous or defamatory in nature

#### **Disciplinary Action**

**First Violation** – Loss of Internet privileges for one week

**Second Violation** - Loss of Internet privileges for one month

**Third Violation** – Permanent loss of Internet privileges

#### **Class III – Major Offenses**

1. Using electronic mail to harass or threaten others. This includes sending repeated unwanted e-mail to another user
2. View, send, or display obscene, profane, lewd, vulgar, rude, disrespectful, threatening, or inflammatory language, messages, or pictures
3. Using the Internet or network to engage in any illegal act, such as arranging for a drug sale or the purchase of alcohol, engaging in criminal gang activity, threatening the safety of a person, computer hacking, etc.

#### **Disciplinary Action**

**First Violation** – Suspension (3-5 days) and loss of Internet privileges for one month

**Second Violation** – Permanent loss of Internet privileges

\*\*\*\*\*

Please return this form to your teacher as soon as possible.

I understand that computers and computer programs are an integral part of the various courses of study at all levels in the Lanett City School District and agree that misuse of said computers and/or programs will result in serious disciplinary actions as outlined in the Lanett City Schools Acceptable Use and Network Security Policy. Signing this agreement, I acknowledge that I have read, understand and agree to all terms of the policy. This agreement will be kept on file at the school for the academic year in which it was signed.

\_\_\_\_\_  
Student's name (printed)

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Today's Date





**LANETT CITY SCHOOLS  
EL PROGRAM  
HOME LANGUAGE SURVEY**

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

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Federal and state laws require schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Please answer the following questions and return the form to the school office. Thank you for your help.

1. Is a language other than English spoken at home?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is your child's first language a language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. What language did your child learn when he/she first began to talk?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

4. What language does your child most frequently speak at home?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

5. What language do you most frequently speak to your son or daughter?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

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

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE (GRADES 5-12)

\_\_\_\_\_  
PARENT'S SIGNATURE (GRADES K-4)

**A copy of this document is filed in the student's cumulative folder.**



# Lanett Junior High Library

## Responsibility Agreement & Permissions

### General Library Policies

- This completed form must be on file in order for students to borrow materials.
- Students are allowed to check out two books at a time.
- Books are due two weeks from the day they are checked out. They may be returned before the due date or rechecked if additional time is needed.
- A fine of \$0.10 cents per school day may be charged for overdue books. Students are not allowed to borrow new books until the overdue book is returned and the fine is paid.
- If a book is 4 weeks overdue, the library considers it lost. Students are responsible for paying for lost (or damaged) books. Students will be charged the cost to purchase a new copy of the book plus \$2.00 for processing. Students will be unable to borrow books until this is paid.
- If students have unpaid library fees when they become seniors, this amount will be added to the amount they must pay in order to graduate.
- If you move from our school system, library materials MUST be returned to the library before you withdraw. Your child's records may not be sent if materials are not returned.

### Library Conduct Guidelines

- All Lanett Junior High School and Lanett City School District rules will be enforced.
  - The Lanett City Schools Internet Acceptable Use Policy should be followed at all times.
- 

### STUDENT

If you agree with the statement below, neatly print your first and last name as it appears in school official records (no nicknames or abbreviations):

I, \_\_\_\_\_ will return my library materials on time. Should I be responsible for overdue materials, fine and/or lost or damaged materials, I will compensate the library within one month.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/GUARDIAN

If you agree with this contract, neatly print your first and last name:

I, \_\_\_\_\_ have read and understand the procedures for having my child use library materials. I will make certain my child returns materials on time and pays for lost/damaged materials and/or overdue fines within one month.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# ALABAMA STATE DEPARTMENT OF EDUCATION



## HEALTH ASSESSMENT RECORD

School Year: 2019 - 2020

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

*This information will be kept confidential.*

**PLEASE complete both sides of this form (Return to the School Nurse)**

Name of Student (Last, First, Middle)	Birth Date	Sex	School
---------------------------------------	------------	-----	--------

Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
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Name of Parent/Guardian (Last, First Middle)	Work Phone Number:
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Transportation

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ After School

### Part I – Health Information

Place your child receives health care:

Physician's Name: \_\_\_\_\_

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

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

- ☐ Community Health Center  
☐ Health Department  
☐ Hospital Clinic  
☐ No Regular Place  
☐ Private Doctor /HMO

Your child's Insurance Information:

- ☐ ALL KIDS  
☐ Medicaid  
☐ No Insurance  
☐ Other \_\_\_\_\_  
☐ Private Insurance

Place your child receives dental care:

Dentist's Name: \_\_\_\_\_

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

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

- ☐ Community Health Center  
☐ Health Department  
☐ Hospital Clinic  
☐ No Regular Place  
☐ Private Dentist /HMO

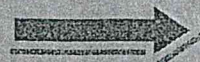
Preferred Hospital: \_\_\_\_\_

### Part II – Medical History Medical Equipment /Procedures Required at School

- ☐ Catheter ☐ Gastric Tube ☐ Nebulizer Treatments ☐ Oxygen Supplement ☐ Tracheostomy  
☐ Vagal Nerve Stimulator (VNS) ☐ Ventilator ☐ Wheelchair ☐ Walker  
☐ Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

**Please Complete Back of Form (Signature Required)**







# ALABAMA STATE DEPARTMENT OF EDUCATION



## HEALTH ASSESSMENT RECORD

School Year: 2019 - 2020

### Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>KNOWN HEALTH PROBLEMS</b> If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Attention Deficit Disorder (ADD)</b> <b>Attention Deficit Hyperactivity Disorder (ADHD)</b> Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies:</b> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma</b> <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blood/Bleeding Problems:</b> <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Frequent Nose Bleeds:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cancer/Leukemia:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cerebral Palsy:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cystic Fibrosis:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dental Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b> <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Emotional/Behavioral/Psychological:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrointestinal/Stomach Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Genetic / Rare Disorders:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Headaches:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hearing Problems:</b> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Heart Condition:</b> <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hypertension (High Blood Pressure):</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Juvenile Arthritis/Bone-Joint Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Kidney/ Bladder/ Urinary Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Scoliosis:</b> <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Seizures/Convulsions:</b> Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sickle Cell:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Shunt:</b> <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spina Bifida:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Special Diet:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Vision Problems:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other Medical Conditions:</b> <i>Please include any medications taken at home only.</i>

### Required Signatures

Signature of parent(s) or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school nurse: \_\_\_\_\_ Date: \_\_\_\_\_