WASHINGTON ELEMENTARY SCHOOL DISTRICT

S.E.A.R.Ch. to Serve
1502 West Mountain View Road
Phoenix, Arizona 85021

Phone (602) 347-4850 | Fax (602) 347-4870

Child Information Sheet

Child's name: _____ Birthdate:_____ Sex: M | F

Parent(s)/Guardian(s) Name: _____

Please check appropriately:

Parent ____ Legal Guardian ____ Foster Parent ____ Grandparent ____ Other ____

Home Address: _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

Primary Home Language: _____ Ethnicity: _____

Birth State: _____ Country: _____

Name of your neighborhood school: _____

*Who has custody of the child? _____

S.E.A.R.Ch. To Serve honors all current court orders or decrees pertaining to custody situations. It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.

1. Has your child been evaluated anywhere before? If so, where and by whom? If you have a written report of the evaluation results, please attach the report to this referral.

2. Is your child currently attending a daycare or preschool? If so, where and describe the experience:

3. Please list any special services that your child has received, i.e. speech therapy, occupational therapy, physical therapy, etc.

Signature:_____ Today's Date:_____

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1. Do you notice any problems with your child's vocabulary?
   Yes ____ No ____ If yes, describe

2. Do you notice problems forming phrases?
   Yes ____ No ____ If yes, describe:

3. Does your child have problems producing specific consonants?
   No____ Yes____ If yes, describe:

4. Does your child answer yes/no questions appropriately?
   Yes ____ No ____

5. Can your child follow simple instructions such as "get your shoes" or "open the door"?
   Yes ____ No ____

6. Is your child able to give instructions such as "open the door" and "give me the pencil"?
   Yes ____ No ____

7. Does your child initiate conversations with other children?
   Yes ____ No ____

8. Can your child express his/her basic needs?
   Yes ____ No ____

9. Does your child ask for help when needed?
   Yes ____ No ____

10. Does your child use gestures more frequently than words?
    Yes ____ No ____

Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. **What language do people speak in the home *most* of the time?**

   _____

2. **What language does the student speak *most* of the time?**

   _____

3. **What language did the student first speak or understand?**

   _____

Student Name_____ District Student ID_____

Date of Birth_____ SSID_____

Parent/Guardian Signature_____ Date_____

District or Charter_____

School_____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

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Language

What is the home language? (Parents, child, family members) _____

What language was learned **first** by the child? _____

Was a **second** language learned by the child? _____

What language does the child speak **best**? _____

What language(s) does/do the parent(s) speak best? _____

At what age did your child first begin to learn English actively (from parents, preschool, school, etc.)? _____

If your child was born outside of the Unites States, at what age did they enter the country? _____

The following questions concern your child's development and functioning within your family. The information will be useful in understanding factors, which have influence on your child's growth and achievement in school, and may be part of comprehensive evaluation. The information provided will be confidential and only used for educational purposes according to FERPA, IDEA, and District guidelines.

Current Parents/Guardian

Mother name: _____ (Birth) (Step) (Adoptive) (Foster) (Guardian)

Home Address (if different from above): _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

Father name: _____ (Birth) (Step) (Adoptive) (Foster) (Guardian)

Home Address (if different from above): _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

Mother: Raised in what city and state or country? _____

Mother's level of education (highest grade, years of college or degree completed)?_____

Mother's occupation? _____ Mother's health problems? _____

Father: Raised in what city and state or country? _____

Father's level of education (highest grade, years of college or degree completed)? _____

Father's occupation? _____ Father's health problems? _____

(B)(S)(A)(F)(G) Parent: Raised in what city and state or country? _____

Parent's level of education (highest grade, years of college or degree completed)? _____

Parent's occupation? _____ Parent's health problems? _____

Please list the names and ages of **ALL** people living in the home and their relationship with the child.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

If the family is either a single parent or a step configuration, how many years of the child's life have been with two parental figures in the home? _____

If the family is either a single parent or step configuration, how many years of the child's life was there a single parent in the home? _____

If the child comes from a home other than from both natural parents, what type of relationship do they have with the parent no longer in the home? _____

If a birth parent is no longer in the home, how often do they have contact? _____

Please check if either of the child's natural parents, or immediate family members experienced any of the following, which could have contributed to your child's school difficulties:

☐ Alcohol addiction ☐ Drug addiction ☐ Learning disabilities/problems

☐ Seizures ☐ Mental Illness ☐ Intellectual disability

☐ Violence/abuse ☐ Physical disability ☐ Speech or language disorder

☐ Psychological/psychiatric evaluation ☐ Other Special Education disabilities ☐ Other

Please explain: _____

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Medical / Development / Health Information

Prenatal / Delivery History

Mother's age at child's birth: _____

Length of pregnancy:____ weeks Length of labor: ____ hours Birth weight: _____lbs. _____oz.

Did the mother visit the doctor regularly during the pregnancy? ☐ Yes ☐ No

Pregnancy (Please clarify any "yes" response on the lines below)

☐ Yes ☐ No Was there any difficulty during the pregnancy?
☐ Yes ☐ No Did the mother take medication during pregnancy?
☐ Yes ☐ No Did the mother receive anesthesia during delivery?
☐ Yes ☐ No Did the mother smoke during pregnancy?
☐ Yes ☐ No Did the mother use alcohol during pregnancy?
☐ Yes ☐ No Did the mother use drugs during pregnancy?

_____
_____

Birth (Please clarify any "yes" response on the lines below)

☐ Yes ☐ No Was your child born by C-section?
☐ Yes ☐ No Was there any difficulty during delivery?
☐ Yes ☐ No Were there any complications during delivery? (Cyanosis, meconium, cord compression, etc.)
☐ Yes ☐ No Was there any trauma to infant? (Lack of oxygen, life support, heart problems, etc.)
☐ Yes ☐ No Were there any noted birth defects?
☐ Yes ☐ No Was your child jaundiced?
☐ Yes ☐ No Did your child stay in the hospital longer than the mother?
☐ Yes ☐ No Was there any use of a life support system?

_____
_____

Infancy (Please clarify any "yes" response on the lines below)

☐ Yes ☐ No Any difficulties during infancy?
☐ Yes ☐ No Were there any episodes of seizures?
☐ Yes ☐ No Was there any Anoxia (lack of oxygen)?
☐ Yes ☐ No Did your child have difficulty gaining weight during the first year of life?

_____
_____

Developmental Milestones (check the approximate age when your child did each task)

- Rolling over by self ☐ before 2 months ☐ 3-6 months ☐ after 6 months
- Sitting without support ☐ before 5 months ☐ 5-8 months ☐ after 8 months
- Crawling on hands/knees ☐ before 6 months ☐ 6-9 months ☐ after 9 months
- Walking independently ☐ before 10 months ☐ 10-18 months ☐ after 18 months
- Saying first words ☐ before 12 months ☐ 12-18 months ☐ after 18 months
- Talking in simple 2-3 word sentences ☐ before 24 months ☐ 24-36 months ☐ after 36 months
- Toilet training began ☐ before 24 months ☐ 24-40 months ☐ after 40 months
- Toilet training complete ☐ before 30 months ☐ 30-42 months ☐ after 42 months
- Did your child begin talking normally and then stop at a later date? ☐ Yes ☐ No
  If yes, explain: _____

Health & Medical Issues about Your Child

☐ Yes ☐ No Significant illness? If yes, explain: _____

☐ Yes ☐ No Significant accident? If yes, explain: _____

☐ Yes ☐ No Surgery/Hospitalization? If yes, explain: _____

☐ Yes ☐ No Seizure? If yes, explain: _____

☐ Yes ☐ No Fevers about 103 degrees. If yes, explain: _____

☐ Yes ☐ No Vision problems? If yes, explain: _____

☐ Yes ☐ No Wears glasses? If yes, explain: _____

☐ Yes ☐ No Hearing problems? If yes, explain: _____

☐ Yes ☐ No Wears hearing aids? If yes, explain: _____

☐ Yes ☐ No Repeated ear infections? If yes, explain: _____

☐ Yes ☐ No Ever had tubes in ears? If yes, explain: _____

☐ Yes ☐ No Significant head injury, concussion, or loss of consciousness? If yes, explain: _____

☐ Yes ☐ No Difficulty eating or drinking? If yes, explain: _____

☐ Yes ☐ No Allergies? If yes, explain: _____

☐ Yes ☐ No Has your child ever been diagnosed with ADD/Attention Deficit/Hyperactive Disorder?

☐ Yes ☐ No Does your child take medication? If yes, explain: _____

☐ Yes ☐ No Has your child ever been treated for other medical/psychiatric disorders? If yes, explain:

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Education Information

What is your understanding as to why your child is being referred for a possible evaluation? _____

_____

_____

_____

What concerns do you have for your child's education? _____

_____

_____

Has your child ever received Special Education services or Early Childhood Intervention Programming such as Head Start? If so, where and when? _____

_____

_____

Has your child ever been suspended from a daycare or Preschool? If so, when? Why? _____

_____

_____

Does your child frequently spend time in another city or country? If so, where do they go and for how long?

_____

_____

Early Childhood Specific Information

Does your child have problems with any of the following? (Check all that apply)

☐ Chewing ☐ Swallowing ☐ Drooling

Does your child respond to? (Check all that apply)

☐ Touch ☐ Noise ☐ Voices ☐ Speech

Does your child respond to? (Check all that apply)

☐ Moves body ☐ Moves head ☐ Gestures ☐ Signs ☐ Makes sounds ☐ Uses Speech

Your child's speech is best described as follows:

☐ Has no speech
☐ Speech is not understandable at all
☐ Speech is usually understood by family members, but rarely by strangers
☐ Speech is normal for child his/her age

The number of words your child uses is: ☐ Less than 10 ☐ 10-50 ☐ 50-100 ☐ More than 100

Your child says: ☐ Single words ☐ 2-3 words together ☐ 3-4 words together ☐ Speaks in sentences

What is the most independent thing your child can do?_____

_____

Does your child need any special equipment to be as independent as possible?_____

_____

_____

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Social Information

Please check the items that describe your child:

- ☐ Participates in family activities
- ☐ Is affectionate
- ☐ Has a good self-image
- ☐ Has a close relationship with the mother
- ☐ Plays a musical instrument
- ☐ Has a positive attitude
- ☐ Gets along well with others
- ☐ Participates in outside activities (clubs, sports, etc.)
- ☐ Gets along with brothers and sisters
- ☐ Has a close relationship with the father
- ☐ Has hobbies
- ☐ Participates in social activities (scouts, church, etc.)

Please check the items which describe your child that occur **signifigantly more often** than would be expected for other children their age:

- ☐ Has difficulties sleeping
- ☐ Has a short attention span
- ☐ Lies
- ☐ Has temper tantrums
- ☐ Is aggressive
- ☐ Is withdrawn
- ☐ Has mood swings
- ☐ Has a poor memory
- ☐ Acts without thinking
- ☐ Becomes angry often
- ☐ Experiences excessive sadness
- ☐ Has made suicide threats

Please indicate the following about your child:

General disposition/temperment:	☐ Easy-going	☐ Slow to warm up	☐ Difficult	
General activity level:	☐ Low	☐ Average	☐ High	
Response when angry:	☐ Withdraws	☐ Cries	☐ Screams	☐ Hits

Please indicate how well your child gets along with:

Peers	☐ Well	☐ Okay	☐ Poor
Mother	☐ Well	☐ Okay	☐ Poor
Father	☐ Well	☐ Okay	☐ Poor
Step-Mother	☐ Well	☐ Okay	☐ Poor
Step-Father	☐ Well	☐ Okay	☐ Poor
Brother(s)	☐ Well	☐ Okay	☐ Poor
Sister(s)	☐ Well	☐ Okay	☐ Poor

What are your child's **strengths**? _____
_____
_____

What things are **difficult** for your child?_____
_____
_____

What are your child's interests? What does your child like to do? _____
_____
_____

Have there been any major life events that may have impacted your child recently (e.g., moved, divorce of parents, loss of a family member, etc.)?_____
_____
_____

Agency Information

☐ Yes ☐ No Does your child receive Department of Developmental Disability (DDD) services? If yes, what services: _____
_____

Name/Telephone number of DDD Case Manager: _____

☐ Yes ☐ No Does your child receive any other outside services (e.g., counselor, psychiatrist, neurologist)? If yes, please provide the name of agency/doctor/type of services: _____
_____
_____

Is there any other information or concerns about your child that you would like to share?

_____
_____
_____
_____
_____

Form completed by: _____ Date: _____

Signature: _____

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Thank you for your interest in having your child screened/evaluated for a special needs preschool program. Our office is open Monday – Friday 8:00am – 3:30pm. Please list times days/times you are available for appointments:

Monday	Tuesday	Wednesday	Thursday	Friday

Please contact the S.E.A.R.Ch. To Serve Office, Washington Elementary School District at 602-347-4850 with any questions.

Thank you,

Search to Serve Staff

WASHINGTON ELEMENTARY SCHOOL DISTRICT

_____
(SCHOOL)

Student Information

FOR OFFICE USE ONLY	Date entered into Synergy:
Synergy Student ID#	
Projected Entry Date/Code /	
Actual Entry Date	

LEGAL NAME: _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

GENDER: ☐ F ☐ M **DATE OF BIRTH:** ____ / ____ / ____ (MONTH) (DAY) (YEAR) **STATE OF BIRTH:** _____

GRADE ☐ PS ☐ KG ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08

COUNTRY OF BIRTH: ☐ USA ☐ Other _____

ENTRY DATE TO USA: _____
(IF COUNTRY OF BIRTH IS OTHER THAN USA)

(IF DIFFERENT THAN LEGAL NAME)
NAME STUDENT GOES BY: _____ / _____
(LAST) (FIRST)

RACE – CHOOSE AT LEAST ONE
- ☐ Black
- ☐ White
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander

ETHNICITY – SELECT A RESPONSE
Hispanic/Latino? ☐ NO ☐ YES

Does your family claim any American Indian tribal affiliation? ☐ NO ☐ YES
(IF YES, PLEASE COMPLETE A 506 FORM)

FOR OFFICE USE ONLY – 506
☐ Sent Home ☐ In Synergy
☐ No Number

Last School Attended: _____ **State:** _____ **Grade Level Attended:** _____

The last school attended was: ☐ Public ☐ Charter ☐ Indian Reservation School ☐ Private ☐ Parochial ☐ Home Schooled

Has the student ever attended any school in Arizona? ☐ NO ☐ YES

Has the student ever attended a Washington School District school? ☐ NO ☐ YES **School** _____ **Grade(s)** _____

HAS THE STUDENT EVER:

Received Special Education services?	☐ NO	☐ YES	explain:
Received Gifted services?	☐ NO	☐ YES	explain:
Received ELL or Bilingual services?	☐ NO	☐ YES	explain:
Been or in the process of being expelled or long-term suspended?	☐ NO	☐ YES	explain:

FOR OFFICE USE ONLY - SPED
- ☐ No Docs ☐ Docs
- ☐ Saved
- ☐ WESD SpEd Docs in Synergy
- ☐ Resource ☐ Self-Contained

LIST THE NAMES OF ALL BROTHERS AND SISTERS OF THIS STUDENT FROM PRESCHOOL THROUGH GRADE 8:

	Name	Grade	School	Lives with enrolling child
1.				☐ NO ☐ YES
2.				☐ NO ☐ YES
3.				☐ NO ☐ YES

Court Ordered Custody Information (Documentation Required)

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ DCS ☐ Other _____

FOR OFFICE USE ONLY
- ☐ No Docs ☐ CSU Trifold Given
- ☐ Legal Docs (Court, Notice to Provider)
- ☐ Unofficial Docs ☐ CSU Trifold Given
- ☐ N/A

The District honors all current court orders or decrees pertaining to custody situations. **It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.**

PARENT/GUARDIAN SIGNATURE: X _____ **DATE:** _____

PARENT INFORMATION & ADDITIONAL EMERGENCY CONTACTS

WASHINGTON ELEMENTARY SCHOOL DISTRICT

STUDENT(S) PRIMARY ADDRESS - Address where the student(s) live(s) on most school days:

Home Address: _____ Apt. _____ City: _____ Zip Code: _____

Mailing Address: _____ / _____ / _____
(IF DIFFERENT THAN HOME ADDRESS) CITY / STATE ZIP CODE

PARENT/GUARDIAN ONLY – Landline, cell phone numbers and email addresses will be used for automated messages regarding attendance and notifications from the school or district.

☐ABC ☐BIO

1) Relationship to student ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Guardian ☐ Other:
Gender: ☐ Male ☐ Female Lives with enrolling child: ☐ NO ☐ YES

Last Name: _____ First Name: _____

_____ / _____ / _____
ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE

Cell Phone: _____ Landline: _____ Email: _____

Military Service (Optional): CIRCLE ONE _____ Service Start Date: _____

☐ABC ☐BIO

2) Relationship to student ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Guardian ☐ Other:
Gender: ☐ Male ☐ Female Lives with enrolling child: ☐ NO ☐ YES

Last Name: _____ First Name: _____

_____ / _____ / _____
ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE

Cell Phone: _____ Landline: _____ Email: _____

Military Service (Optional): CIRCLE ONE _____ Service Start Date: _____

☐ABC ☐BIO

3) Relationship to student ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Guardian ☐ Other:
Gender: ☐ Male ☐ Female Lives with enrolling child: ☐ NO ☐ YES

Last Name: _____ First Name: _____

_____ / _____ / _____
ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE

Cell Phone: _____ Landline: _____ Email: _____

Military Service (Optional): CIRCLE ONE _____ Service Start Date: _____

☐ABC ☐BIO

4) Relationship to student) ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Guardian ☐ Other:
Gender: ☐ Male ☐ Female Lives with enrolling child: ☐ NO ☐ YES

Last Name: _____ First Name: _____

_____ / _____ / _____
ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE

Cell Phone: _____ Landline: _____ Email: _____

Military Service (Optional): CIRCLE ONE _____ Service Start Date: _____

DAY CARE PROVIDER - List the provider who can pick up your child after school:

Day Care Provider Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

ADDITIONAL EMERGENCY CONTACTS – List individuals other than Parent(s)/Guardian(s) who can pick up and temporarily provide care for your children in case of emergency:

1 Name: _____ Relationship to student: _____

Cell Phone: _____ Work Phone: _____ Landline: _____

2 Name: _____ Relationship to student: _____

Cell Phone: _____ Work Phone: _____ Landline: _____

3 Name: _____ Relationship to student: _____

Cell Phone: _____ Work Phone: _____ Landline: _____

IF NEEDED, PROVIDE ADDITIONAL CONTACTS TO THE SCHOOL OFFICE.

PARENT/GUARDIAN SIGNATURE: X _____ **Date:** _____

ARIZONA RESIDENCY DOCUMENTATION FORM

***Including enrolling student(s),** list all school age siblings living at the address on the proof of residency document:*

Enrolling student: _____ District: **W.E.S.D. #6**

Student: _____ District: **W.E.S.D. #6**

Student: _____ District: **W.E.S.D. #6**

Student: _____ District: **W.E.S.D. #6**

Parent/Legal Guardian _____
PRINT NAME

As the Parent/Legal Guardian of the Student(s), I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following **document** that **displays my name and residential address** or physical description of the property **where the student(s) reside(s)**:

___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
___ Valid Arizona Address Confidentiality Program authorization card
___ Real estate deed or mortgage documents
___ Property tax bill *(most recent)*
___ Valid Residential lease or rental agreement *(signed by both landlord & tenant)*
___ Water, electric, gas, cable, or phone bill *(most recent and using the service address)*
___ Bank or credit card statement *(most recent)*
___ W-2 wage statement *(most recent)*
___ Payroll stub *(most recent)*
___ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
___ Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – *(most recent)*
___ Temporary on-base billeting facility (for military families)
___ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

X _____ _____
SIGNATURE OF PARENT/LEGAL GUARDIAN **DATE**

* For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

FOR OFFICE USE ONLY

Awaiting McKinney-Vento eligibility ☐

McKinney-Vento Residency Survey

FOR OFFICE USE ONLY	
School:	
Perm ID#:	
State ID#:	
Grade:	
Start Date:	

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 etseq. The McKinney-Vento Act protects students who are **lacking a fixed, regular or adequate nighttime residence** to have access to education and other services for which they are eligible. Eligibility must be reviewed and reevaluated every school year.

Today's Date: _____

Student Name: _____ **Gender:** _____ **DOB:** _____

☐ Rent or own your own home

☐ Student lives in foster care or group home placement

*** Please do not continue completing this form if you checked one of the boxes above. If none of the boxes above are checked, please proceed to the next section.

1. Is the student and/or family housing situation a temporary living arrangement?
   ☐ Yes ☐ No
2. Is this housing situation due to loss of housing, economic hardship, or traumatic event?
   ☐ Yes ☐ No

CONTINUE *ONLY* IF YOU ANSWERED "YES" TO BOTH QUESTIONS.

Parent/Guardian

Name: _____ Phone Number(s): _____

Address/City & Zip: _____

Email: _____

Emergency Contact

Name: _____ Phone Number(s): _____

Where is the student or family currently living?

☐ **Temporarily with another family because we cannot afford or find affordable housing**
Name and phone # of person you are living with: _____

☐ **Homeless / Domestic Violence / Emergency or Transitional shelter**
Program name and phone #: _____

☐ **Hotel or motel**
Hotel/Motel name and phone #: _____

☐ **In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)**

☐ **Student is living with someone other than the legal parent/guardian.**
Name and phone # of person student is living with: _____

What is the expected length of stay at this address? _____

Do you have other children in Washington Elementary School District? ☐ Yes ☐ No

Please list name(s) and school(s): _____

_____

What school did your child last attend? _____ In what district? _____

I declare that the information I have provided is true and correct and of my own knowledge.

_____ _____

SIGNATURE OF PARENT/GUARDIAN **DATE**

WASHINGTON ELEMENTARY SCHOOL DISTRICT

New Student Health Information

FOR OFFICE USE ONLY	
Student ID# _____	
School: _____	
☐ **Compliant immunization record in Synergy**	
☐ Awaiting **McKinney Vento** eligibility	☐ **Non-compliant immunization(s)** CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____

First Name: _____ **Middle Name:** _____ **Grade:** _____

Does the student have medical insurance? ☐ NO ☐ YES **Name of Insurance Company:** _____

Is the student presently taking medication? ☐ NO ☐ YES (Specify) _____

_____

If yes, will medication need to be administered at school? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? ☐ NO ☐ YES Does the student wear contact lenses? ☐ NO ☐ YES

Does the student require a special diet due to a life-threatening food allergy? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? ☐ NO ☐ YES If yes, does student use hearing aids? ☐ NO ☐ YES

Check conditions that apply to your child and explain below:

- ☐ ADD/ADHD
- ☐ Allergies
- ☐ Asthma
- ☐ Chronic headaches
- ☐ Seizure/Convulsive disorders
- ☐ Stomach/Digestive condition
- ☐ Diabetes (Contact health office prior to the student starting)
- ☐ Food Allergy
- ☐ Nose or Throat conditions
- ☐ Vision/Eye condition
- ☐ Heart condition
- ☐ Kidney/Urinary tract condition
- ☐ Hearing/Ear condition
- ☐ Other, (specify) _____

Please explain conditions marked above: _____

Please list other medical/health conditions that might limit the student's activities at school.

_____

_____

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.
Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE X _____ **DATE** _____