



Northwestern Lehigh School District

STUDENT ENROLLMENT			
Weisenberg Elementary 2665 Golden Key Road Kutztown, PA 19530 (610) 298-8661 Fax: (610) 285-2677	Northwestern Elementary 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8573	Northwestern Lehigh Middle School 6636 Northwest Road New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8178	Northwestern Lehigh High School 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: 610-298-2063

Who may enroll?

Parents or court-appointed guardians may enroll a student new to the Northwestern Lehigh School District

When may registration take place?

Monday to Friday, 9:00 a.m. - 2:00 p.m. **Appointments are necessary.** Please contact the appropriate school, at the phone number listed above, to make an appointment.

What is included in the registration packet?

- Student Registration
- Residency Verification
- Release of Information Form
- Home Language Survey
- Discipline Verification Parent Form
- Emergency Contact Information
- New Student Health History Form
- Child Custody Information

In addition to the completed registration materials, you will need to bring the following to your appointment:

- Verification of date of birth by any of the following:
 - Original Birth Certificate
 - Passport
 - Hospital Birth Record
 - Adoption Papers
 - Residency Verification—Must provide TWO forms of current documentation:
 - Department of Transportation identification or driver's license, or
 - Department of Transportation vehicle registration, or
 - A utility bill, or
 - Medical Insurance Information with address, or
 - Federal, State, and Local Income Tax Forms, or
 - Moving Permit, or
 - Bank statement with address, or
 - Paycheck stub with name and address of employee and employer, or
 - A signed, current property lease agreement or sales contract, or
 - Voter's registration card, or
 - Residency affidavit

Residency is subject to investigation and verification by the school district



Northwestern Lehigh School District

- Physical examination within the past year or consent for a physical examination to be conducted by the school physician
- Immunizations with dates (a list of required vaccines and number of doses are provided in the registration packet)
- Legal documents designating parent or legal guardian with educational rights if other than biological parents (court order or notarized District Guardianship Form)
- School Records
 - Transfer card from last school attended
 - Proof of withdraw from previous school, including grades at time of withdrawal
 - Academic transcript or report card from the former school
- Other information:
 - For Special Education Students, most recent ER and IEP
 - For Gifted Students, most recent GWR and GIEP

STUDENT ENROLLMENT CHECKLIST	
<input type="checkbox"/>	Date of Birth Verification (i.e. Birth Certificate)
<input type="checkbox"/>	Residency Verification – 2 forms for proof of residency
<input type="checkbox"/>	Physical Examination Records
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Transfer card from previous school
<input type="checkbox"/>	Proof of withdraw from previous school, including grades at time of withdrawal
<input type="checkbox"/>	Transcripts or Report Card from previous school
<input type="checkbox"/>	Most recent ER/RR/IEP (if applicable)
<input type="checkbox"/>	Most recent GWR/GIEP (if applicable)
<input type="checkbox"/>	Court Order, Custody, or District Guardianship Form (if applicable)



Northwestern Lehigh School District
Student Registration

Student ID #

Grade:

Additional Information

Northwestern District Entry Date:

Pennsylvania School Entry Date:

US Entry Date:

Date First Entered US School:

Document for Birthdate Identification:

Birth City/State:

Student Information (Please Print)

Last Name:

First name:

Middle Name:

Suffix:

Gender:

☐ Female

☐ Male

Birth date:

Phone #:

Unlisted: ☐

Student Physical Address

Address 1:

Address 2:

City:

State:

Zip + 4

Township

County:

Ethnicity

☐ 1. American Indian/Alaskan Native

☐ 3. Black

☐ 4. Hispanic

☐ 5. White

☐ 6. Multiracial

☐ 9. Asian

☐ 10. Native Hawaiian/Other Pacific Islander

Parent/Guardian Contact information

Relation to Child:

Lives With:

☐ Yes

☐ No

Same Address

☐ Yes

Release to:

☐ Yes

☐ No

Title:

Last Name:

First Name:

Address 1:

Address 2:

City:

State:

Zip + 4:

Home Phone # :

Cell Phone # :

Work Phone :

Email:

Occupation:

Employer:

Active Duty in Military:

☐ Yes

☐ No

If yes, what branch of military:

Receive Mailers:

☐ Yes

☐ No

Custody Papers:

☐ Yes

☐ No

Parent/Guardian Contact information

Relation to Child:

Lives With:

☐ Yes

☐ No

Same Address

☐ Yes

Release to:

☐ Yes

☐ No

Title:

Last Name:

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Address 1:

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Occupation:

Employer:

Active Duty in Military:

☐ Yes

☐ No

If yes, what branch of military:

Receive Mailers:

☐ Yes

☐ No

Custody Papers:

☐ Yes

☐ No

Other Than Parent/Guardian Emergency Contact #1 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Relation to Child:</td><td></td></tr> <tr><td>Release to:</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>Last Name:</td><td></td></tr> <tr><td>First Name:</td><td></td></tr> <tr><td>Address 1:</td><td></td></tr> <tr><td>Address 2:</td><td></td></tr> <tr><td>City:</td><td></td></tr> <tr><td>State:</td><td></td></tr> <tr><td>Zip + 4:</td><td></td></tr> <tr><td>Home Phone # :</td><td></td></tr> <tr><td>Cell Phone # :</td><td></td></tr> <tr><td>Work Phone :</td><td></td></tr> </table>	Relation to Child:		Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Title:		Last Name:		First Name:		Address 1:		Address 2:		City:		State:		Zip + 4:		Home Phone # :		Cell Phone # :		Work Phone :		Other Than Parent/Guardian Emergency Contact #2 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Relation to Child:</td><td></td></tr> <tr><td>Release to:</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Title:</td><td></td></tr> <tr><td>Last Name:</td><td></td></tr> <tr><td>First Name:</td><td></td></tr> <tr><td>Address 1:</td><td></td></tr> <tr><td>Address 2:</td><td></td></tr> <tr><td>City:</td><td></td></tr> <tr><td>State:</td><td></td></tr> <tr><td>Zip + 4:</td><td></td></tr> <tr><td>Home Phone # :</td><td></td></tr> <tr><td>Cell Phone # :</td><td></td></tr> <tr><td>Work Phone :</td><td></td></tr> </table>	Relation to Child:		Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Title:		Last Name:		First Name:		Address 1:		Address 2:		City:		State:		Zip + 4:		Home Phone # :		Cell Phone # :		Work Phone :	
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<p>I give consent for the Northwestern Lehigh School District to add the Parent/Guardian email addresses and/or phone numbers listed above to the Blackboard Connect system to receive messages from the Northwestern Lehigh School District.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> _____ Parent/Guardian Signature </div> <div style="width: 35%; text-align: center;"> _____ Date </div> </div>																																																					



Northwestern Lehigh School District

Residency Verification			
Weisenberg Elementary 2665 Golden Key Road Kutztown, PA 19530 (610) 298-8661 Fax: (610) 285-2677	Northwestern Elementary 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8573	Northwestern Lehigh Middle School 6636 Northwest Road New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8178	Northwestern Lehigh High School 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: 610-298-2063

Name of Parent(s) _____

Current Address _____

Phone number _____

I am requesting enrollment of my child(ren), _____, at Northwestern Lehigh School District. The Northwestern Lehigh School District requires TWO forms of proof for residency within the District. I am providing the following document(s) to establish that I reside at the above listed address.

The following documents will be provided to the Northwestern Lehigh School District for verification of your address:

___ PA Driver's License

___ Moving Permit

___ PA vehicle registration

___ Current Lease or Sales Contract

___ Utility Bills

___ Current Bank Statement

___ Medical Insurance Information

___ Federal, State and Local, Income Tax Forms

___ Pay stub

___ Voter's Registration Card

I/We have read this form and understand that I/we will be required to provide the above documents to Northwestern Lehigh School District. The Northwestern Lehigh School District's administration routinely investigates the accuracy of residencies within Northwestern Lehigh School District.

Signature of Parent or Guardian
Date:

Witness
Date:

-Copies of TWO FORMS of residency on file with the Northwestern Lehigh School District.



Northwestern Lehigh School District

STUDENT RESIDENCY QUESTIONNAIRE

Name of School _____

Name of Student _____
Last First Middle

Sex: ☐ Male D.O.B. ____/____/____ Grade: ____
☐ Female Month Day Year

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

1. Is your current address a temporary living arrangement? ____Yes ____No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____Yes ____No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

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

- ☐ In a hotel/motel
- ☐ In a transitional shelter
- ☐ With another family or person because of loss of housing or as a result of economic hardship (living "doubled-up")
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
- ☐ Other temporary living situation (Please describe): _____

Are there any preschool children living in the household with the student being enrolled? _____

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

Address _____ Zip _____ Phone _____

Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

_____/_____/_____
Date

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act/ESSA.

_____/_____/_____
Date

McKinney-Vento Liaison and/or Foster Care POC Signature



Northwestern Lehigh School District

Authorization for Release of Records

Weisenberg Elementary 2665 Golden Key Road Kutztown, PA 19530 (610) 298-8661 Fax: (610) 285-2677	Northwestern Elementary 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8573	Northwestern Lehigh Middle School 6636 Northwest Road New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8178	Northwestern Lehigh High School 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: 610-298-2063
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Name of Student _____ Date of Birth _____ Grade _____

TO: (School/Physician, or Entity from whom records are being requested)

Name _____

Address _____

Phone Number _____ Fax Number _____

I hereby authorize the above-listed person/entity to release educational, medical, and health information/records regarding my son/daughter to the Northwestern Lehigh School District.

The specific educational, medical, health information/records to be released include the following (as circled):

☐ Health Records / Immunizations
☐ Transcripts / Report cards
☐ Academic records
☐ Attendance Records
☐ Discipline Records
☐ Team Action Plan (IST, SAP, etc.

☐ Standardized Test Scores
☐ Psychological / Psychiatric records
☐ ER / IEP / NOREP
☐ GWR / GIEP / NORA
☐ Other pertinent educational records

OTHER RECORDS (Specify): _____

I also authorize the employees of the Northwestern Lehigh School District to verbally discuss and exchange educational or /health record information, about my child, with the above named person/entity. I formally request written confirmation of any physician's instructions regarding the school setting.

I understand and acknowledge the following:

- all records and information exchanged shall be considered confidential;
- (if applicable) the use of these medical/health records and information is limited to the reasonable and necessary use in the school setting;
- any records and information received may be placed in the child's education record if used as a source of information to provide the child with appropriate educational programming, and/or be of clear importance to protect the child or others;
- if the above information does become part of the child's educational record, the Family Rights and Educational

Privacy Act and the Confidentiality Sections of the Education of the Handicapped Acts grant the parent, guardian or surrogate the right to review and/or receive a copy of said report(s);

- the duration and effectiveness of this release shall continue for 365 days from the date written below unless it is revoked in writing before that time. I understand that I may revoke this release at any time by providing written notice to the Northwestern Lehigh School District.

Signature of Parent or Guardian

Witness



Northwestern Lehigh School District

PARENTAL REGISTRATION STATEMENT

Weisenberg Elementary
2665 Golden Key Road
Kutztown, PA 19530
(610) 298-8661
Fax: (610) 285-2677

Northwestern Elementary
6493 Route 309
New Tripoli, PA 18066
(610) 298-8661
Fax: (610) 298-8573

Northwestern Lehigh Middle School
6636 Northwest Road
New Tripoli, PA 18066
(610) 298-8661
Fax: (610) 298-8178

Northwestern Lehigh High School
6493 Route 309
New Tripoli, PA 18066
(610) 298-8661
Fax: 610-298-2063

Student Name _____

Date of Birth _____ Grade _____ Phone No. _____

Parent or Guardian Name _____

Address _____ PA _____
(street/city/zip)

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.* I make this statement subject to the penalties of 24 P.S. Section 13-1304-410A(b) and 18 PA C.S.A. Section 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

Signature of Parent or Guardian

Date

*Name of the school from which student was suspended or expelled, reason for suspension/expulsion and dates of suspension or expulsion

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

(Ref. Policy # 608)

11/96



HOME LANGUAGE SURVEY

Northwestern Lehigh School District

ALL registering students, regardless of race, nationality, or language origin, MUST complete this form.

Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained in this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's full name: _____

Child's Date of Birth(Month/Day/Year): _____

School Building: _____

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (language) _____

2. Does your child communicate in a language other than English? ☐ No ☐ Yes (language) _____

3. What is the language that your child first learned to speak? _____

4. What is the preferred language for email/phone communication from the school? _____

5. Has the student attended any United States school in any 3 years during his/ her lifetime? YES NO

If yes, complete the following:

Name of School

State

Dates Attended

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided: ☐ No ☐ Yes



Northwestern Lehigh School District

RACE AND ETHNICITY IDENTIFICATION FORM

To Parents/Guardians:

Please complete Parts 1 AND 2 of this form for each of your children in our schools, and return this form to your student's school.
You must complete a separate form for each child.

Name of Student _____ Date of Birth ____/____/____

Part 1: Ethnicity Designation

Directions: Read the definition below and check the box that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic** or **Latino**.

☐ Yes

☐ No

Part 2: Race Designation

Directions: Read the descriptions below and check the box or boxes that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

Indicate this student's race (Select all that apply)

- ☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a 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 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.

I verify the information on this form is accurate.

I refuse to re-identify the race and ethnicity of this student.

_____/____/____
Signature, Parent/Guardian Date

_____/____/____
Signature, Parent/Guardian Date

FOR SCHOOL USE ONLY

Observations used to complete this form due to parent/guardian refusal to re-identify.

_____/____/____
Signature, Observer Date



Northwestern Lehigh School District

NORTHWESTERN LEHIGH SCHOOL DISTRICT CHILD CUSTODY INFORMATION

The following information is needed if your child does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent, however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

1. Child's Name: _____
2. Name of custodial parent with whom the child resides: _____
3. Name of non-custodial parent: _____
4. Do you as custodial parent have **legal** custody through a court order?
☐ **Yes** ☐ **No**

If **Yes**, a copy of the court order **MUST** be supplied to the school office to be kept on file.

If pending, the date to be finalized: _____

5. If there is a court order, does it limit the non-custodial parent access to school records?
☐ **Yes** ☐ **No**

If **Yes**, a copy of the court order **MUST** be supplied to the school office to be kept on file.

6. May the child be released from school to the non-custodial parent?
☐ **Yes** ☐ **No**

If **No**, a copy of the court order **MUST** be supplied to the school office to be kept on file.

7. Will you provide routine information such as report cards, parent bulletins, conference reports, etc. to the non-custodial parent?
☐ **Yes** ☐ **No**

If **No**, please inform him/her that information may be provided with a written request.

8. Please provide any additional information (on the back of this sheet) regarding custody of which the school should be aware.

Signature of Custodial Parent: _____

Date: _____



Northwestern Lehigh School District

**NORTHWESTERN LEHIGH SCHOOL DISTRICT
CHILD CUSTODY INFORMATION**

Child's Name: _____

Name of custodial parent with whom the child resides: _____

Name of non-custodial parent: _____

PLEASE BE AWARE OF THE FOLLOWING:

Signature of Custodial Parent: _____

Date: _____



Northwestern Lehigh School District

Northwestern Lehigh School District Health History

Student: _____ **Grade:** _____

Gender: _____ **Birthdate:** _____

Home Address: _____

CONTACT INFORMATION

Parent(s)/Guardian(s):

Primary contact name: _____ **Relationship:** _____

Address: _____ **Lives with student:** Yes _____ No _____

Primary Phone: _____ **Type:** _____

Alternate Phone: _____ **Type:** _____

Employer: _____ **Work Phone:** _____

Secondary contact name: _____ **Relationship:** _____

Address: _____ **Lives with student:** Yes _____ No _____

Primary Phone: _____ **Type:** _____

Alternate Phone: _____ **Type:** _____

Employer: _____ **Work Phone:** _____

Physician name/Location: _____ **Phone:** _____

Dentist name/Location: _____ **Phone:** _____

MEDICAL INFORMATION

Please circle YES or NO. Describe any YES answers and provide dates if applicable.

ALLERGIES:

Food: YES / NO _____

Medication: YES / NO _____

Other: YES / NO _____

ASTHMA: YES / NO _____

FOOD OR DIETARY RESTRICTIONS: YES / NO _____

SEIZURE DISORDER: YES / NO _____

HEART PROBLEMS: YES / NO _____

DIABETES: YES / NO _____



Northwestern Lehigh School District

EARS:

Frequent earaches or ear infections: YES / NO _____

Ear surgery: YES / NO _____

Hearing loss: YES / NO _____

SPEECH PROBLEMS: YES / NO _____

EYES:

Wears glasses or contact lenses: YES / NO _____

Eye surgery: YES / NO _____

URINARY/BLADDER PROBLEMS: YES / NO _____

INTESTINAL/BOWEL PROBLEMS: YES / NO _____

ECZEMA/SKIN PROBLEMS: YES / NO _____

ATTENTION DEFICIT/HYPERACTIVITY DISORDER: YES / NO _____

PSYCHOLOGICAL/EMOTIONAL PROBLEMS: YES / NO _____

HISTORY OF HOSPITALIZATION: YES / NO _____

EVER HAD SURGERY: YES / NO _____

FRACTURED BONES: YES / NO _____

CONCUSSION/SEVERE HEAD INJURY: YES / NO _____

CHICKEN POX DISEASE: YES / NO _____

CURRENT MEDICATIONS: YES / NO Please list all medication(s): _____

Any medications to be kept at school: YES / NO _____

ANY PHYSICAL RESTRICTIONS: YES / NO _____

ANY OTHER HEALTH CONDITIONS OR CONCERNS: YES / NO _____

Does/will your child attend daycare? YES / NO

Before School: YES / NO

After School: YES / NO

Where: _____ Phone: _____

Thank you for taking the time to fill out this Health History as accurately as possible. This will help us to care for your child during the school day.

Parent/Guardian Signature

Date



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:

Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD ☐ DO ☐ PAC ☐ CRNP ☐

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical ☐ Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

