

Packet D  
Returning  
Students

# School Registration Questionnaire (SY 2006/2007)

Edition: 1 Feb 06 (SY06-07)

NON-ACTIVE MILITARY SEE REVERSE SIDE

\*\*\* Sponsor U.S. Active Military (No Reservists) \*\*\*

Sponsor: Patrick Henry Elementary School

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DoB: P or BC? \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DoB: P or BC? \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DoB: P or BC? \_\_\_\_\_

###	Description	Documentation Required				
<b>CATEGORY 1 DoD Command Sponsored; Space Required; Tuition Free (Please highlight documents used in verification)</b>						
1A	Army	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	(Either)	DLM Orders or DSE Form 803, Section A
1B	Navy	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	(Either)	DLM Orders or DSE Form 803, Section A
1C	Marines	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	(Either)	DLM Orders or DSE Form 803, Section A
1D	Air Force	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	(Either)	DLM Orders or DSE Form 803, Section A
1E	U.S. Coast Guard	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	(Either)	DLM Orders or DSE Form 803, Section A
1G	MAP (Agency Pays)	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	(Either)	DLM Orders or DSE Form 803, Section A
1H	FMS (Agency Pays)	*** Orders w/Dep's	(Or)	Orders w/o Dep's +	(Either)	DLM Orders or DSE Form 803, Section A
<b>CATEGORY 3 DoD Non-Command Sponsored; Space Available; Tuition Free (Please highlight documents used in verification)</b>						
3A	Army	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	(Or)	ILP (With DoDDS-E Approval)
3B	Navy	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	(Or)	ILP (With DoDDS-E Approval)
3C	Marines	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	(Or)	ILP (With DoDDS-E Approval)
3D	Air Force	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	(Or)	ILP (With DoDDS-E Approval)
3E	U.S. Coast Guard	* Orders w/o Dep's +	Birth / Marriage Certificate	(Or)	(Or)	ILP (With DoDDS-E Approval)

This questionnaire is in conjunction with the DoDDS-E On-Line School Pre-Registration programs. It is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the School's SMS computer program. Review the "Student Registration", SD Form 600, after it is completed by the sponsor, with all documents provided; and check one of the codes above. Highlight the appropriate documentation provided on the above form, and attached all documents to this form.

\* Orders must be current for the time of enrollment, if not, current extension must be submitted, or DSE Form 803 (Section B) is required; completed by the appropriate personnel office.  
 \*\* Minimum age PK, CF: Usually 3 yrs old (by 31 Oct 03); SS: 4 yrs old (by 31 Oct 02); Kdgm: 5 yrs old (by 31 Oct 01); Grade 1: 6 yrs old (by 31 Oct 00). \* Transfers with approval (by 31 Dec).  
 \*\*\* Orders must be current and authorize an Accompanied Tour, and travel to and from CONUS, or an Overseas tour.

Actual Written DEROS (Rotation) Date:	TBD	=> Written DEROS Status, Unknown!
Computed DEROS (Rotation) Date:		=> Computed DEROS Appears Current!
First Day of School Date:		=> Enrollment date is Unknown!

Sponsor: \_\_\_\_\_ SSN: \_\_\_\_\_

"I verify the category code is correct." \_\_\_\_\_

Signature (Sponsor/Spouse): \_\_\_\_\_

"I certify the category and information listed above is current and correct."  
 Registrar's Initial: \_\_\_\_\_ Date: 04-Apr-06

# School Registration Questionnaire (SY 2006/2007)

Edition: 1 Feb 06 (SY06-07)

## Civilians and Reservists

\*\*\* Sponsor Non-U.S. Active Military (Plus Reservists) \*\*\*

Sponsor: Patrick Henry Elementary School

Full-Time

Position: 0

Grade: DoB: P or BC?

Grade: DoB: P or BC?

Grade: DoB: P or BC?

###	Description	Documentation Required	Employment Document
<b>CATEGORY 1: DoD Command Sponsored; Space Required; Tuition Free. (Please highlight documents used in verification!)</b>			
1F	DoD Civilian	*** Orders w/Dep's (Or)	(Either) DLM Orders or DSE Form 802 R, Section A
1G	MAP (Agency Pays)	*** Orders w/Dep's (Or)	(Either) DLM Orders or DSE Form 802 R, Section A
1H	FMS (Agency Pays)	*** Orders w/Dep's (Or)	(Either) DLM Orders or DSE Form 802 R, Section A
1J	NAFI w/ Trans Agreement & LOA	*** Orders w/Dep's	(Or) Orders, and DSE Form 802 NAFI, Section A
<b>CATEGORY 2: Federally Connected; Space Available; Tuition Paying. (Please highlight documents used in verification!)</b>			
2A	U.S. Government (St. Dept, GSA, FAA, GAO, NATO, Etc.)	SF 50, Dated After Sch. Yr. Begins (Or)	Employment Document or DSE 802-R
2B	U.S. Instrumentality (Part time NAF w/o Trans Agreement)	AAFES 1200, or DA 4017 Dated After Sch. Yr. Begins (Or)	AAFES 1200 or DA 4017, or CPO Statement or DSE Form 802-NAFI
2C	U.S. Interest (TDY, Red Cross, Contractors, Nat Guard/Reservists) (< 180Days), Scouts, Active Duty TDY, Deployments); Parttime Appropriate Fund Positions	SF 50 or Contract or, Copy of ID Card, Authorizing DoD Schooling in Log support section.	Active duty MIDDOD Civ's TDY, Nat Guard, Reservists performing for less than 30 days- needs copies of orders! Reservists less than 180 Days!
2D	Foreign Service (Foreign DoD Member in NATO, UN, Etc.)	Foreign DoD Member/Orders Documentation	Employment Document
<b>CATEGORY 3: DoD Non-Command Sponsored; Space Available; Tuition Free. (Please highlight documents used in verification!)</b>			
3F	DoD Civilian	SF 50, After Sch. Yr. + Birth / Marriage Certificate	(Or) ILP (Or) SF 50 & LES: (Or) SF 50, and DSE 802-R or CPO Statement
3G	Special Case (DoD) Death; * Reservists, Over 179 Days!	+ Proof of custody, Relationship	ILP (Or) SF 50
3J	NAFI ( Full-Time)	DA 4017, After Sch. Yr. + Birth / Marriage Certificate	(Or) ILP (Or) DA 4017, and DSE 802-NAFI, or CPO Statement
3P	NIS/PEP	Foreign DoD Member Orders/Documentation + Approval as NIS/PEP	(Or) SF 50 (Equiv), & LES (Or) SF 50 (Equiv), and DSE 802-R or CPO Statement
<b>CATEGORY 4: Non-Federally Connected; Space Available; Tuition Paying. (Please highlight documents used in verification!)</b>			
4A	U.S. Citizen (PL 99-145; Local Hire)	SF 50 (Equiv), After Sch. Yr. Begins	(Or) SF 50 (Equiv), & LES
4B	Foreign National (PL 99-145; Foreign Government)	Installation Access from Installation Commander	(Or) SF 50 (Equiv), & LES
4C	Other U.S. Citizen (Retired Military)	Installation Access from Installation Commander	
4D	Other Foreign National (Private Company)	Installation Access from Installation Commander	

This questionnaire is in conjunction with the DoDDS-E On-Line School Pre-Registration program. It is to be used during the registration process to determine the appropriate category of the pupil's sponsor, and to enter the data into the School's SMS computer program. Review the "Student Registration", SD Form 800, after it is completed by the sponsor, with all documents provided, and check one of the codes above. Highlight the appropriate documentation provided on the above form, and attached all documents to this form. Part-time tuition paying enrollments over 4 periods a day, must pay full tuition.

\* Orders must be current for the time of enrollment. If not, current extension must be submitted, or DSE Form 802 (Section B) is required; completed by the appropriate personnel office.

\*\* Minimum age PK, CF: Usually 3 yrs old (by 31 Oct 03); SS: 4 yrs old (by 31 Oct 01); Grade: 5 yrs old (by 31 Oct 02); Kden: 5 yrs old (by 31 Oct 01); Grade 1: 6 yrs old (by 31 Oct 00). \* Transfers with approval (31 Dec). Passport (P), or Birth Certificate (BC) can verify age. On the top of this form highlight the appropriate code of the birth document used to verify the age. Attach copy.

\*\*\* Orders must be current and authorize an Accompanied tour; and travel to and from CONUS, or an Overseas tour.

=> Written DEROS Status, Unknown!

=> DEROS needs to be computed!

=> Employment Date Status is Unknown!

=> Enrollment Date for 1st day of school is Unknown!

SSN: \_\_\_\_\_

Sponsor: \_\_\_\_\_

"I verify the category code above is correct."

Signature (Sponsor/Spouse): \_\_\_\_\_

Actual Written DEROS (Rotation) Date: TBD

Computed DEROS (Rotation) Date: \_\_\_\_\_

Proof of Employment (SF 50 or Equiv) Date: \_\_\_\_\_

First Day of Enrollment Date: \_\_\_\_\_

"I certify the category and information listed above is current and correct."

Registrar's Initial: \_\_\_\_\_ Date: 04-Apr-06

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
STUDENT REGISTRATION**

**INSTRUCTIONS** 1. Completed by Sponsor  
2. Print (Ink) or type all entries.  
3. Leave shaded areas blank.  
4. See supplemental sheet for assistance.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC 2164, 20 USC 921

**PRINCIPAL PURPOSE(S):** Required for enrollment of dependents into DoDEA Schools. Provides record of student and sponsor demographic data used in the administration of school programs. Provides emergency contact, pertinent medical and other vital information.

**ROUTINE USE(S):** Data is collected and entered into the automated School Information Management System for use by DoDEA personnel in providing educational and management programs. Release of student information to non-DoDEA personnel is restricted to U.S. Government personnel and other authorized individuals as approved by DoDEA. Sponsor information may be released to other schools, colleges, and prospective employers as part of the individual student record.

**DISCLOSURE:** Voluntary. Disclosure of the Social Security Number will expedite the registration process.

**SECTION I - STUDENT INFORMATION**

1a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

2a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

3a. Student Number	b. Student Legal Name (Last, First, Middle)		c. Preferred Name
d. Gender M F	e. Home Phone	f. Student SSN / Unique ID	g. Student Grade
h. Birth Date (MMDDYYYY)	i. Field Trip Permission Y N	j. Sponsor Relationship	k. Employer Type Code
l. Citizenship	m. Home Language Survey Completed Y N	n. Computer/Internet Permission Y N	o. Entry / Status Code
p. Student Email Address		q. Previous DoDEA Student ? Y N	r. Local Use

**SECTION II – SPONSOR INFORMATION**

4. Sponsor's Name (Last, First, Middle Initial)		5. Sponsor SSN/Unique ID	6. Pay/Civ Grade	7. Title / Rank
8. Organization		9. Location of Unit	10. Duty Phone	11. Rotation / ETS Date
12. Spouse's Name (Last, First, Middle Initial)		13. Spouse's Title	14. Spouse's Employer	15. Spouse's Duty Ph.
16. Mailing Address (e.g. APO/FPO) (If different from Physical)		17. Physical Quarters Address (Street, City, State, Zip Code)		
18. Sponsor Cell Phone	19. Spouse Cell Phone	20. Email Address		
21. Other Cell	22. Day Phone	23. Alternate Email		

**SECTION III – LOCAL EMERGENCY CONTACT INFORMATION**

24a. Emergency Contact Name (Not Sponsor or Spouse)		24b. Contact Duty Phone	24c. Contact Home Phone
24d. Emergency Contact Address (During Day)		24e. Doctor's Name (If not Military Clinic)	24f. Doctor's Phone Number
25a. Emergency Contact 2 Name /Authorized Pick Up		25b. Contact 2 Duty Phone (Optional)	25c. Contact 2 Home Phone
25d. Emergency Contact 2 Address (Optional)		<p><b>YES / NO (Circle one) All of the Emergency Contacts listed have my permission to pick up my child from school if I cannot be reached in case of an emergency, illness or early dismissal situation.</b></p>	

**SECTION IV – PERMANENT STATESIDE / EMERGENCY CONTACT INFORMATION**

26a. Contact Name	26b. Contact Home Phone
26c. Contact Address	26d. Relationship to Sponsor

**SECTION V – CONSENT and SCHOOL USE INFORMATION**

<p>I understand that I have the right to review my child(ren)'s records and that a copy of the school and health records will be released to the next school (exclusive of colleges and universities) he/she/they attend(s) without further approval.</p> <p>I give permission for my child(ren) to receive first aid at school and any emergency treatment considered necessary with the following exceptions noted below.</p> <p>I verify the information is correct or has been corrected.</p>	34. First Day Student Starts School (MMMDDYYYY)	35. DoDAAC <b>HD3451</b>
	36. School Name <b>Patrick Henry Elementary School</b>	
	37. Orders on File / Verified <p align="center">Y      N</p>	
	38. Birth Date Verified <p align="center">Y      N</p>	
	39. Reserved <p align="center">Y      N</p>	
27. Exceptions (If none, enter NONE)	40. Registrar's Initials	41. Date (MMMDDYYYY)
28. Signature of Sponsor	29. Date (MMMDDYYYY)	
30. Reserved	31. Reserved	42. Reserved
32. Local Use	33. Local Use	43. Local Use



IV. No Warranties

- a. I understand DoDEA makes no warranties of any kind, whether expressed or implied, for the service it is providing. DoDEA is not responsible for any damages I may suffer. This includes loss of data, delays, non-deliveries, misdeliveries, or service interruptions caused by its own negligence or my errors or omissions.
- b. I understand the use of any information obtained via DoDEA is at my own risk. DoDEA specifically denies any responsibility for the accuracy or quality of information obtained through its services. I understand DoDEA has no obligation or authority to defend me against any legal actions brought against me by anyone arising from my misuse of DoDEA computer resources or violations of any U.S. or foreign laws.

V. Security

- a. I understand security on any computer system is a high priority, especially when the system involves many users. I will notify my teacher if I notice a security problem. I will not demonstrate the problem to other users.
- b. I will not give my user password to other individuals. Any activity associated with my account will be considered my activity. It is my responsibility to protect my account and password.
- c. I may be denied access to the network if I am identified as a security risk.

VI. Vandalism

- a. I understand vandalism will result in cancellation of privileges. I will not maliciously attempt to harm or destroy data of another user, Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

**Weapons/Prohibited Substances/Anti-Bullying Policy**

**Weapons:** Students shall not transport, exchange, and carry on their person, nor cause to be stored, objects that are generally considered to be weapons. These include, but are not limited to firearms, knives, club type weapons (for example, blackjacks, brass knuckles, nunchaku), gas pistols and shooting pens, straight razors, razor blades, Exacto knives, ice picks, clubs, or any object that may be used as a club to inflict bodily harm (for example, pieces of wood or pipe, stones, or bricks). Also banned is any object that might be used readily to inflict bodily harm on self or others (for example, chains, canes with sharp points, broken bottles or glasses, spiked leather, lighters or laser pointers). Authentic appearing replicas of a firearm are classified as weapons (for example, toy guns). Possession of weapons by students while on school property (to include while riding to or from school or school events on school buses) or in attendance at a school function, or whenever under the jurisdiction of the school, is grounds for expulsion and referral to law enforcement agencies.

**Possession, Sale and/or Use of Alcoholic Beverages, Narcotics, Illegal Drugs and/or Prohibited Substances:** Notice is hereby given that possession, use, or sale of controlled (prescription) or mind altering (illegal) substances by any student while the student is on school property (to include while riding to or from school on school buses or at bus stops) or in attendance at a school sponsored function or whenever under the jurisdiction of the school, is grounds for expulsion. Student possession of or being under the influence of alcoholic beverages, and/or hallucinogenic drugs or combinations of drugs or paraphernalia expressly prohibited by federal, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances, illegal substances, or counterfeit in any respect illegal or controlled substances shall be grounds for expulsion and referral to law enforcement agencies. Prescription medication is not to be transferred to another. Over-the-counter medications are not to be transferred to another or used without parental and nurse knowledge. Students should have no more than one dose and the nurse has been informed of the presence of that dose.

**Sexual Harassment Policy:** Sexual harassment will not be tolerated at PHVES. Any student who sexually harasses another student will be counseled and/or disciplined. PHVES uses the following definition: sexual harassment is any unwanted and unwelcome sexual behavior, which interferes with a person's education or employment. It can include sexual comments, sexual advances, sexual notes (written or electronic), or sexual contact. Any student who is being sexually harassed should notify a teacher, a counselor or an administrator. Offenders will be counseled once, and then disciplinary action will be taken until the harassment stops.

**Bullying/Harassment/Relational Aggression Policy:** Bullying, Harassment and Relational Aggression will not be tolerated at PHVES. Any student who bullies or harasses another student will be counseled and/or disciplined. PHVES uses the following definition: a student is being bullied or victimized when he or she is exposed to negative actions on the part of one or more students. Negative actions can be verbal, non-verbal, or physical. Additionally, cyber-aggression, which is bullying via computer means, will not be tolerated. Bullying is aggressive behavior or intentional "harm-doing." It occurs within an interpersonal relationship and is characterized by an imbalance of power. Students are instructed to notify an adult if their efforts to stop bullying are ineffective. School personnel will intervene on behalf of students and parents in an effort to stop the negative actions that are occurring at school.

I am aware of the zero-tolerance policies listed above.

Parent Signature

[Redacted Signature]

Date

[Redacted Date]

Student Signature

[Redacted Signature]

Date

[Redacted Date]



# MEDICAL POWER OF ATTORNEY

In the event that my dependent \_\_\_\_\_, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision of or while participating in any activities sponsored by Patrick Henry Elementary School, I authorize and release to any agent or employee of Patrick Henry Elementary School to take my dependent to any U.S. military facility or any civilian hospital if deemed necessary by the above referenced individual.

I understand that the above named personnel of Patrick Henry Elementary School will use all diligent and reasonable efforts to contact my spouse or me. If personnel of Patrick Henry Elementary School or the U.S. treatment facility can contact neither my spouse nor me after reasonable attempts, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger to life or limb of my dependent. I further authorize non-emergency care and necessary treatment such as suturing superficial lacerations; treating colds, minor allergies, and minor gastro-intestinal upsets; splinting sprains; casting uncomplicated fractures; or other similar treatments.

**MEDICAL INFORMATION ABOUT THE ABOVE NAMED DEPENDENT** (to be completed by parent/guardian) for the purpose of sharing information with teachers and health care personnel on a need- to-know basis. My dependent has the following medical problems (such as diabetes, seizures, asthma, heart and kidney disease):

\_\_\_\_\_

My dependent is allergic to the following: \_\_\_\_\_

My dependent takes the following medications on a regular and/or "as needed" basis (list name, amount, and purpose of each medication): \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (to be completed by parent)

Sponsor's home address: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Sponsor's name: \_\_\_\_\_ Rank: \_\_\_\_\_

Sponsor's unit: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cell phone #1: \_\_\_\_\_ Cell phone #2: \_\_\_\_\_

Other names and phone numbers to use in case of emergency if parents/guardians are unavailable:

\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

**I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE ABOVE INFORMATION.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Social Security Number \_\_\_\_\_

Are you a civilian "Pay Patient"?  Yes  No

**PRIVACY ACT NOTICE:** AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents'/guardians' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. This form is used by DoDEA employees and trained medical personnel in emergency. Social Security number of sponsor is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NONDISCLOSURE: Mandatory. School personnel will not be able to provide emergency care and health services in parents' absence.

# SCHOOL HEALTH RECORD

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

Patrick Henry Elementary School

HOME PHONE NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

MOM CELL \_\_\_\_\_

DAD CELL \_\_\_\_\_

INSTRUCTIONS: 1. ANNUALLY COMPLETED BY SPONSOR/PARENT 2. PRINT ALL ENTRIES 3. CHECK (4) ALL CONDITIONS THAT APPLY

Student #	STUDENT'S NAME	CHECK	4	
Birth Date:	Last	Female	<input type="checkbox"/>	
	MI	Male	<input type="checkbox"/>	
	First			

## HEALTH HISTORY

VISUAL DEFECT	4	COMMENTS	CARDIOVASCULAR	4	COMMENTS
WEARS GLASSES	<input type="checkbox"/>		SICKLE CELL ANEMIA	<input type="checkbox"/>	
CONTACTS	<input type="checkbox"/>		CONGENITAL HEART	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		RHEUMATOID HEART	<input type="checkbox"/>	
MULTIPLE	<input type="checkbox"/>		HEART MURMUR		
			NO RESTRICTIONS	<input type="checkbox"/>	
<b>HEARING DEFECT</b>	<b>4</b>	<b>COMMENTS</b>	RESTRICTION	<input type="checkbox"/>	
MILD LOSS			LEUKEMIA	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		MULTIPLE	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		<b>RESPIRATORY</b>	<b>4</b>	<b>COMMENTS</b>
MODERATE LOSS			ASTHMA	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		BRONCHITIS	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		CYSTIC FIBROSIS	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
SEVERE LOSS			MULTIPLE	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		<b>DERMATOLOGY</b>	<b>4</b>	<b>COMMENTS</b>
RIGHT	<input type="checkbox"/>		ACNE	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		ECZEMA	<input type="checkbox"/>	
WEARS AID			PSORIASIS	<input type="checkbox"/>	
BOTH	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>		MULTIPLE	<input type="checkbox"/>	
LEFT	<input type="checkbox"/>		<b>ENDOCRINE</b>	<b>4</b>	<b>COMMENTS</b>
TUBES IN EAR(S)	<input type="checkbox"/>	DATE:	DIABETES	<input type="checkbox"/>	
		AFF. EAR:	HYPERTHYROID	<input type="checkbox"/>	
EAR INFECTIONS	<input type="checkbox"/>		HYPOTHYROID	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
MULTIPLE	<input type="checkbox"/>		<b>MUSCULOSKELETAL</b>	<b>4</b>	<b>COMMENTS</b>
<b>ALLERGIES</b>	<b>4</b>	<b>ANA KIT:</b>	OSTEOARTHRITIS	<input type="checkbox"/>	
BEE STING	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	RHEUMATOID ARTHRITIS	<input type="checkbox"/>	
DRUG	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MUSCULAR DYSTROPHY	<input type="checkbox"/>	
FOOD	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	OSGOOD-SCHLATTER	<input type="checkbox"/>	
INSECT BITES	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	SCOLIOSIS	<input type="checkbox"/>	
HAYFEVER	<input type="checkbox"/>		OTHER	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>				
MULTIPLE	<input type="checkbox"/>				

*CONTINUE ON REVERSE SIDE*

**HEALTH HISTORY CONTINUED**

NEUROLOGY		4	COMMENTS	PSYCHIATRIC CONT		4	COMMENTS
CEREBRAL PALSY	<input type="checkbox"/>			MULTIPLE	<input type="checkbox"/>		
HEADACHE	<input type="checkbox"/>			GASTROINTESTINAL/ GENITOURINARY	4		
MIGRAINE	<input type="checkbox"/>			BLADDER CONTROL PROBLEM	<input type="checkbox"/>		
SEIZURE DISORDER	<input type="checkbox"/>			BOWEL CONTROL PROBLEM	<input type="checkbox"/>		
SEIZURE DISORDER HISTORY	<input type="checkbox"/>		MOST RECENT DATE: SPECIFY:	FREQUENT URINARY INFECTION	<input type="checkbox"/>		MOST RECENT DATE:
OTHER	<input type="checkbox"/>			OTHER	<input type="checkbox"/>		
MULTIPLE	<input type="checkbox"/>			MULTIPLE	<input type="checkbox"/>		
PSYCHIATRIC		4	COMMENTS	OTHER MEDICAL		4	COMMENTS
ATTENTION DEFICIT	<input type="checkbox"/>			DENTAL	<input type="checkbox"/>		
ANOREXIA	<input type="checkbox"/>			NUTRITIONAL DEFICIENCY	<input type="checkbox"/>		
BULIMIA	<input type="checkbox"/>			OBESITY	<input type="checkbox"/>		
DEPRESSION	<input type="checkbox"/>			OTHER	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>			MULTIPLE	<input type="checkbox"/>		

DOES YOUR CHILD TAKE DAILY MEDICATIONS?  
 Permission for medication form signed by a physician and a parent, must accompany prescribed medications. All medications taken at school must be maintained and administered from the health office under school personnel supervision.  
 SPECIFY ALL CURRENT MEDICATIONS (to include medications taken at home):

CHECK		4	NOTES
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		

HAS YOUR CHILD BEEN HOSPITALIZED? Specify the date and reason:  
 DATE: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_  
 REASON:

YES	NO	NOTES:
<input type="checkbox"/>	<input type="checkbox"/>	

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 \_\_\_\_\_  
 CELL NUMBER \_\_\_\_\_  
 NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 \_\_\_\_\_  
 CELL NUMBER \_\_\_\_\_

**PRIVACY ACT NOTICE**

AUTHORITY: Title x, Section 133 7 1076, Title V, Section 301. PRINCIPAL PURPOSE: To record pertinent data concerning student's health.  
 ROUTINE USES: Data is collected and entered into the automated School Information Management System for use by professional health and education agencies.  
 MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Voluntary. Without this information school personnel will not be able to provide appropriate education and health services.

Parent/Sponsor's Signature: _____	Date: _____
Parent/Sponsor's Signature: _____	Date: _____