

** Please print. **

STUDENT INFORMATION

First Name: _____

Birthdate: Y _____ M ____ D ____

Middle Name: _____

Entering Grade: _____

Last Name: _____

Gender: M _____ F _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Y ___ N ___ Has your child received the required immunization? If "No", please explain.

Y ___ N ___ Does your child have any allergies? If "Yes", please explain.

Y ___ N ___ Does your child have a disability? If "Yes", please explain.

Y ___ N ___ Does your child have any medical issues that should be brought to our attention? If "Yes", please explain.

Y ___ N ___ Does your child have any medical issues that should be brought to our attention? If "Yes", please explain.

IMMUNIZATION RECORD

Please ensure that a copy of the Immunization Record is returned with this form.