



TILLAMOOK ADVENTIST SCHOOL

APPLICATION/REGISTRATION CHECKLIST

**Checklist for** (Student): \_\_\_\_\_ Grade: \_\_\_\_\_  
(Student): \_\_\_\_\_ Grade: \_\_\_\_\_  
(Student): \_\_\_\_\_ Grade: \_\_\_\_\_  
(Student): \_\_\_\_\_ Grade: \_\_\_\_\_

**Items REQUIRED for Application**

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Student Information Form
- \_\_\_\_\_ Family Information Form (both sides)
- \_\_\_\_\_ Consent for Testing Form
- \_\_\_\_\_ Recommendations (3 per student K-8)
- \_\_\_\_\_ School Entry Health Form
  
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Immunization Records
- (Documents Verified by) \_\_\_\_\_

**Items REQUIRED for Registration** (due prior to the 1<sup>st</sup> day of school)

- \_\_\_\_\_ Consent to Treatment Form (both sides)
- \_\_\_\_\_ Compliance Form (signed by student (s) and parent/guardian)
- \_\_\_\_\_ Acceptable Use Policy (signed by student (s) and parent/guardian)
- \_\_\_\_\_ Media Usage Consent Form
- \_\_\_\_\_ Record Release (K-8)
  
- \_\_\_\_\_ Meet with Treasurer to sign financial contract
- \_\_\_\_\_ (Treasurer sign-off)

-----  
Application:  accepted  denied Date: \_\_\_\_\_

Date letter sent: \_\_\_\_\_

Registered By: \_\_\_\_\_



TILLAMOOK ADVENTIST SCHOOL

# APPLICATION (NEW STUDENTS)

## FOR KINDERGARTEN & HOMESCHOOL STUDENTS (NEVER ATTENDED ANOTHER SCHOOL)

**PARENTS/GUARDIANS:** Complete one application form per student, sign and return it to the school office.

STUDENT'S NAME: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

Who and/or what influenced you to turn in an application at Tillamook Adventist School?

\_\_\_\_\_

Why do you want your student to enroll at TAS?

\_\_\_\_\_

Has your student attended pre-school?  Yes  No

If "Yes," length of time attended: \_\_\_\_\_

Is your student:  Right-Handed  Left-Handed  Both

Is your student fluent in English?  Yes  No  Somewhat

How often is your student read to at home? \_\_\_\_\_

Describe your student's general nature (likes, dislikes, special interests and abilities): \_\_\_\_\_

\_\_\_\_\_

Describe your student's general attitude about attending school: \_\_\_\_\_

\_\_\_\_\_

Describe any concerns that you have regarding your student's readiness for school: \_\_\_\_\_

\_\_\_\_\_

Does your student have any extra-curricular commitments that may interfere with school activities?

If "Yes," describe: \_\_\_\_\_

\_\_\_\_\_

Does your student take any medication that may affect his performance at school?

If "Yes," describe: \_\_\_\_\_

\_\_\_\_\_

*I certify that the above information is true.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



TILLAMOOK ADVENTIST SCHOOL

# APPLICATION (TRANSFER STUDENTS)

## FOR ALL STUDENTS TRANSFERRING FROM ANOTHER SCHOOL

**PARENTS/GUARDIANS:** Complete one application form per student, sign and return it to the school office.

STUDENT'S NAME: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

Who or what influenced you to apply at Tillamook Adventist School?

\_\_\_\_\_

Why have you decided to transfer your student to TAS?

\_\_\_\_\_

Describe your student's attitude towards transferring to TAS: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been requested to:  Repeat a grade level  Skip a grade  Withdraw from school

If "Yes," please describe: \_\_\_\_\_

\_\_\_\_\_

Describe any disciplinary incidents within the past school year that have involved the school administrator:

\_\_\_\_\_

\_\_\_\_\_

Has your student ever been suspended or expelled from school?  Yes  No

If "Yes," please describe the circumstances on a separate paper, including the name and address of the school, and whether or not your child is eligible for readmission and under what circumstances.

Is your student fluent in English?  Yes  No  Somewhat

Describe any mental, emotional or physical conditions which could impair your child's performance in the classroom or limit participation in any school activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your student take any medication that may affect his performance at school?

If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

Does your student have any extra-curricular commitments that may interfere with school activities?

If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

Describe any concerns that you have regarding your child's success at TAS: \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



TILLAMOOK ADVENTIST SCHOOL

# FAMILY INFORMATION

**PARENTS/GUARDIANS:** Fill in the requested information (front and back) as completely as possible. Please print clearly.

**GENERAL INFORMATION**

STUDENT(S) NAME(S): \_\_\_\_\_  
 \_\_\_\_\_

PARENT / GUARDIAN #1

PARENT/GUARDIAN #2

RELATION TO STUDENT(S): \_\_\_\_\_

SALUTATION: (Circle One) Mr. Dr. Mrs. Miss Ms. Mr. Dr. Mrs. Miss Ms.

LEGAL FIRST NAME: \_\_\_\_\_

LEGAL LAST NAME: \_\_\_\_\_

SUFFIX: (Circle One) Esq. II III Jr. Sr. Esq. II III Jr. Sr.

HOME ADDRESS: \_\_\_\_\_

**(IF DIFFERENT THAN PARENT #1):**

MAIL: \_\_\_\_\_

STREET: (If Different) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CHURCH MEMBERSHIP AT: \_\_\_\_\_

BAPTIZED ADVENTIST?  Yes  No  Yes  No

MAY PICK-UP STUDENT(S)?  Yes  No  Yes  No

EMERGENCY CONTACT?  Yes  No  Yes  No

RECEIVE GRADES/SCHOOL INFORMATION?  Yes  No  Yes  No

RECEIVE TUITION BILLS?  Yes  No  Yes  No

*PLEASE NOTE: Separated or divorced parents may wish to provide a copy of the court order indicating custodial parent along with any special instructions.*

## EMERGENCY CONTACT INFORMATION

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	<u>CONTACT #1</u>	<u>CONTACT #2</u>
NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
WORK PHONE:	_____	_____
HOME PHONE:	_____	_____
CELL PHONE:	_____	_____
MAY PICK UP STUDENT(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PERMISSION TO PICK-UP STUDENTS

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	<u>NAME</u>	<u>RELATION TO STUDENT(S)</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**A signed note is required if it is necessary for your student to go home with someone other than those persons on the above list.**

A verbal authorization is allowable, to a member of the school staff, for my student(s) to leave with someone not on the above list.  Yes  No \_\_\_\_\_ (Initial)

## PLEDGE AND PERMISSIONS

- I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in student-parent-teacher conferences.
- My student(s) will ride Tillamook County Transportation District / The Wave
- I give permission for my child to accompany his/her classmates and teacher on official class field trips.
- Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

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



TILLAMOOK ADVENTIST SCHOOL

# STUDENT INFORMATION

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

## GENERAL INFORMATION FOR STUDENT #1

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino  
DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)

## GENERAL INFORMATION FOR STUDENT #2

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino  
DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)

### GENERAL INFORMATION FOR STUDENT #3

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino  
DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)

### GENERAL INFORMATION FOR STUDENT #4

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER:  Male  Female  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY (Circle One): Hispanic or Latino, Not Hispanic or Latino  
DATE BAPTIZED: \_\_\_\_\_ BAPTIZED SEVENTH-DAY ADVENTIST?  Yes  No \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_  
SHIRT SIZE: \_\_\_\_\_ (Children / Youth / Adult)



TILLAMOOK ADVENTIST SCHOOL  
**RECOMMENDATION**

**PARENTS/GUARDIANS:** Fill in your student's name and submit this form to your student's Pastor, Teacher, or a person of authority all of whom should not be related to student.

STUDENT'S NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY A PASTOR, TEACHER, OR PERSON OF AUTHORITY:**

**PASTOR, TEACHER OR PERSON OF AUTHORITY:** This student is being considered for admission to Tillamook Adventist School. Your assistance in evaluating this student is greatly appreciated. Please return this form by fax (503-842-6236) or by mail (address on reverse). Since this student's enrollment process cannot be completed without this recommendation, we thank you for your timely response.

PERSONAL CHARACTERISTICS:	Below Average	Average	Above Average	ACADEMIC PERFORMANCE:	Below Average	Average	Above Average
Leadership Qualities				Ability to Follow Directions			
Honesty				Problem Solving Abilities			
Emotional Maturity				Ability to Work in a Group			
Spiritual Development				Ability to Work Independently			
Relationship with Peers				Organizational Skills			
Relationship with Adults				Level of Responsibility			
Sense of Fair Play				Reading Comprehension			
Self Confidence				Oral Expression			
Self-Motivation				Written Expression			
Positive Influence on Peers				Attention Span			
Response to Constructive Criticism				Finishes On Time			
Attitude Toward Authority				Study Habits			
Refrains from Profanity or Vulgarity				Attendance			

1. What positive characteristics do you observe in this student? \_\_\_\_\_

\_\_\_\_\_

2. In what areas does this student need the greatest development? \_\_\_\_\_

\_\_\_\_\_

3. For academic ability and promise, I recommend this student:

- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

Printed Name: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

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

Please make any additional comments on the back side.



Fold here last and tape.

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Place  
Stamp  
Here To  
Mail



**TILLAMOOK ADVENTIST SCHOOL**  
4300 12<sup>th</sup> Street  
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: \_\_\_\_\_

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TILLAMOOK ADVENTIST SCHOOL  
**RECOMMENDATION**

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Printed Name: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

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

Please make any additional comments on the back side.

Fold here last and tape.

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Place  
Stamp  
Here To  
Mail



**TILLAMOOK ADVENTIST SCHOOL**  
4300 12<sup>th</sup> Street  
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ADDITIONAL COMMENTS: \_\_\_\_\_

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TILLAMOOK ADVENTIST SCHOOL  
**RECOMMENDATION**

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\_\_\_\_\_

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- with reservations    without enthusiasm    fairly strongly    strongly    enthusiastically

Printed Name: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

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

Please make any additional comments on the back side.

Fold here last and tape.

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Place  
Stamp  
Here To  
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**TILLAMOOK ADVENTIST SCHOOL**  
4300 12<sup>th</sup> Street  
Tillamook, OR 97141

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ADDITIONAL COMMENTS: \_\_\_\_\_

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TILLAMOOK ADVENTIST SCHOOL



**SCHOOL ENTRY HEALTH FORM**

To Parent/Guardian: Please complete and sign Part I – Child’s Medical History.

*(Please Print)*

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		City and State	Zip
Home Telephone	Cell Phone	Parent/Guardian (Last, First, Middle)	

**PART I – CHILD’S MEDICAL HISTORY**

**To Parent/Guardian:** Please check answers to questions 1-7 below in the column on the left. Please explain any ‘Yes’ answers in the space provided below.

1. Yes  No  Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes  No  Any other specific illness or social/emotional or behavioral problems?
3. Yes  No  Any allergies (food, insects, medication, etc.)?
4. Yes  No  Any prescription medication (daily or occasionally)?
5. Yes  No  Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes  No  Any hospitalization, operation, or major illness (specify problem)?
7. Yes  No  Any significant injury or accident (specify problem)?

**To Parent/Guardian:** Please explain any ‘Yes’ answers from above.

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**I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school for the limited purposes of meeting my child’s health and educational needs.**

_____	_____
<b>Signature of Parent/Guardian</b>	<b>Date</b>

**Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten**

**To Parent/Guardian:** Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended, but not required.)**

1. Vision Evaluation by optometry if suggested by primary care physician, or if you have concerns about your child’s eyes Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination & Cleaning Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.



<b>Name of Child (Last, First, Middle)</b>	<b>Birth Date</b>
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**Part II - MEDICAL EVALUATION**

**To be completed and signed by the Health Care Provider ONLY:**

**The child named above has had a complete history and physical exam on the following date:** \_\_\_\_\_  
 (Exam must be within one year of enrollment) Month    Day    Year

Screen Results:  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ BMI%: \_\_\_\_\_ O<sub>2</sub>: \_\_\_\_\_

Vision - Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>		Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	
			Failed <input type="checkbox"/>			Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/____	Left 20/____	Referred <input type="checkbox"/>						
Hearing	Subjectively Normal: <input type="checkbox"/> Yes <input type="checkbox"/> No								

Gross dental (teeth and gums)     Normal     Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

Head/scalp/skin     Normal     Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

Eyes/Ears/Nose/Throat     Normal     Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

Heart     Normal     Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

Lungs     Normal     Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

Abdomen     Normal     Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

Musculo-skeletal     Normal     Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

This child has the following problems that may impact the education experience:

- Vision     Hearing     Speech/Language     Physical     Social/Behavioral     Cognitive

Specify: \_\_\_\_\_  
 \_\_\_\_\_

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.  
 \_\_\_\_\_

Recommendations (Attach additional sheet if necessary) \_\_\_\_\_  
 \_\_\_\_\_

(Please Check One)

- This child may participate fully in school activities including physical education.  
 This child may participate in school activities including physical education with the following restrictions/adaptations.

(Specify reason and restriction) \_\_\_\_\_  
 \_\_\_\_\_

Immunizations:  Up to date     Not current    Catch up schedule: \_\_\_\_\_

<b>Signature/Title of Health Care Provider</b>	<b>Date</b>	Address (Please print or stamp)
	____ / ____ / ____	
<b>Name (Please print or stamp)</b>		