

**San Gabriel Academy
Registration Packet Procedure and Checklist
Elementary TK-K Grade**

Student Name: _____ **Gender:** M F **Grade:** _____

Please bring the completed, attached, and requested, documents to the business office to begin your registration process. *If needed, please detach the Physical Exam Form until your doctor appointment.*

The appropriate staff member must initial the checklist for the student to begin class.

STEP I BUSINESS OFFICE

Business Office Representative

- ___ Application
- ___ Medical Consent To Treatment
- ___ Verification of Birth (Bring Birth Certificate or Passport for All new students)
- ___ Kindergarten Continuance (TK only)
- ___ Financial Agreement
- ___ Tuition and Fees Paid

STEP II REGISTRATION FORMS – ELEM. ADMINISTRATION OFFICE

Elementary Office Representative

- ___ Photo Release
- ___ Uniform/Technology Agreement
- ___ Personal immunization record with the required California Immunizations
- ___ Student Medical Record (Physical Exam) 1st, 4th & 7th grade and All new students
- ___ SGA Uniform Store Order Form & Uniform Information (may purchase later)

Have completed Registration Checklist and have been cleared to attend School Year 2017-2018

Debra Powell / Administrative Assistant

Date

SAN GABRIEL ACADEMY ELEMENTARY SCHOOL

KINDERGARTEN CONTINUANCE (TK) FORM

Parental Agreement for Pupil to Continue in Kindergarten

Name of Student _____ Date of Birth _____ Verified

Kindergarten Attendance Anniversary Date _____

Name & Title of School Official _____

Information for parent or guardian

Southern California Conference of SDA Office of Education (SCCOOE) does not provide for a Transitional Kindergarten (TK) program. It generally provides for a Pre-Kindergarten (PK), which is separate and administered separately from its K-8 programs. SGAE does not run a PK program. SGAE is in the process of considering including pupils too young for general K enrollment in its K program on a case-by-case basis. Specific criteria will apply when a child is being considered for this program. Parents and guardians who wish to have their children considered for the program must agree to have their child continue in K for an additional year. If a parent or guardian is unwilling to sign the agreement to continue for both years, the student will not be admitted to the program. A student is eligible for regular K if they reach the age of five (5) by September 1 of the year in which entrance is desired.

I understand the information presented above. I acknowledge that my child has not reached the age required for regular K and wish to have him/her enrolled in the two-year TK program at SGAE.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian:

Address: _____

Phone: _____

Email: _____



SAN GABRIEL ACADEMY STUDENT APPLICATION

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

Incomplete applications will not be accepted.

STUDENT

Last Name	First	Middle	Name Used	
Address (Street and PO Box)		City	State	Zip
Birthdate (MM/DD/YYYY)	Birthplace	Citizenship	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering
Prominent ethnic background: (For statistical purposes only)				
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Black		<input type="checkbox"/> Hispanic
<input type="checkbox"/> Caucasian (Not of hispanic origin)		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Other _____
Student Email		Home Telephone	Student Cellular	
Has the student ever been recommended for special education? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:				
School Attended Last Year				
If NOT SGA: School Address		Telephone	Grade Level Last Year	
Church Denomination	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism	Church Where Membership is Held	

GENERAL / FINANCIAL

Name of other children attending San Gabriel Academy	Grade
Name of other children attending San Gabriel Academy	Grade
Do you have an unpaid account at another SDA School? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, give name and address of school):	
Who is financially responsible? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: Split Bill: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain):	

Address	City	State	Zip	Telephone
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We, the undersigned, pledge to uphold the policies and principles as outlined in the current San Gabriel Academy student handbook and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge the questions on this application are answered completely and truthfully.

Student Signature

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

OFFICE USE ONLY

RECEIVED	DATE	INITIAL	RECEIVED	DATE	INITIALS	Accept _____	Deny _____
Application	_____	_____	Application Fee	_____	_____	Return _____	New _____
References	_____	_____	International Application Fee	_____	_____	Date _____	Date _____
Physical	_____	_____				<input type="checkbox"/> Student Data	
Immunizations	_____	_____	Financial Clearance	_____	_____	<input type="checkbox"/> Parent Data	
Entrance Test	_____	_____				<input type="checkbox"/> Cum File Requested	Date _____
						<input type="checkbox"/> Birth Certificate	



SAN GABRIEL ACADEMY STUDENT APPLICATION

Incomplete applications will not be accepted.

P A R E N T / G U A R D I A N	Student living with (First and Last Name)		Relationship	
	Parent/Guardian #1 Last Name	First	Relationship	
	Address (Street and PO Box)	City	State	Zip
	Email	Home Telephone	Cellular	
	Occupation	Employer	Work Telephone	
	Church Denomination	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Where Membership is Held	
	Parent/Guardian #2 Last Name	First	Relationship	
	Address (Street and PO Box)	City	State	Zip
	Email	Home Telephone	Cellular	
	Occupation	Employer	Work Telephone	
Church Denomination	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Where Membership is Held		
R E L E A S E	Out of State Contact Last name	First	Relationship	
	Address (Street and PO Box)	City	State	Zip
	Email	Home Telephone	Cellular	
	Occupation	Employer	Work Telephone	
	I understand that emergency information is required by E.C. Section 49408 and I will notify the school immediately of any change of personal contact information.			
AUTHORIZED STUDENT RELEASE				
Parent/Guardian Last Name	First	Relationship		
Address (Street and PO Box)	City	State	Zip	
Email	Work Telephone	Home Telephone	Cellular	
If I am unable to pick up my child or in case of transportation, illness, or major disaster which causes structural damage to San Gabriel Academy (such as a fire, earthquake, or explosion), I give permission to the following individuals to pick up my child(ren). Please list the names of people (18 years or older) other than yourself who are authorized to sign for release of your child.				
Full Name	Relationship	Telephone		
Full Name	Relationship	Telephone		
Full Name	Relationship	Telephone		
Out of State Contact Full Name	Relationship	Telephone		



SAN GABRIEL ACADEMY MEDICAL CONSENT TO TREATMENT

8827 E. Broadway, San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

Incomplete applications will not be accepted.

STUDENT INFORMATION

Last Name	First	Middle	Name Used	
Address (Street and PO Box)		City	State	Zip
Birthdate (MM/DD/YYYY)		Age		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name	First	Relationship		
Home Telephone	Work Telephone	Cellular		

STUDENT'S HEALTH INFORMATION

List Any Medical Conditions (e.g. Asthma, Diabetes)
List Any Allergies (e.g. Medication, Food)
Prescription Medication(s)
Date of Last Tetanus Shot

STUDENT'S MEDICAL CARE INFORMATION

Physician Full Name	Telephone		
Address (Street and PO Box)	City	State	Zip
Hospital Preference			
Do you have other insurance which covers this condition, either group, individual, automobile medical, or liability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give Name of HMO, Plan, or Insurance Company	Insurance Carrier	Policy Number	

STUDENT'S CONTACT OTHER THAN A PARENT/GUARDIAN

Full Name	Relationship		
Home Telephone	Work Telephone	Cellular	

STUDENT'S OUT OF STATE CONTACT

Full Name	Relationship		
Home Telephone	Work Telephone	Cellular	

If emergency medical or dental care and treatment is required and neither parent or guardian can be reached, I give the sponsor/agents from San Gabriel Academy School permission to act in our behalf to obtain required diagnosis, treatment, and/or hospitalization that is recommended by the physician/dentist. Consent is hereby given to physicians and dentists to perform required emergency diagnoses and treatment, including administering medications and surgical procedures deemed necessary.

Signature _____ Date _____

Southern California Conference
Office of Education

Birth Certificate or Passport Verification

School: **San Gabriel Academy**

Name of Student: _____

Date of Birth: _____

Country of Birth: _____

Entering Grade: _____

Circle document used for verification:

Birth Certificate

Passport

Birth verification for the above named student has been
confirmed by the following two school employees

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

(As of the 2012-2013 school year, schools may no longer keep copies of a student birth certificate).

SAN GABRIEL ACADEMY

2017-2018 SCHOOL YEAR FINANCIAL AGREEMENT

Please check one: SDA, attending _____ Seventh-day Adventist Church
 Non-SDA, attending _____ Church
 No Church Affiliation.

Person responsible for school bill: Relationship to student(s): Parent Guardian Other _____
 Name: _____
 Address: _____
 Employer: _____
 Home Telephone: () _____
 Cell Phone: () _____
 Work Telephone: () _____
 Do you owe a school bill here or at any other school? NO YES If Yes, where? _____

Rates (Tuition Only) for 2017-2018 School Year Plus Registration Fee of \$350 per student, Tech Fee & Other Misc Fees 10 Monthly Payments per Student				Rates (Tuition Only) for 2017-2018 School Year Year-in-Advance payment per student (5% discount) Plus Registration Fee of \$350 per student, Tech Fee & Other Misc Fees			
Academy SDA	\$ 6,810.00	Other Patrons	\$9,440.00	Academy SDA	\$6,469.50	Other Patrons	\$8,968.00
6 - 8 SDA	\$4,670.00	Other Patrons	\$7,310.00	6 - 8 SDA	\$4,436.50	Other Patrons	\$6,944.50
K - 5 SDA	\$4,460.00	Other Patrons	\$6,980.00	K - 5 SDA	\$4,237.00	Other Patrons	\$6,631.00
TK SDA	\$5,460.00	Other Partron	\$7,980.00	TK SDA	\$5,187.00	Other Patrons	\$7,581.00

International Students: Rates (Tuition Only) Plus Tech, Lab & Misc Fees for the Whole Year to be Paid in Advance Plus Registration Fee of \$350 per student							
TK Int'l SDA	\$9,000.00	Other Patrons	\$14,000.00				
K - 5 Int'l SDA	\$8,000.00	Other Patrons	\$13,000.00				
6, 7 & 8 Int'l SDA	\$9,500.00	Other Patrons	\$15,000.00	Academy 9-12 Foreign SDA	\$13,000.00	Other Patrons	\$17,000.00

DISCOUNTS: 5% for 2 children in attendance 10% for 3 children in attendance 15% for 4 or more children in attendance

STUDENT(S)' NAME(S)	GRADE LEVEL	MONTHLY TUITION
1.		
2.		
3.		

TERMS OF THE FINANCIAL AGREEMENT

The total tuition cost for the year is divided into ten (10) monthly payments. The first payment is due on or before REGISTRATION DAY; the other nine (9) are due on the 25th of each month, September through May. A statement itemizing all the charges and payments will be sent on a monthly basis. Discounts will be applied only if payment is made in full and received in the SGA business office on or before the end of each month. No discount will be given to foreign students. They are required to pay a year's tuition in advance in order to receive the documents needed to attend school in the United States. If a payment has not been made by the end of the month, a late fee of 1% of the unpaid balance will be charged. ALL ACCOUNTS MUST BE CLEARED BEFORE FINAL EXAMS EACH SEMESTER. A penalty of \$25.00 is charged for checks returned to SGA unpaid by the bank. San Gabriel Academy does not assume any responsibility for the collection of tuition assistance. It is ultimately the responsibility of the person responsible for the school bill to see that the tuition assistance is paid.

TUITION COSTS FOR THE 2017-2018 SCHOOL YEAR

\$ _____ Total tuition due per payment date
 \$ _____ Less: Family discount
 \$ _____ Net Tuition due per payment date

 \$ _____ Amount PAID
 \$ _____ BALANCE DUE for 2017-2018

See 2nd page for International Students' NON-REFUNDABLE tuition policy.

AGREEMENT: I clearly understand my financial obligation and will abide by it as set forth by this form.

SIGNATURE: _____
 Daycare rates and policy on reverse side.

DATE: _____

DAYCARE:

Daycare. Morning daycare begins at 6:30AM. All K-8 students on campus ½ hour before school starts and ½ hour after school is over in the afternoon will be charged for daycare.

Rates: \$7.00 Flat rate for A.M. daycare
 \$3.00/hour PM Daycare
 (After 6:00 P.M. per minute charge of \$1.00)

**INTERNATIONAL
STUDENTS**

SGA is authorized to process international students. It is the responsibility of the international student to secure the proper visa documentation to attend school in the United States. Students requesting to be registered on the SEVIS program are **required to pay the year's tuition, registration, and other fees in full before the registration process will be completed.** Students should bring a copy of their I-94 form once it is received.

No discounts are given to international students.

Should a student be denied visa status prior to the start date of school, the student will be dropped from SEVIS and the tuition, minus the application and entrance fees, will be refunded. However, **a student withdrawing from school any time during the year will not be refunded any funds paid.** In addition, if a student is granted a visa, enters the United States, but decides to go to another school, tuition and other fees are also non-refundable. Should a student receive a green card or a change of status during the school year, tuition rates will not be adjusted for the current year.

When a returning I-20 student is enrolled for the following school year, tuition and other fees are non-refundable, even if he/she does not end up coming to SGA. However, if the student withdraws BEFORE July 1 (the start of the new fiscal school year), tuition paid minus registration fee, minus miscellaneous non-refundable fees and minus other incurred expenses will be refunded.

A student with excessive absences (more than 15% of the quarter) will be dropped from school and The Immigration and Naturalization Services (INS) will be notified via SEVIS program when the student is no longer attending San Gabriel Academy for any reason. **If a student is expelled from SGA because of academic and/or attendance problems, citizenship probations, or any other violations at any time during the year, tuition and other funds paid will not be refunded.**

International students wishing to attend San Gabriel Academy must include with the application, a letter from a guardian or parent in California assuming responsibility for the student while they are enrolled at SGA.

THE I-20 WILL NOT BE ISSUED TO THE APPLICANT UNTIL THIS FINANCIAL CONTRACT IS SIGNED & TURNED IN TO THE SAN GABRIEL ACADEMY BUSINESS OFFICE.

Initials

Date



**Southern California Conference Schools
OFFICE OF EDUCATION**

PHOTOGRAPHIC MODEL RELEASE

STUDENT NAME: _____ **GRADUATION YEAR:** _____

The undersigned hereby declares that he/she understands that Southern California Conference has taken, or will take his/her photograph(s) and/or video(s) during the course of his/her enrollment at his/her school. The photograph(s) and/or video(s) will be used by the conference for its own educational and public relations purposes, including but not limited to its internet web site and additional promotional brochures and materials.

The Southern California Conference shall retain the negative(s), positive(s), digital image(s), video(s), or any other format of said photograph(s) and/or video(s) as its own property.

Furthermore, the undersigned consents to the use of said photograph(s) and/or video(s) and any format of them prior to their use.

If the undersigned is under the age of eighteen (18), his/her parent or legal guardian has read and understands the foregoing and consents to all the terms herein.

Student Signature

Date

The student/model is under the age of eighteen (18) and the undersigned is his/her parent or legal guardian and approves and consents to all of the foregoing.

Parent/Guardian Signature

Date



REQUEST FOR STUDENT RECORDS

DATE: _____
SCHOOL NAME: _____
ADDRESS: _____
SCHOOL TEL. No. _____ SCHOOL FAX No. _____
STUDENT'S NAME: _____
GRADE: _____ DOB: _____

SCHOOL OFFICIAL SIGNATURE

DATE

TO THE SCHOOL:

The above student has applied for admission to San Gabriel Academy. Please release official records containing the following information:

- Academic and Attendance Records for current and previous grades
- Standardized test scores
- Psychological, Educational, and Sociological Findings
- Disciplinary Records
- Student Medical Record/Physical Examination
- Immunization Record

PLEASE MAIL RECORDS TO:

San Gabriel Academy, Registrar
8827 East Broadway
San Gabriel, CA 91776
Fax No. (626) 285-4949

Parent permission is no longer required when authorized personnel request records (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)

SAN GABRIEL ACADEMY OF SEVENTH-DAY ADVENTIST
8827 East Broadway * San Gabriel, California 91776-2113
Academy (626) 292-1156 * Fax (626) 285-4949

Uniform Policy Agreement

Student's First and Last Name(s):

Student 1 _____ Grade: _____

Student 2 _____ Grade: _____

Student 3 _____ Grade: _____

Student 4 _____ Grade: _____

Parent or Guardian

I have read and understand the uniform policy. I have also discussed it with my child(ren) to make sure my child(ren) understand(s) these rules. (Please sign and return.)

Signed: _____

Date: _____

Technology Agreement

I have read the information above and understand it. I agree to follow these rules at all times when I am using the Network/device at school.

Student 1 - Signed: _____ Grade: _____

Student 2 - Signed: _____ Grade: _____

Student 3 - Signed: _____ Grade: _____

Student 4 - Signed: _____ Grade: _____

Parent or Guardian

My child understands the rules that s/he is to follow in using the Internet and devices at school. I have talked with him/her to make sure those rules are understood. I understand that employees of the school will make every reasonable effort to restrict access to inappropriate material on the Internet, but I will not hold them responsible for materials my child acquires or sees as a result of the use of the Internet from the school facilities. I give my permission for my child to use the Internet/devices while at school.

Print last name of students: _____

Signed: _____ Date: _____

UNIFORM POLICY

Dear Parents,

The following information is to assist you in making sure your child is in compliance with the designated uniform policy and ready to learn. Uniforms that meet the school dress code can be purchased at the campus uniform store before or after school.

Elementary Student Dress Code

Students are expected to wear their school uniform ***clean, modest, appropriate, and in good repair***. Personal grooming should reflect school pride and respect. Hats, caps, and headscarves are not to be worn at any time. Shoes are to be worn at all times. For health and safety, flip-flops, open-toed, and backless shoes/sandals, tattoos and jewelry such as rings, bracelets, necklaces, chains, earrings, and studs are not permitted at school or at *any school sponsored events*. When a Free Dress Day is granted, any garments which bear inappropriate words, pictures or logo are prohibited. Skirt and short length are subject to the same requirements listed below. No tight fitting clothing allowed either. All extremes in dress, hair color or hairstyle are to be avoided. If worn, makeup and/or nail polish need to look natural.

Only the designated school uniform shirt with logo, and lower grade white blouse are allowed. *When a student decides to wear a sweater or sweatshirt, only the school sweater or sweatshirt is allowed.* If the student needs a warmer outer coat/jacket, the student may wear an outer thicker jacket only when outdoors. Mini-Olympics T-shirts or approved school sponsored t-shirts may be worn **ONLY on Fridays**. Please plan now to purchase and have the required uniform for your child.

Here are the uniform specifications to assist you in purchasing the appropriate uniform for your child:

TK-8 Polo Shirts with Logo (White, Navy, [*Red while available – It is being phased out*])

TK-5 Blouse Peter Pan Collar (White)

TK-5 Jumper Drop Waist (Plaid Blue, Gray, & Yellow)

TK-5 Skort Pleated (Plaid Blue, Gray, & Yellow - *maximum of 2" above the knee cap*)

*TK-5 Shorts (Navy & Khaki - *maximum of 3" above the knee cap*)

*TK-5 Slacks (Navy & Khaki)

*6-12 Skirt (Plaid Blue, Gray, & Yellow *maximum of 2" above the knee cap*)

K-12 Socks, stockings, leggings (Solid Black, Navy, or White)

**** No Jean Material, Cargo-Style, or Tight Fitting clothing.***

(The school reserves the right to make the final determination of uniform compliance.)

If a student is not in uniform compliance, s/he will be given a warning and parents will be notified. After the second such warning, students will wait in the office while a parent is notified to either bring appropriate clothing for the student to change into or take the student home to change. Any work missed during this time will need to be made up, but will not be credited for a grade.

As always, we realize unforeseen circumstances may occur. Please send a note informing us of the problem. We are always happy to work with your family if we know of the situation.

Thank you for assisting us in making sure your child is ready for school.

SAN GABRIEL ACADEMY
ELEMENTARY TECHNOLOGY/INTERNET ACCEPTABLE USE POLICY
Transitional Kindergarten - 8th Grades

In order to use the Computer Network and Internet, I need to understand and agree to obey the following rules. If I do not use the *Internet/hand-held device* in the right way, my teacher may take away my privilege of *Internet/device* use.

Use Rules

1. Time on-line/device is only for assigned work and approved activities.
2. Comply with all classroom/school rules.
3. Go only to the websites assigned/approved by your teacher.
4. Treat people with respect--the way you would like to be treated.
5. Never download programs, apps, or files without your teacher's permission.
6. Never install any programs on the computer unless you are asked to by the school staff.
7. Use only email services provided for or approved for school use.
8. Never bring disks from home and put them in the school computers.
9. Never open any email from someone you don't know.
10. Never print anything unless you have followed the teacher's directions or asked for permission.
11. Never share your password with anyone.
12. Always treat the equipment with care and respect. Student/Family will be responsible for any damages incurred due to carelessness or neglect whether intentional or accidental.
13. Maintain a search history of Internet use. Private browsing or deleted search history may result in the loss of your computer privileges.

Safety Rules

1. Never give out personal information about:
 - Your name
 - Your address
 - Your telephone number
 - Your personal email address
 - The name or address of your school
2. Never give out personal information about someone else.
3. Always tell your teacher when someone asks you for personal information.
4. Do not put a picture of yourself on the Internet without your parents' permission.
5. Never meet people in person that you have contacted on the Internet, without your parents' permission.
6. Always tell your teacher if you come across information or messages that are dangerous, mean, embarrassing, or that make you feel uncomfortable. Exit the site, then tell the teacher.
7. Refrain from viewing or participating in anything that is illegal, offensive or opposed to the Christian values, principles and guidelines of SGA.

Legal Stuff

1. Teachers and staff may review documents and log files to ensure that you are using the system responsibly.
2. You will not copy information from the Internet or local network and give it to your teacher as your own work. You cannot use the words or pictures from an Internet site without giving credit to the person who owns the site.
3. Observe copyright laws.
4. You are not to open other students' folders, files, or devices.
5. Chat rooms are "off limits" unless the teacher has entered with you or provided a monitored site.
6. Never look at, send, or try to find any pictures or words that you would not want your parents or the teachers to see.



San Gabriel Academy Health Requirements

If your child/student is entering into the following grades for the upcoming school year, the California Department of Health has required the following:

Kindergarten

If 6 years and under...

- 5 doses of DTP (pertussis is required) or 4 doses if 1 was administered after 4th birthday.
- 4 doses of Polio at any age or 3 doses if 1 was administered after 4th birthday.
- 2 doses of MMR.
- 3 doses of Hepatitis B.
- 1 dose of Varicella
-

If 7 years and older...

- 4 doses of DTP (pertussis not required) or 3 doses if 1 was administered after 2nd birthday,
- 4 doses of Polio at any age or 3 doses if 1 was administered after 4th birthday.
- 2 doses of MMR.
- 3 doses of Hepatitis B.
- 1 dose of Varicella

4th Grade - Proof of Tdap Booster Shot

7th Grade – Recent Physical and Tdap Booster Shot

8th Grade – Proof of Tdap Booster Shot

9th Grade – Proof of Tdap Booster Shot

10th Grade – Recent Physical and Tdap Booster Shot

11th Grade – Proof of Tdap Booster Shot

12th Grade – Proof of Tdap Booster Shot

- The Tdap booster shot must have been administered after the student's 10th birthday in order to meet the requirement.
- The recent physical must have been conducted within the last two years in order to meet the requirement.
- If a student has abstained from immunizations due to personal beliefs, please see Joe Lee for further details.

Please have a copy of the requirements listed above for school records when registering and enrolling your child/student.

STUDENT MEDICAL RECORD

Only designated staff, such as the school nurse or physician, will have access to the completed form. This form will be stored in a locked file.

Name _____ Birth Date _____

Address _____

Name of Father _____ Name of Mother _____

History (Past illnesses and allergies. Please check those he/she has had.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Rheumatic Fever | Allergies:
<input type="checkbox"/> Asthma
<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Insect Bites
<input type="checkbox"/> Penicillin
<input type="checkbox"/> Other Drugs |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Whooping Cough | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ear Infections | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Measles | | |

Explain briefly factors such as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience

Indicate physical problem by check: Hearing () Heart () Sight () Speech ()

Other _____
SPECIFY

IMMUNIZATIONS - An official record of immunizations must accompany this medical record for all students entering school for the first time in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record - must have signature, stamp, or initials next to each date.
- Physician's Record
- County Health Department Record
- Official Immunization Record from another state
- School Immunization Record

LABORATORY RECORD

	Type*	Dates Given	Given by	Date Read	Read By		Impression
TB SKIN TESTS	<input type="checkbox"/> PPD Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other_____	/ /		/ /			<input type="checkbox"/> Neg

*If required by school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY Film date: _____ / _____ / _____ Impressing: normal abnormal

Person is free is communicable tuberculosis yes no

Signature/Agency _____

PHYSICIAN'S EXAMINATION*

Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined	
Skin				Explain Abnormalities _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Eyes, vision, glasses				
Ears, hearing				
Nose and throat				
Mouth, teeth, speech				
Glands				
Chest, lungs				
Cardiovascular, heart				
Abdomen, enlargement				
tenderness				
hernia				
Spine, back				
Scoliosis for Grade 7				
Posture				
Extremities				
Genitourinary				
Nervous System, reflexes				

Nutritional Status and general appearance of the child _____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.
 yes no

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

Date _____ Physician's Signature _____

Address _____

* To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.