

Are there psychological or confidential reports available from student's former school?

Yes: _____ No: _____

What special services has your child received? Special Education/Handicapped _____

Gifted _____ Remedial reading or math _____ Speech/Language _____ Other _____

(specify): _____

1. What is the primary language used in the home regardless of the language spoken by the student? _____

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Emergency contact/medical **Vital that this information is given in case of an emergency**
Contactos en caso de emergencia **Esta información es vital en caso de una emergencia**

Contact #1 _____, _____, Relationship _____
Last First

Phone: _____ Cell: _____

Contact #2 _____, _____, Relationship _____
Last First

Phone: _____ Cell: _____

Contact #3 _____, _____, Relationship _____
Last First

Phone: _____ Cell: _____

Doctor: _____ Phone : _____

Dentist: _____ Phone _____

Special Medical Considerations: _____

Allergies: _____

I understand that it is the Parent/Guardian's responsibility to update the school if any information changes

Parent /Guardian Signature: _____ Date: _____