

School Board  
Melissa Snively, Chair  
Steve P. Cona III, Vice Chair  
Lynn L. Gray  
Stacy A. Hahn  
Karen Perez  
Tamara P. Shamburger  
Cindy Stuart



Superintendent of Schools  
Addison Davis

Chief of Schools, Administration  
Shaylia McRae

Area Superintendent, Area V  
Sharon Morris

Principal  
Steve Sims

Assistant Principal  
Amanda Zulkoski  
Tim Hodak

Hello Parents/Guardians,

Welcome to Fishhawk Creek Elementary! Enclosed you will find our registration packet. It is important that all necessary paperwork be completed in order for your child to begin classes. Please submit what you have so we can place it in your child's file. For the 2020-2021 school year, we will ask that you submit the medical forms on Florida medical forms. While we understand you may not have transfer papers from the prior school, if you have your child's last report card, please submit that along with this paperwork.

Once completed you may email either our data processor to set up a time to drop off or you may send all of the documents back to us electronically via email or fax. Our contact phone number, email and fax number is at the bottom of this page. If you have any questions, email is going to be the best way to receive an immediate response.

For those who are sharing a home with someone, please complete side B of the residency form and have the homeowner sign it as well. You will need to provide with this paperwork the homeowner's two forms of residency.

**\*\*\*Our registration hours are on Wednesdays between 8am-12pm.\*\*\***

Stay Safe and Be Well!

*Steve Sims*

Steve Sims

Data Processor Contact Information:

Mechelle Delage Lazar  
[michelle.delage@sdhc.k12.fl.us](mailto:michelle.delage@sdhc.k12.fl.us)  
813-651-2150 x232 ph  
813-651-2154 fax

PLEASE PRINT FIRMLY

**AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

PLEASE PRINT FIRMLY

**THIS BLOCK FOR SCHOOL USE ONLY**

SCHOOL YEAR 2020-2021	SCHOOL NAME Fishhawk Creek Elementary	DISTRICT STUDENT NUMBER	ENTRY CODE
TEACHER OR HOMEROOM		GRADE	ENTRY DATE
<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.			CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury
NAME OF STUDENT (LAST)	(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)			DATE OF BIRTH MM DD YY
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)			HOME PHONE
EMPLOYER NAME		EMPLOYER NAME	
BUSINESS PHONE/EXTENSION	MOBILE NUMBER	BUSINESS PHONE/EXTENSION	MOBILE NUMBER
EMAIL		EMAIL	
RELATIONSHIP TO STUDENT: (CIRCLE ONE)	P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM	O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED	RELATIONSHIP TO STUDENT: (CIRCLE ONE)
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)	
DAYTIME PHONE		DAYTIME PHONE	
HOSPITAL PREFERENCE	PHYSICIAN NAME & PHONE NUMBER		DENTIST NAME & PHONE NUMBER
CURRENT HEALTH PROBLEMS ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____	EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING		
In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian, every effort will be made to notify other persons listed on the emergency card.			
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.			
X _____ Signature of Parent/Legal Guardian			_____ Date

**REGISTRATION INFORMATION**

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthplace \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**First-time Hillsborough County Student**

\_\_\_\_ Yes \_\_\_\_ No Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?

If yes, City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

(Last School attended by the Student) \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Home Education (Include the dates attended and complete address information below)

School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

If the student ever attended a Hillsborough County Public School, name of school \_\_\_\_\_

**Home Language Survey**

\_\_\_\_ Yes \_\_\_\_ No Is a language other than English used in the home?

\_\_\_\_ Yes \_\_\_\_ No Did the student have a first language other than English?

\_\_\_\_ Yes \_\_\_\_ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian \_\_\_\_\_ Student's Native Language \_\_\_\_\_

**State/Federal Mandated Information**

\_\_\_\_ Yes \_\_\_\_ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

\_\_\_\_ Yes \_\_\_\_ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

\_\_\_\_ Yes \_\_\_\_ No Did your family ever travel to look for work on a farm or do paid farm labor?

\_\_\_\_ Yes \_\_\_\_ No Is the student a single parent with either custody or joint custody of a minor child?

\_\_\_\_ Yes \_\_\_\_ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

\_\_\_\_ Yes \_\_\_\_ No Has the student ever had any referrals to mental health services?

Date student first entered a United States school: Month (MM) \_\_\_\_\_ / Day (DD) \_\_\_\_\_ / Year (YYYY) \_\_\_\_\_

If foreign born, how many years has the student attended a school in the United States? \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American  
 \_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ White

**\*\*\* Notice \*\*\***

HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian

Date

FISHHAWK CREEK ELEMENTARY

REGISTRATION INFORMATION

STUDENT'S NAME \_\_\_\_\_

STUDENT'S PREVIOUS SCHOOL \_\_\_\_\_

SCHOOL LOCATION/PHONE NUMBER \_\_\_\_\_

HAS YOUR CHILD EVER BEEN RETAINED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT GRADE? \_\_\_\_\_

IS YOUR CHILD ENROLLED IN ANY SPECIAL EDUCATION PROGRAMS \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE INDICATE PROGRAM BELOW

\_\_\_\_\_ GIFTED WITH EDUCATIONAL PLAN (EP) SIGNED

\_\_\_\_\_ SLD/VE RESOURCE WITH IEP

\_\_\_\_\_ SLD/VE FULL TIME WITH IEP

\_\_\_\_\_ SPEECH/LANGUAGE WITH IEP

\_\_\_\_\_ ELL – 2ND LANGUAGE

\_\_\_\_\_ 504 PLAN

\_\_\_\_\_ OTHER \_\_\_\_\_

PLEASE LIST ANY MEDICAL INFORMATION THE SCHOOL SHOULD BE AWARE OF

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

PLEASE LIST ANY OTHER INFORMATION YOU FEEL IMPORTANT TO SHARE WITH THE SCHOOL/TEACHER \_\_\_\_\_

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

School Board  
Melissa Snively, Chair  
Steve P. Cona III, Vice Chair  
Lynn L. Gray  
Stacy A. Hahn, Ph.D.  
Karen Perez  
Tamara P. Shamburger  
Cindy Stuart



**Hillsborough County**  
**PUBLIC SCHOOLS**  
Preparing Students for Life

Acting Superintendent of Schools  
Addison Davis

Deputy Superintendent, Instructional  
Van Ayres

Deputy Superintendent, Operations  
Chris Farkas

Acting Chief of Schools, Administration  
Shaylia McRae

Area Superintendent, Area V  
Sharon Morris

Principal Coach, Area V  
Dennis Mayo

Principal  
Steve Sims

Assistant Principal  
Amanda Zulkoski  
Tim Hodak

### RELEASE OF RECORDS

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

To: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

The student listed above has enrolled in our school. Please send the following records:

- |  |  |
|--|--|
| <input type="checkbox"/> Florida Student Number                  | <input type="checkbox"/> Transcript of Grades and Grading System   |
| <input type="checkbox"/> Immunization Records & Copy of Physical | <input type="checkbox"/> Standardized Test Scores  |
| <input type="checkbox"/> Birth Certificate                       | <input type="checkbox"/> Intellectual / Psychological Evaluations  |
| <input type="checkbox"/> Copy of Home Language Survey            | <input type="checkbox"/> 504 Plan  |
| <input type="checkbox"/> Withdrawal Form with Transfer Grades    | <input type="checkbox"/> Social History  |
| <input type="checkbox"/> Attendance Information                  | <input type="checkbox"/> Special Education Records, to include most recent IEP and initial eligibility documentation |
| <input type="checkbox"/> Discipline Report                       |  |
| <input type="checkbox"/> Other _____                             |  |

Please include any other records that may assist in proper placement of the student. If the requested records are not available at your school, please let us know. Thank you for your cooperation. These records will be for professional use of authorized Hillsborough County Public School personnel only.

Authorized Personnel Name: Mechelle Delage

Authorized Personnel Email: mechelle.delage@sdhc.k12.fl.us

Authorized Personnel Contact Phone Number: 813-651-2150 x 232

Parent signature indicates approval for email or fax of records \_\_\_\_\_

Parent Signature

**Side A**



Hillsborough County  
PUBLIC SCHOOLS  
Preparing Students for Life

**Student Residency Form**

Complete **Side A** of this form if the Parent/Guardian can provide Proof of Residence.

This form defines the student enrollment category and verifies residence when enrolling a student in a Hillsborough County Public School.

Student Name: \_\_\_\_\_ School: Fishhawk Creek Elementary

Student Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

**1. What is the current student residence?**

- Family owned house
  - Homesteaded  Yes  No
- Family rented apartment/house
- Licensed foster care placement (update D Screen)
- Co-residing and no residency documents (parent has not experienced a loss of housing) (update B and D Screens)

If co-residing, the party with whom the family resides must sign below and provide two (2) proofs of residency. In this circumstance, this form is valid for one school year only and expires at the end of the school year.

**Acknowledgement:** I certify that the family referenced above is residing with me at the above address.

---

Print the name of party with whom student resides	Signature	Date
---	-----------	------

**Please check the documents being provided to the school for verification of residence (2 are required):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Homestead exemption  | <input type="checkbox"/> Current electric bill         | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Property tax receipt | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> Warranty deed   |

**2. The undersigned certifies that all information contained in this form is accurate.** Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

---

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
-------------------------------	------------------------------	------

# Side B

## Student Residency Form

Complete Side B of this form to determine a student's eligibility under the federal McKinney-Vento Homeless Education Act. Eligible students are to be immediately enrolled even if they are missing the required documentation.

This form defines a student enrollment category and verifies residence for enrollment in a Hillsborough County Public School.

Student Name: \_\_\_\_\_ School: Fishhawk Creek Elementary

Student Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

Questions 1-3 must be completed to determine eligibility.

1. Describe the current residence of the student:

- Living in an emergency/transitional shelter or abandoned in a hospital (McKinney-Vento Code A)
- Sharing the housing of other persons temporarily due to loss of housing or economic hardship (McKinney-Vento Code B)
- Living in a car, park, campground, public space, abandoned building, **substandard housing**, bus or train station, or similar setting (McKinney-Vento Code D)
- Living in a hotel, motel, or trailer park on a temporary basis due to lack of alternative adequate accommodations (McKinney-Vento Code E)

2. Is the student an "Unaccompanied Homeless Youth" (not living in physical custody of a parent/legal guardian) and identified under McKinney-Vento (code UAC field)? Yes  No

3. Reason for residency status:

Check One Reason	Cause	SCHOOL CODE (office use)
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Natural Disaster - Earthquake	E
	Natural Disaster - Flooding	F
	Natural Disaster - Hurricane	H
	Natural Disaster - Tropical Storm	S
	Natural Disaster - Tornado	T
	Natural Disaster - Wildfire or Fire	W
	Natural Disaster - Other	N
	Other (lack affordable housing, unemployment, domestic violence, eviction)	O

The undersigned certifies that all information contained in this form is accurate. This form is valid for one school year only and expires at the end of the school year. Per the HCPS policy 2431.01, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian

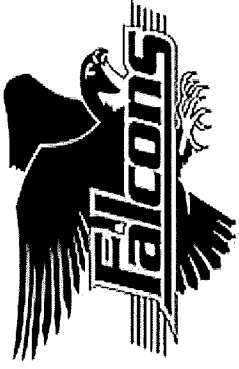
Signature of Parent/Guardian

Date

Data processors – This form (SB 60711) must be coded into the student database upon enrollment (on B, D, and E screens). The original document is maintained in a file located in the data processor's office. This form should not be placed in the student's cumulative folder.

Distribution: Data processor, administrator, school social worker, and district homeless liaison via fax (813) 384-3979.  
SB 60711 (Rev. 5/16/2019)

Side B



## Fishhawk Creek Elementary School

### Mandatory Uniform Policy

2020-2021

The uniform for Fishhawk Creek students consists of:

SHIRTS: Royal blue, white, light blue or gold shirts (with or without school logo). Shirts with logo may be ordered through 3FF Custom Embroidery. No logo or writing other than the FHC school logo is allowed on the school uniform.

PANTS/WALKING SHORTS: Khaki or navy blue pants

Khaki or navy blue walking shorts

SKIRTS OR SKORTS: Khaki or navy blue

WINTER WEAR: A variety of long sleeve shirts and sweatshirts with a logo will be sold through 3FF Custom Embroidery.

School Board  
Melissa Snively, Chair  
Steve P. Cona III, Vice Chair  
Lynn L. Gray  
Stacy A. Hahn, Ph.D.  
Karen Perez  
Tamara P. Shamburger  
Cindy Stuart



**Hillsborough County**  
**PUBLIC SCHOOLS**  
Preparing Students for Life

Acting Superintendent of Schools  
Addison Davis

Deputy Superintendent, Instructional  
Van Ayres

Deputy Superintendent, Operations  
Chris Farkas

Acting Chief of Schools, Administration  
Shaylia McRae

Area Superintendent, Area V  
Sharon Morris

Principal Coach, Area V  
Dennis Mayo

Principal  
Steve Sims

Assistant Principal  
Amanda Zulkoski  
Tim Hodak

Dear student and family of student:

Welcome to Fishhawk Creek Elementary! To complete your registration and begin classes on 08/10/2020, you must first provide the following registration documents. Please submit all required documentation to our data processor, Mechelle Delage Lazar. You can fax them to (813)651-2154 or email them as an attachment to mechelle.delage@sdhc.k12.fl.us.

- **Verification of Parent/Legal Guardian Address (two matching items are required):**
  - Current TECO electric bill (cannot accept water or phone/cable)
  - Property tax bill or homestead exemption
  - Contract for purchase of home
  - Warranty deed or lease agreement

*(if you are living with a relative, etc., the person who will provide the verification documentation listed above must come in person to our office with their photo ID and their proof of residency. Both addresses must match.)*
- **Completed Registration Forms:**
  - **Registration Form (attached Form SB45501)**
  - **Residency Form (attached)**
- **Authenticated Birth Date of Student (one of the following):**
  - Birth Certificate, original
  - Baptismal Certificate
  - Insurance Policy on child in force at least two years
  - Bible record of Birth w/ Parents' Sworn Affidavit
  - Passport or Certificate of Arrival in the US
  - School Records for 4 years showing date of birth
- **Immunization Records** - Immunization records must be up-to-date and on the Florida Form DH680
- **School Physical** - by an approved licensed health care provider or the Hillsborough County Health Department, within twelve months prior to entry of Florida Schools
- **Current Transcript/Transfer Grades/IEP/504**
- **Social Security Card** - to verify SSN

If you have any questions, please contact our Data Processor Data Processor, Mechelle Delage Lazar: 813-651-2150 x 232. We are excited to be a part of your educational journey and look forward to meeting you!

Sincerely,

Steve Sims



## Physical

Proof of physical examination by an approved licensed health care provider or the Hillsborough County Health Department, within 12 months prior to entry in Florida Schools (first day of school); Contact School Health Services for help.

## Immunizations

	K	1	2	3	4	5	6	7	8	9	10	11	12
Varicella - 2 doses	X	X	X	X	X	X							
Varicella - 1 dose							X	X	X	X	X	X	X
DPT - 5 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Polio - (New for KG)	X												
Polio - 4 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR - 2 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B - 3	X	X	X	X	X	X	X	X	X	X	X	X	X
Td or Tdap - 1													X
Tdap - 1 dose								X	X	X	X	X	

• KG - if the 4th dose of polio vaccine is administered prior to the 4th birthday, a 5th dose of polio vaccine is required for entry into kindergarten. The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of previous doses.

### Pre-Kindergarten

- Varicella (chicken pox) vaccine or date of disease (year) as verified by parent or physician
- 3 doses Hepatitis B
- 4 doses Hib
- Up to date for age for Tdap, Polio, and MMR

### Kindergarten

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 3-5 doses \*Polio
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

### 1st, 2nd, 3rd, 4th and 5th Grade Students

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 4 doses Polio vaccine
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

A **religious exemption** on HRS form 681 is available at the Florida Department of Health only - Hillsborough, Sulphur Springs Health Center 8605 N. Mitchell Ave., Tampa 813-307-8077.

# Student Calendar 2020-2021



Students' First Day of School	Monday, Aug 10, 2020
Labor Day Holiday/Non-Student Day	Monday, Sep 7, 2020
End of 1st Grading Period	Friday, Oct 9, 2020
* Veterans Day/Non-Student Day	Wednesday, Nov 11, 2020
* Fall Break/Non-Student Days	Monday, Nov 23, 2020 - Friday, Nov 27, 2020
Students Return to School	Monday, Nov 30, 2020
End of 2nd Grading Period (End of 1st Semester)	Friday, Dec 18, 2020
Winter Break/Non-Student Days	Monday, Dec 21, 2020 - Friday, Jan 1, 2021
Non-Student Day	Monday, Jan 4, 2021
Students Return to School	Tuesday, Jan 5, 2021
Martin Luther King, Jr. Holiday/Non-Student Day	Monday, Jan 18, 2021
Non-Student Day	Friday, Feb 12, 2021
Presidents' Day/Non-Student Day	Monday, Feb 15, 2021
Non-Student Day	Monday, Mar 8, 2021
End of 3rd Grading Period	Friday, Mar 12, 2021
Spring Break/Non-Student Days	Monday, Mar 15, 2021 - Friday, Mar 19, 2021
Non-Student Day	Monday, Mar 22, 2021
Non-Student Day	Friday, Apr 2, 2021
Non-Student Day	Monday, Apr 19, 2021
End of 4th Grading Period	Friday, May 28, 2021
Students' Last Day of School	Friday, May 28, 2021

Please note:

\* Hurricane Day(s) if needed - November 11, 23, 24, & 25, 2020

This calendar is subject to change due to future actions of the Florida Legislature or Hillsborough County School Board

**Student Early Release Days**

Early Release Days for 2020-2021 have not yet been determined.



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History.
State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Form with fields: Name of Child (Last, First, Middle), Birth Date, Sex, Address (Street), School, Grade, City and ZIP Code, Home Telephone Number, Parent/Guardian (Last, First, Middle)

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 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)?
8. Yes [ ] No [ ] Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

Three horizontal lines for writing answers to the previous question.

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 and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

[X] Signature of Parent/Guardian Date

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.)

Table with 2 columns: Service (Vision, Dental, Hearing) and Description. Includes fields for Date of Exam, Results of Exam, and Health Care Provider.