

SOUTHERN LEHIGH SCHOOL DISTRICT
New Entrant Health Form

INFORMATION FOR EMERGENCY CARD

Student's Name _____ Birthdate _____
Address _____ Home Phone Number _____
Child Lives With: Both Parents _____ Father _____ Mother _____ Guardian (Relationship) _____
Name and ages of Siblings _____

Parent/Guardian Last Name _____
Mother's First Name _____ Mother's Work Number _____ Cell _____
Father's First Name _____ Father's Work Number _____ Cell _____
Emergency Contact Person _____ Phone Number _____
Emergency Contact Person _____ Phone Number _____
Family Doctor _____ Hospital Preference _____
Family Dentist _____
Special Health Needs: _____

IMMUNIZATION INFORMATION (Please give complete dates)
(If you are giving us a paper with you child's immunizations, you do not need to fill out)

Diphtheria/Tetanus (DPT)	_____	_____	_____	_____	_____
Polio/Oral (OPV/IPV)	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____		
MMR	_____	_____			
Varicella Vaccine	_____	_____			
Meningitis	_____				
HIB	_____	_____	_____	_____	
Other Immunization	_____				

(OVER)

Does your Child have or had any of the following? Give dates and details.

	<u>YES</u>	<u>NO</u>	<u>IF YES, PLEASE EXPLAIN</u>
Asthma	_____	_____	_____
Uses inhaler	_____	_____	_____
Allergies:	_____	_____	_____
Medications	_____	_____	_____
Foods	_____	_____	_____
Insect stings	_____	_____	_____
Other	_____	_____	_____
Diabetes	_____	_____	_____
Convulsions/Seizures	_____	_____	_____
ADD / ADHD	_____	_____	_____
Autism Spectrum Disorder	_____	_____	_____
Blood Disorder	_____	_____	_____
Cardiovascular Disorder	_____	_____	_____
Gastrointestinal Disorder	_____	_____	_____
Musculoskeletal Disorder	_____	_____	_____
Neurological Disorder	_____	_____	_____
Renal Disorder	_____	_____	_____
Respiratory Disorder	_____	_____	_____
Cancer	_____	_____	_____
Hearing Problems	_____	_____	_____
Vision problems	_____	_____	_____
Speech Problems	_____	_____	_____
Emotional Problems	_____	_____	_____
Other - Please Specify	_____	_____	_____

Is your child currently under medical treatment? _____(YES) _____(NO)

If yes, please explain _____

Does your child currently take any medications? _____(YES) _____(NO)

If yes, please list _____

Does your child require special consideration in classroom? _____(YES) _____(NO)

If yes, please explain _____

Does your child require special consideration in phys. ed.? _____(YES) _____(NO)

If yes, please explain _____

List any information which you feel should be known to the school nurse _____

Parent/Guardian Signature _____

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District:

Date:

School:

Student's Name:

Grade:

1. **What is/was the student's first language?** _____

2. **Does the student speak a language(s) other than English?**
(Do not include languages learned in school.)

Yes No

If yes, specify the language(s): _____

3. **What language(s) is/are spoken in your home?** _____

4. **Has the student attended any United States school in any 3 years during his/her lifetime?**

Yes No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian):

Parent/Guardian signature:

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



SOUTHERN LEHIGH SCHOOL DISTRICT
5775 MAIN STREET
CENTER VALLEY, PA 18034

RELEASE OF INFORMATION FORM

We are requesting your consent to exchange information regarding your child with another school, agency or professional. Before we can do so, written authorization is required.

Name of Student _____ Date of Birth _____

I authorize the **Southern Lehigh School District** to:

(check one): _____ send to _____ receive from

Name of School _____

Address of School _____

City/State/Zip _____

the following information:

- ____ Health/Immunization records
- ____ Evaluation report
- ____ Psychological evaluation
- ____ Psychiatric evaluation
- ____ Individual Education Program
- ____ Notice of Recommended Education Placement
- ____ Report cards/Progress notes
- ____ Standardized test scores
- ____ Medical records
- ____ Verbal Communication

Signature of Parent/Guardian

Date