

Educational Information:

Has your child ever been tested for learning difficulties?
If yes, when & where? _____

Has your child ever received any special services? (please check all received)

Remedial Reading _____ Remedial Math _____ Speech _____
Resource Room (*I.E.P.) _____ O.T. _____ P.T. _____ Special Placement _____
Other _____ Explain _____

* Do you have a copy of your child's Individualized Education Program? _____

Gifted Program _____ What areas _____

Health Information:

Where there any medical concerns regarding your child's birth? Yes No
If yes, please explain _____

Does your child have any special health problems? Yes No
If yes, please explain _____

Does your child have any allergies? Yes No
If yes, please list: _____

Is your child presently taking any medication? Yes No
If yes, please list: _____

Ever been to an eye doctor? Yes No
Does your child wear glasses? Yes No

Has your child ever had his/her hearing tested? Yes No Results: _____

Has your child been hospitalized at all since birth? Yes No
If yes, please explain _____

Has your child ever seen a dentist? Yes No Last date seen _____

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Please bring a copy of your child's birth certificate for his/hers school file.

I/we certify that I/we are the parents/legal guardians of the child named on this form and are legal residents of Tully School District, by maintaining a home and family responsibilities within this assigned school district.

Date

Parent/Guardian Signature