

FAMILY INFORMATION

**Parents Names
And
Addresses**

Mother: _____

Address: _____

Telephone Number (Home) _____ **(Work)** _____

(Cell) _____ **(Pager)** _____

Father: _____

Address: _____

Telephone Number (Home) _____ **(Work)** _____

(Cell) _____ **(Pager)** _____

**Parental
Involvement
History:**

Yes _____ **No:** _____

Give Details: _____

**Guardianship If
Different Than
Parents**

Name of Guardian: _____

Address: _____

Telephone Number: (Home) _____ **(Work)** _____

(Cell) _____ **(Pager)** _____

ADDITIONAL RELEVANT DETAILS

EDUCATION:

Current/Most Recent School Placement: _____ County: _____

Telephone Number _____ Grade: _____

School Address : _____

Special Education Needs: LD/ED/Other _____

Communication Problems: _____

IEP Eligible: Yes _____ No _____

Last Date of IEP: _____ Responsible County for IEP: _____

History of Truancy: Yes _____ No _____

MEDICAL HISTORY:

Last Date Of Physical Exam: _____ Name of Physician: _____

TB Test Current: Y/N _____ Unknown: _____ Result of Test: _____ If Positive is there clearance?
Y/N Type: _____

Immunization Current: Yes _____ No _____

Currently Pregnant: Yes _____ No _____ If Yes, Expected Due Date: _____

Significant Medical Condition: _____

Current Medication: _____

Previous Medication Taken in Last Year _____

Medication Allergies _____

Food/Environmental Allergies: _____

Corrective Lenses: Yes _____ No _____ Last Date of Eye Exam: _____

Medicaid Eligible: Yes _____ No _____ Medicaid Number : _____

Medical Insurance: _____ Number: _____

