

**WASHINGTON WEST SUPERVISORY UNION  
STUDENT ENROLLMENT INFORMATION, HEALTH & EMERGENCY FORM**

**For Office Use Only:**

TA/Home Room: \_\_\_\_\_ Counselor: \_\_\_\_\_

Student ID: \_\_\_\_\_ Birth Certificate Checked: \_\_\_\_\_

Person or Agency Completing Form: \_\_\_\_\_

Entering School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Student: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Family last name: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Languages (other than English) spoken in home: \_\_\_\_\_

What language did child learn first: \_\_\_\_\_ If applicable, when did student arrive in US: \_\_\_\_\_

Native Language of Each Parent/Guardian: \_\_\_\_\_

Ethnicity (circle those that apply): White American Indian/Alaskan Native Asian Hispanic/Latino  
Black/African American Native Hawaiian/Other Pacific Islander

Primary Mailing Address: \_\_\_\_\_

Primary Physical (E-911) Address: \_\_\_\_\_

Town of Legal Residence: \_\_\_\_\_

Primary Home Phone: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_ Student's School/Personal E-mail: \_\_\_\_\_

(Be advised that the email addresses provided above will be added to the school's parent email lists, which will be used for school purposes only, and will not be shared with any outside organizations.)

Secondary Mailing Address (if applicable): \_\_\_\_\_

Previous school(s) or preschool programs attended (name, address, grade(s), dates):

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

Student Name: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent #1 Name: (First, Last) \_\_\_\_\_

Address (if different from primary address): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent #2 Name: (First, Last) \_\_\_\_\_

Address (if different from primary address): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Step-parents' Names: (first, last) \_\_\_\_\_

List other children in the home (oldest to youngest):

<u>Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Residence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are additional children, please attach a separate sheet.

List other adults living in the home:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

If there are additional adults, please attach a separate sheet.

Student Name: \_\_\_\_\_

**Custody:**

Custody/Guardianship (mother, father, joint, other) \_\_\_\_\_. If legal guardian is someone other than the parent(s), please provide name and address, and contact information:

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

If student is in custody of a state agency (e.g. DCF), DCF worker has to enroll the student and include SPS enrollment form. Send copy of the SPS form to WWSU Director of Student Services.

If changes occur in your family unit, notify the school promptly and provide the legal documentation needed in order to abide by those changes. School administrators must receive documentation of any special custodial requirements in order to abide by them. A copy of any Court Order pertaining to custody, restrictions or visitation of the child you are enrolling must be given to the school; otherwise, each parent has equal rights. If this student does NOT live with both biological parents, or guardian, please review and check the following, if applicable.

- \_\_\_ There is currently no written stipulation or court order pertaining to the custody and care of my child.
- \_\_\_ There is a written stipulation or court order pertaining to the custody and care of my child (**attach a copy of written stipulation or court order to this application**).
- \_\_\_ There are people who are legally forbidden from having contact with this child.  
Names: \_\_\_\_\_

**(Attach copy of restraining order, divorce decree, etc. as documentation)**

- \_\_\_ My child lives in a developmental home in the WWSU. (needs SPS enrollment form)
- \_\_\_ Student is living in a foster home. (needs SPS enrollment form)

**Emergency Contact Information (if parent cannot be reached):**

Emergency Contact #1: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Academic/Social/Emotional Information**

Please describe in detail any distinguishing characteristics your child may have, such as fears, temper, extreme likes or dislikes, shyness, etc. This will help the school assist with your child's adjustment to the many new experiences ahead.

---

---

---

---

Describe your child's strengths and needs (academic, social, emotional).

---

---

---

---

---

Has your child received any assistance for:

___ Speech	By whom: _____	When: _____
___ Learning disabilities	By whom: _____	When: _____
___ Reading	By whom: _____	When: _____
___ Mathematics	By whom: _____	When: _____
___ Counseling	By whom: _____	When: _____

Student Name: \_\_\_\_\_

**Medical Information:**

Doctor's Name: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_  
(due once a year)

Dentist's Name: \_\_\_\_\_ Date of Last Dental Exam: \_\_\_\_\_

Eye Doctor's Name: \_\_\_\_\_ Date of Last Eye Exam: \_\_\_\_\_

Please read each item, check area if it relates to your child, and comment below:

- |   |  |
|---|--|
| <input type="checkbox"/> Accident   | <input type="checkbox"/> Vision problems                                 |
| <input type="checkbox"/> Allergy (if checked, what is child's reaction?)  | <input type="checkbox"/> Ear infections/hearing loss                     |
| <input type="checkbox"/> Skin problems (e.g. rashes)  | <input type="checkbox"/> Epilepsy (seizures)                             |
| <input type="checkbox"/> Recurrent colds, congestion  | <input type="checkbox"/> Developmental delay (any area)                  |
| <input type="checkbox"/> Specific oral issues   | <input type="checkbox"/> Other medical concerns (heart defect, diabetes) |
| <input type="checkbox"/> Hospitalizations   | <input type="checkbox"/> Lead poisoning                                  |
| <input type="checkbox"/> Chicken pox disease Date: _____  | <input type="checkbox"/> Bowel problems                                  |
| <input type="checkbox"/> Bladder problems   |  |
| <input type="checkbox"/> Respiratory (breathing issues, e.g. asthma) If yes, does the child use an inhaler? How often? For sports only? |  |

Comments: \_\_\_\_\_

Immunization Record Provided: \_\_\_\_\_  
(VT Immunization Law states we must have a copy of the immunization record)

Please check the appropriate box:

- Yes  No Was your child born premature?  
 Yes  No Were there any birth complications? If yes, explain below.  
 Yes  No Do you think your child's development is progressing well?  
 Yes  No Is your child on any medications on a regular basis? If yes, explain below.  
 Yes  No Is there any significant family health history? (e.g. epilepsy, diabetes, heart disease)

Comments: \_\_\_\_\_

Are there any limitations on your child's activities in school?  Yes  No  
If yes, please explain: \_\_\_\_\_

Student Name: \_\_\_\_\_

My child has permission to take the following non-prescription medication at school under the supervision and judgment of the school nurse:

Tylenol/acetaminophen     Advil/ibuprofen     Benadryl     Cough drops  
 Other: \_\_\_\_\_

Reason for administration: \_\_\_\_\_

*\*If medication other than Tylenol, Advil, Benadryl, or cough drops needs to be given at school, please review medication procedures and complete the Medication Order and Permission Form.*

If you do not want your child to receive medications, please check the statement below:

No medications are to be given to my child without calling me first.

Does your child take prescription medication?  Yes     No

If yes, why and what is the medication? Does the medication need to be taken at school?

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

It is preferable to arrange for students to take any medications at home whenever possible. If medicines must be taken during school hours, school policy requires that they be sent to school in the original pharmacy container, with a doctor's order and a written parent request. Please arrange to have an adult bring the medication to the health office. For safety reasons, students are NOT allowed to carry medication with them on the bus or at school.

Do you have health insurance for your child?  Yes     No

If yes, please state: Provider: \_\_\_\_\_ Subscriber: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

If no, call 1-800-250-VHAP for more information.

Do you have dental insurance for your child?  Yes     No

If yes, please state: Provider: \_\_\_\_\_ Subscriber: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Would you like information about Green Mountain Care (benefits of this insurance include prescriptions, eye care, dental care, and mental health care)?  Yes     No

Yes     No I hereby grant permission to the School Nurse and/or Administrator to request or share pertinent information related to my child's health and well-being with other school personnel or medical/dental providers as necessary.

Student Name: \_\_\_\_\_

**Consent for Emergency Treatment:**

In case my child has a serious accident or sudden serious illness, I request the school to contact me. If not able to reach me, I authorize school personnel to seek emergency medical care, including transportation (at my expense) to a health care facility. I authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Consent for Field Trips:**

I give permission for my child to go on school field trips. My child will be transported by bus. I will be notified in advance of all pending trips. My child may also go on walking trips with a teacher within a reasonable distance of the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**IF ANY INFORMATION PROVIDED HEREIN CHANGES OVER THE COURSE OF THE SCHOOL YEAR, PLEASE ADVISE BY CALLING \_\_\_\_\_ AT \_\_\_\_\_ . THANK YOU.**

Name/Signature of person registering student (must be a legal guardian):

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date