

HIGHLAND CENTRAL SCHOOL DISTRICT

Mission Statement

In a safe and caring learning environment, we inspire students to make connections, think critically and become productive global citizens who create legacies that make our community proud.

Welcome to the Highland Central School District. Contained in this registration packet are the following forms you will be required to complete in order for your student to begin school:

Form 1	Housing Questionnaire Migrant Education Program Parent Survey Bus Card Registration Form
Form 2	Confidential Student Data Sheet
Form 3	Residency Documentation Form
Form 4	Authorization to Release Records
Form 5	Home Language Questionnaire
Form 6	Every Student Succeeds Act
Form 7	Release to Video/Photograph
Form 8	Telecommunication User Agreement
Form 9	Annual Medical Update Questionnaire
Medical Packet	District Physical Form (Required for entry to grades K,2,4,7 and 10) Medication Administration Authorization Form Dental Certificate

Other Documents **Required** for Registration:

Proof of Student Age: ☐ Birth Certificate ☐ Baptismal Certificate ☐ Passport

Proof of Guardian Identity: ☐ Valid, state issue driver or non-driver id card ☐ State or military picture id

Proof of Guardianship: ☐ Separation Agreement ☐ Divorce Decree ☐ Custodial Documents ☐ Court Order/Guardianship ☐ Order of Protection/Restraint ☐ Form DSS-299 (Foster) ☐ Affidavit of Parent and Custodial Individual

☐ **Most recent Physical and Immunization Record** *Students are required by Article 19 of State Education Law to furnish a report of a **physical examination within the past year** for entrance to school. For the 2022/2023 school year it should occur between **9/7/21 and 9/7/22**. If the student has had such an examination, please forward a copy of it to the school. If the student needs a physical examination, the form on the reverse side of this letter may be used by your medical provider.*

Upon completion of the registration packet please return to:
Highland High School; Attn: Elizabeth Salanitri; 320 Pancake Hollow Rd.; Highland, NY 12528
(845) 691-1032 Fax (845) 691-1033 Esalanitri@highland-k12.org

Name of LEA: Highland Central Schools

Name of School: _____

Name of Student: _____

Middle

Gender: ☐ Male Date of Birth: _____ / _____ / _____ Grade: _____ ID#: _____
☐ Female *Month Day Year* *(preschool-12)* *(optional)*

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check **one** box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date



HIGHLAND CENTRAL SCHOOL DISTRICT
NEW YORK STATE MIGRANT EDUCATION PROGRAM
PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status. This program is free of charge to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery / greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)
- ☐ No

If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

Your information will be provided to the Mid-Hudson Migrant Education Program located at:

SUNY New Paltz Campus
van den Berg Learning Center Annex
Room 353
New Paltz, NY 12561
(845) 257-2950

Highland Central School District
Registration Form
(Please Press Firmly)

Student Name: _____ Male: _____ Female: _____

Date of Birth: _____ Birth Place: _____

Ethnicity: _____ Language spoken at home: _____

Parent One: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Parent Two: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

With whom does the student reside? _____

Who has custody of the child? Joint _____ Mother _____ Father _____ Guardian _____

Address: _____ Phone: _____

Court documents? Yes _____ No _____

If yes, current court documents pertaining to the student during the school year **MUST** be on file at school (i.e. Custody papers, order of protection papers, custodial papers, etc.)

Previous schools attended: _____

Previously attended Highland: Yes _____ No _____

Siblings:	Last Name	First Name	DOB	Grade	School

****Special Considerations:** Health History (i.e. allergies, vision, etc.), ESL, Special Education, Speech/Language, Gifted, Migrant Services: _____

Registrant	Relationship	Date
(Space below for School District use only)		

Student # _____ Enrollment Date: _____

Family # _____ Teacher: _____

Bus # To: _____ From: _____ Grade: _____ Homeroom: _____

Evidence of Birth: _____ Transcripts Requested: _____

Placement Location: _____

White: (Student Folder)

Yellow: (Registrar's Office)

HIGHLAND CENTRAL SCHOOL DISTRICT

CONFIDENTIAL STUDENT DATA SHEET

Student Information:

Last Name	First Name	Middle Name
Student DOB	Grade Level	Students Native Language

Custodial Information:

With whom does the child reside: Mother Father Guardian (Name/Relationship: _____)

Type of custody: N/A Sole Joint

*** (Please provide court documentation, which must be on file with the school to be enforceable)***Contact Information: Please list the parent that should be contacted first and second for attendance/nurse calls

Primary Contact: _____ Relationship to Student: _____

Street Address: _____

Mailing Address: _____

(Call Order #1, #2 or #3)

E-Mail Address: _____ Cell Number: _____ Contact # _____

Work Number: _____ Contact # _____

Home Number: _____ Contact # _____

Secondary Contact: _____ Relationship to Student: _____

Street Address: _____

Mailing Address: _____

(Call Order #1, #2 or #3)

E-Mail Address: _____ Cell Number: _____ Contact # _____

Work Number: _____ Contact # _____

Home Number: _____ Contact # _____

Emergency Information:

Please give the name and phone number of two individuals other than yourself that has permission from you to be contacted and requested to pick up your child in case of an emergency:

1. Name: _____ Work#: _____ Home Phone#: _____

Cell Phone#: _____ Relationship to student: _____

2. Name: _____ Work#: _____ Home Phone#: _____

Cell Phone#: _____ Relationship to student: _____

Parent/Guardian Signature

Date

HIGHLAND CENTRAL SCHOOL DISTRICT

RESIDENCY DOCUMENTATION FORM

Student Name: _____

Date: _____

**TWO PROOFS OF RESIDENCY ARE REQUIRED AT THE TIME OF REGISTRATION.
BOTH PROOFS MUST BE DATED LESS THAN 30 DAYS AND SHOW YOUR STREET ADDRESS**

If you are renting or own your home, please submit two from the following list:

- ☐ Deed, lease, or rental agreement for home (some documents may require notarization)
- ☐ Paycheck stub with street address
- ☐ Automobile, homeowners, rental insurance policy identifying your name and address
- ☐ Vehicle registration card
- ☐ Furniture rental agreement with your name and street address for delivery
- ☐ Valid driver's license, learners permit or non-driver identification
- ☐ Print out of change of address from DMV website, or sticker on license from the DMV
- ☐ Income tax form
- ☐ Voter registration card
- ☐ School or property tax bill
- ☐ Utility bill (electric, gas, propane, oil) identifying your name and service address
- ☐ Telephone bill identifying your name and street address
- ☐ Cable bill identifying your name and street address
- ☐ Real estate closing statement
- ☐ Moving company bill
- ☐ Post office form processed by the postal service with forwarding address *OR* print out of address change from USPS.com *OR* mail with new street address identified by the yellow forwarding address label on the envelope
- ☐ Installation receipt from phone/cable/internet company identifying your name and address

**If you are staying with a friend or family member, please submit a notarized, dated letter from the homeowner/renter identifying you and your children as residing at that address.
Additionally, please submit one document from the following list:**

- ☐ Current paycheck stub with street address
- ☐ Automobile insurance policy identifying your name and current address
- ☐ Furniture rental agreement with your name and street address for delivery
- ☐ Valid driver's license, learners permit or non-driver identification
- ☐ Print out of change of address from DMV website, or sticker on license from the DMV
- ☐ Income tax form
- ☐ Voter registration card
- ☐ Utility bill (electric, gas, propane, oil) identifying your name and service address
- ☐ Cable/internet/phone bill identifying your name and street address
- ☐ Moving company bill
- ☐ Post office form processed by the postal service with forwarding address *OR* print out of address change from USPS.com *OR* mail with new street address identified by the yellow forwarding address label on the envelope

Parent/Guardian Signature

Date

HIGHLAND CENTRAL SCHOOL DISTRICT

AUTHORIZATION REQUEST TO RELEASE STUDENT RECORDS

Date: _____

Student Name: _____

Date of Birth: _____ Grade of Entry: _____

Former School Name: _____

School Mailing Address: _____

Contact Name/Email Address: _____

Phone Number: _____ Fax Number: _____

The above student has entered the Highland Central School District. Please kindly forward the following documentation to complete the student record:

- **Academic Record**
- **Standardized Test Results (Including Regents Competency Tests)**
- **Health Records**
- **Psychological Reports**
- **IEP/Special Education**
- **Attendance**
- **Family Data**
- **All other pertinent information(please list):** _____

Please forward the requested documents to the school marked below:

☐ Highland Elementary School
Attn: Principal's Office
16 Lockhart Lane
Highland, N.Y. 12528
Phone: (845) 691-1072/1062
Fax: (845) 691-1073

☐ Highland Middle School
Attn: Guidance Office
71 Main Street
Highland, N.Y. 12528
Phone: (845) 691-1090
Fax: (845) 691-1092

☐ Highland High School
Attn: Guidance Office
320 Pancake Hollow Road
Highland, N.Y. 12528
Phone: (845)691-1021
Fax: (845)691-1043

☐ Student Services; Phone: (845)691-1023 Fax: (845)691-1024 ☐ District Registrar, Phone: (845)691-1032
Fax: (845)691-1033

I, _____ give permission to my child's former school to release any and all requested records to the Highland Central School district.

Parent/Guardian Signature

Date



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other <u>specify</u>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other <u>specify</u>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother <u>specify</u>	<input type="checkbox"/> Father <u>specify</u>
	<input type="checkbox"/> Guardian(s) <u>specify</u>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other <u>specify</u>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other <u>specify</u> <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other <u>specify</u> <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other <u>specify</u> <input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	Address

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="margin-right: 20px;"> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> </div> <div> *If yes, please explain: _____ </div> </div>
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>
10b. <i>*If referred for an evaluation</i> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received <i>(Please check all that apply)</i> : <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? <i>(e.g., special talents, health concerns, etc.)</i> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

Month: Day: Year: _____
Date

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Mo. DAY YR. </div>	OUTCOME OF INDIVIDUAL INTERVIEW: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM </div> </div>
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> MO. DAY YR. </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING </div> </div> </div>
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>	

HIGHLAND CENTRAL SCHOOL DISTRICT

Every Student Succeeds Act

STUDENT NAME:_____
Last Name_____
First Name_____
Middle Name**PLACE OF BIRTH:**_____
City_____
County_____
State_____
Country

Number of years in school outside of the United States: _____

ETHNICITY:Is the student Hispanic, Latino or of Spanish Origin? ☐ Yes ☐ No**RACE:**

Choose one or more of the following regardless of ethnicity:

☐ American Indian or
Alaskan Native☐ Asian☐ Black or African American☐ Native Hawaiian/Other
Pacific Islander☐ CaucasianDoes this student have a parent on active military duty: ☐ Yes ☐ No

If Yes: Parent name and date parent first entered active duty: _____

FIRST POLIO VACCINATION:

Immunization Date: _____ (Month/Day/Year)

Parent/Guardian Signature_____
Date

HIGHLAND CENTRAL SCHOOL DISTRICT**RELEASE TO VIDEOTAPE AND PHOTOGRAPH****Student Name (print)** _____ **Grade** _____

I hereby give my permission to the Highland Central School district to record my child/ward's image and/or voice for use in promotional, educational materials, district web page and/or to be interviewed and/or photographed/videotaped by the media. This coverage may be used for broadcasting or published in print. I understand that I will not receive monetary compensation for such use. By granting permission, I release the District from any liability for, and waive any and all claims against the District by reason of the publications, including but not limited to unlawful invasion of privacy.

I understand that the signing of this release does not obligate the District to use my child/ward's picture.

Parent/Guardian Signature_____
Date

_____ Yes, I do give permission.

_____ No, I do not give permission.

HIGHLAND CENTRAL SCHOOL DISTRICT**TELECOMMUNICATION USER AGREEMENT AND WAIVER FORM**

I have read and understand the Highland Central School District's Telecommunications Use Administrative Regulation, as found on the districts website at:

https://ny02215766.schoolwires.net/cms/lib/NY02215766/Centricity/Shared/Series%208000_%20Instruction/8300.pdf

This policy is regarding student use of the data/voice/video network and the Internet. By signing this consent and waiver form, I give my permission for my child to be permitted access to the District's data/voice/video network system and the Internet. I understand that my child's in-school access to the Internet is designed solely for educational purposes. I also understand that a variety of inappropriate and offensive materials are available over the Internet and it may be possible for my child to access these materials inadvertently or if he/she chooses to behave irresponsibly. I further understand that it is possible for undesirable or ill-tended individuals to communicate with my child over the Internet, that there is no practical way for the Highland Central School District to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the Highland Central School District faculty/staff to monitor any communications to and from my child on the District's data/voice/video network and Internet, I recognize that it is not possible for the District to monitor all such communications. I have determined that the benefits of my child having in-school access to the Internet outweigh the potential risks, and I will not hold the Highland Central School District or the Internet Access Provider, the Mid-Hudson Regional Information Center, responsible for material acquired or contacts made on the Highland Central School District's data/voice/video network or the Internet. I and my son/daughter further understand that any violation of the provisions in the telecommunications Use Policy/Administrative Regulation by my child may result in suspension or revocation of his/her system access and related privileges, other disciplinary action, and possible legal action.

Name of Student (Print)

Student Grade

Parent/Guardian Signature

Date

HIGHLAND CENTRAL SCHOOL DISTRICT

Annual Medical Update 2022-2023

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
		Cell Phone:	

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle) |
| <input type="checkbox"/> Autism/Asperger | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Dental Injuries | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Speech Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Ear Infections | (depression, eating disorder, anxiety, OCD, ODD, etc.) | |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

I give permission to release medical information to the appropriate staff members of Highland Central School District so that they can be informed of my student's condition.

Parent/Guardian Signature: _____ Date: _____