

Parent Checklist for Enrolling Students

2009-2010

Preschool

<input type="checkbox"/>	Pre-School Application (English / Spanish)	
<input type="checkbox"/>	Physical Form	
<input type="checkbox"/>	Consent for Emergency Treatment & Medical Records	
<input type="checkbox"/>	Health Enrollment Form	
<input type="checkbox"/>	Verification of Chicken Pox	
<input type="checkbox"/>	Home Language Survey	
<input type="checkbox"/>	Migrant Program & other benefits form (English / Spanish)	
<input type="checkbox"/>	Transportation Form	
<input type="checkbox"/>	Prescription Medication form (If taking medications at school)	
<input type="checkbox"/>	Free and Reduced - Breakfast / Lunch Application	
<input type="checkbox"/>	School/Class Supply List	
<input type="checkbox"/>	Copy of Birth Certificate	Items to be brought from home.
<input type="checkbox"/>	Copy of Social Security Card / Number	
<input type="checkbox"/>	Copy of Immunizations	

Kindergarten & New Students:

<input type="checkbox"/>	Student Information form	
<input type="checkbox"/>	Physical Form	
<input type="checkbox"/>	Consent for Emergency Treatment & Medical Records	
<input type="checkbox"/>	Health Enrollment Form	
<input type="checkbox"/>	Verification of Chicken Pox	
<input type="checkbox"/>	Home Language Survey	
<input type="checkbox"/>	Migrant Program & other benefits form (English / Spanish)	
<input type="checkbox"/>	Transportation Form	
<input type="checkbox"/>	Human Sexuality Education (English / Spanish) <u>5th and 6th GRADE ONLY</u>	
<input type="checkbox"/>	Prescription Medication form (If taking medications at school)	
<input type="checkbox"/>	Free and Reduced - Breakfast / Lunch Application	
<input type="checkbox"/>	School/Class Supply List	
<input type="checkbox"/>	Copy of Birth Certificate	Items to be brought from home.
<input type="checkbox"/>	Copy of Social Security Card / Number	
<input type="checkbox"/>	Copy of Immunizations	

Returning students:

<input type="checkbox"/>	Student Information form	
<input type="checkbox"/>	Consent for Emergency Treatment & Medical Records	
<input type="checkbox"/>	Health Enrollment Form	
<input type="checkbox"/>	Verification of Chicken Pox	
<input type="checkbox"/>	Home Language Survey	
<input type="checkbox"/>	Migrant Program & other benefits form (English / Spanish)	
<input type="checkbox"/>	Transportation Form	
<input type="checkbox"/>	Human Sexuality Education (English / Spanish) <u>5th and 6th GRADE ONLY</u>	
<input type="checkbox"/>	Prescription Medication form (If taking medications at school)	
<input type="checkbox"/>	Free and Reduced - Breakfast / Lunch Application	
<input type="checkbox"/>	School/Class Supply List	
<input type="checkbox"/>	Copy of Updated Immunizations	