

**FAIRHAVEN PUBLIC SCHOOLS**  
**Registration and Health History Form**

Entering Grade \_\_\_\_\_

Name \_\_\_\_\_  
          First                      FULL Middle                      Last

Gender:    M    F    Date of Birth \_\_\_ / \_\_\_ / \_\_\_ City/Town of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City/ Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Unlisted:    Yes    No

Email: \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

With whom does the child reside? (Primary caregivers) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Occupation: \_\_\_\_\_

If the child does not reside with both natural parents, is there a custody order that addresses any aspect of the child's school attendance or educational program?    Yes    No

Is there a restraining order in affect?    Yes    No    If yes, copies must be supplied to the school for our records

Are the parents migrant workers?    Yes    No

Race:    (please check)    \_\_\_ Native American    \_\_\_ Asian or Island Pacific  
          \_\_\_ White    \_\_\_ Black    \_\_\_ Hispanic

Does your child have preschool experience?    Yes    No    If so, where did he/she attend and for how long. \_\_\_\_\_

Has the student ever attended a Fairhaven school before?    Yes    No  
Name of Fairhaven school \_\_\_\_\_ Grade \_\_\_\_\_

School last attended if not in Fairhaven \_\_\_\_\_

Are you aware of any special school/classroom accommodations needed for your child?  
Yes    No

Is your child currently receiving or has he/she received any of the following specialized services:

- \_\_\_ Special Needs Program/IEP                      \_\_\_ State Ward (foster child)
- \_\_\_ 504 Plan Services                                      \_\_\_ Free/Reduced Lunch
- \_\_\_ Title I

Other Children in Family:

Name \_\_\_\_\_ M or F Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ M or F Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ M or F Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Was this child's birth and early infancy free of trouble? Yes No  
If no, please explain: \_\_\_\_\_

Has your child had any illness, surgery, accident or hospitalization of which the school should be aware? If so, please explain.  
\_\_\_\_\_

Does your child wear glasses? Yes No When is he/she required to wear these?  
\_\_\_\_\_

Does your child have any trouble hearing you? Yes No

Does your child have any allergies? (to food, medication, environmental, etc.) Yes No  
If so, to what?

Is your child on any daily medication that will have to be administered in school?  
Yes No If so, what medication and for what reason?  
\_\_\_\_\_

Does your child have a speech problem? Yes No

Is there any information regarding your child's health and habits that may be important, such as; fears, tantrums, interacting with other children? Yes No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ALL OF THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE