

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: Y N

Mailing Address if Different _____

With whom does the child reside? (Primary caregivers)

Mother's Name: _____ Address: _____

Occupation: _____ Place of Birth: _____

Father's Name: _____ Address: _____

Occupation: _____ Place of Birth: _____

Mother's maiden name: _____ Primary language spoken at home: _____

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? Y N Is there a restraining order in affect? Y N
(Copies should 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

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? Y N

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

- ___ Special Needs Program/IEP
- ___ 504 Plan Services - Date of most recent 504 Plan _____
- ___ State Ward (foster child)
- ___ Free/Reduced Lunch

Other Children in Family:

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Were this child's birth and early infancy free of trouble? Y N

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? Y N When is he/she required to wear these?

Does your child have any trouble hearing you? Y N

Does your child have any allergies?(to food, medication, environmental, etc.)
Y N If so, to what? _____

Is your child on any daily medication that will have to be administered in school? Y N If so, what medication and for what reason? _____

Does your child have a speech problem? Y N

Is there any information regarding your child's health and habits that may be important, such as; fears, tantrums, interacting with other children?
Y N If yes, please explain. _____

Child's Doctor: _____ Child's Dentist: _____

ALL OF THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE

FOR SCHOOL USE ONLY

Enrolled by: _____ Date: _____

School Assignment: _____ Birth Certificate:
Date presented: _____ Date returned: _____

This record has been seen by:

Principal: _____ Immunization Certificate:
(signature) Date presented: _____ Date returned: _____

Classroom teacher: _____
(date and initial)

School Nurse: _____ Physician's report:
(date and initial) Date presented: _____
Date returned: _____