School Name									Fema	ale 🗆			Yes	ar of G imary I	raduatio Languago	on e Spoke	en (home))		
	Last First				First Middle					Male □ DOB / / Pr					ace of Birth					
Street							City/	Town, Sta	ate, Zip	Code _				G ,					•	
	City/Town formation (2) Parent/Guardian:						(1) Emangement Control						Contact Information							
(1) Parent/Guardian: Name & Mailing Address if different:			Name &					+ (1	: Name & Phone Number:						(2) Emergency Contact Name & Phone Number:					
		<i></i>			-8 · · · · · ·															
Phone Numbers			Phone Numbers						Primary Care Provider						Dental Care Provider					
Home				Home					lame:		,			Nan						
Work	ork			Work					hone Nu	mber:				Pho	ne Numb	er:				
Cell				Cell					lealth In	suranc	e:									
FAX				FAX					llergies											
Primary (Custody (if no									T 7.					**	•		n		
	General Growth							D	Vision Preschool Certificate Yes □ No □						Hearing				Postural	
	School Year		Grade Age		Ht.	Wt.	BMI				t Eye Stereops			Left Ear		Right Ear				
Dis	strict							Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refe	
			Pre K																	
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			1 2 3 4 5 6 7 8 9																	
*School D	<u>Sesting</u> □ Lead	iver in accord	1 2 3 4 5 6 7 8 9 10 11 12 //	– h MGL	c71,s	57 indi	cated by		ade' col	umn.	result_		mm	*	te of PPI w risk (1		/; done)	result		