

REGISTRATION CHECKLIST

STUDENT NAME: _____ DATE OF ADMISSION: _____

CLASS: _____ SCHEDULE: _____

PARENT/GUARDIAN NAME(S): _____

- REGISTRATION INFORMATION QUESTIONNAIRE

- ADMISSION INFORMATION [STATE FORM 2935]
 - IMMUNIZATION RECORDS
 - HEALTH STATEMENT
 - VISION & HEARING SCREENING FOR 4 YEAR OLDS
 - TB TEST RESULTS [IF REQUIRED]

- COMPLETE PAYMENT AND ENROLLMENT AGREEMENT

- AUTHORIZATION FOR EMERGENCY MEDICAL CARE

- CHILD RELEASE POLICY

- DISCIPLINE AND GUIDANCE POLICY ACKNOWLEDGMENT

- FAMILY HANDBOOK ACKNOWLEDGEMENT

- HEALTH POLICY ACKNOWLEDGEMENT

- BITING POLICY ACKNOWLEDGEMENT

- PHOTO RELEASE POLICY [OPTIONAL]

- COPIES OF ASSESSMENTS [CHILDREN W/SPECIAL NEEDS]

- COPY OF CHILD'S IEP/IFSP AND/OR GOALS [CHILDREN W/SPECIAL NEEDS]