

ENROLLMENT FORM

Page 1

1. Name of child: _____
2. Date of birth: _____
3. Sex: Male Female

4. Address: _____
5. City: _____ State: _____ Zip: _____

6. Parent/Guardian Name: _____
7. Telephone: _____

8. Occupation: _____

9. How long has the child lived at this address? _____

10. How long has the child lived in this district? _____

11. How long has the child lived in this country? _____

12. How long has the child lived in this state? _____

13. How long has the child lived in this district? _____

14. How long has the child lived in this country? _____

15. How long has the child lived in this state? _____

16. How long has the child lived in this district? _____



Issued by: Colon Collins, Assistant Commissioner
Office of Bilingual/Bicultural Affairs

Home Language Questionnaire (HLQ)

In order to provide your child with the

STUDENT NAME:

Educational History.

PARENT / PERSON IN CHARGE:

of each parent/guardian
) does your child understand?

English

Other

4. What language(s)

HEALTH HISTORY

Child's Name

Date of Birth

Your Name

Relationship to Child

Pregnancy/Birth History

1. Did mother have any health problem during this pregnancy or delivery?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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2. Was there any abnormality in the course of pregnancy or delivery?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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7. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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8. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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9. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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10. Was there any abnormality in the course of the newborn's life?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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16. Has child had (please specify):

Chicken Pox

German Measles

Mumps

Scarlet Fever

Whooping Cough

17. Has child ever (please specify):

Bleeding Tendencies

Epilepsy

Liver Disease

Heart/Blood Vessel Disease

Sickle Cell Disease

Diabetes

Rheumatic Fever

Asthma

18. Does child have any allergies (rash, asthma, etc.)? No Yes (Please specify below)

What foods?

What medicine?

What things?

Is there anyone's name?

19. Does your child take a bath? No Yes

Frequency: _____

Smithtown Central School District Parent Survey

School:

Student:

City, State, Zip:
Home Phone:
AA-III, Grades:

Gender:

Grade:

AA-III, Grades:

Please make any necessary changes to:

Other Info:

relationship:

Doctor:

Doctor Phone:

Dentist Name:

Video:

Please verify that the

the
By
Allergies

Classes (Year):
Re-Exam Date:
Contact Lenses:
Re-Exam Date:
Monthly Contact Care:

Allergies (Yes/No),
Explain:



100% of students are on track for graduation

100%

100% of students

100%

100%

100%

100%

100%

100%

100% of students

100%

100%

100%

100%

100%

COMMITTEE ON PRESCHOOL EDUCATION
CPSE PARENTAL REQUEST FOR EVALUATION

Name of Student _____

Date of Birth _____

Address _____

Home Phone (if applicable) _____

Parent 1 - Name and Cell Phone _____

Parent 2 - Name and Cell Phone _____

Please print

1890-1891

1891-1892

1892-1893

1893-1894

Amfiteatrul de la Sibiu a fost construit în anul 1890, fiind unul din cele mai frumoase din România. Este situat în centrul orașului Sibiu, pe malul râului Sibiu.

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