

SOUTHERN LEHIGH SCHOOL DISTRICT

New Entrant Health Form

INFORMATION FOR EMERGENCY CARD

Student's Name _____ Birthdate _____

Address _____ Home Phone Number _____

Child Lives With: Both Parents _____ Father _____ Mother _____ Guardian (Relationship) _____

Name and ages of Siblings _____

Parent/Guardian Last Name _____

Mother's First Name _____ Mother's Work Number _____ Cell _____

Father's First Name _____ Father's Work Number _____ Cell _____

Emergency Contact Person _____ Phone Number _____

Emergency Contact Person _____ Phone Number _____

Family Doctor _____ Hospital Preference _____

Family Dentist _____

Special Health Needs: _____

IMMUNIZATION INFORMATION (Please give complete dates)

(If you are giving us a paper with you child's immunizations, you do not need to fill out)

Diphtheria/Tetanus (DPT) _____

Polio/Oral (OPV/IPV) _____

Hepatitis B _____

MMR _____

Varicella Vaccine _____

Meningitis _____

HIB _____

Other Immunization _____

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District:

Date:

School:

Student's Name:

Grade:

1. **What is/was the student's first language?** _____

2. **Does the student speak a language(s) other than English?**

(Do not include languages learned in school.)

Yes No

If yes, specify the language(s): _____

3. **What language(s) is/are spoken in your home?** _____

4. **Has the student attended any United States school in any 3 years during his/her lifetime?**

Yes No

If yes, complete the following:

Name of School

State

Dates Attended

Person completing this form (if other than parent/guardian):

Parent/Guardian signature:

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



SOUTHERN LEHIGH SCHOOL DISTRICT
5775 MAIN STREET
CENTER VALLEY, PA 18034

RELEASE OF INFORMATION FORM

We are requesting your consent to exchange information regarding your child with another school, agency or professional. Before we can do so, written authorization is required.

Name of Student _____ Date of Birth _____

I authorize the **Southern Lehigh School District** to:

(check one): _____ send to _____ receive from

Name of School _____

Address of School _____

City/State/Zip _____

the following information:

- Health/Immunization records
- Evaluation report
- Psychological evaluation
- Psychiatric evaluation
- Individual Education Program
- Notice of Recommended Education Placement
- Report cards/Progress notes
- Standardized test scores
- Medical records
- Verbal Communication

Signature of Parent/Guardian

Date