



TWIN CITIES GERMAN IMMERSION SCHOOL REGISTRATION INFORMATION FOR 2015-2016

Check here if previous year's information is up-to-date. If checked, no additional information is required. ☐

Student's Legal Name: First Middle Last *Nickname* Male/Female

Home Address _____ Public School District# _____

City _____ State _____ Zip _____ Phone _____

Birth Date _____ Age on Sept. 1, 2015 _____ Grade in Sept. 2015 _____

Please note that we will list this as the student's home address in our annual student directory, homeroom lists and other school-approved publications. If you wish to list any additional addresses where your child resides, please contact the school office at 651-492-7106.

☐ **I DO** give Twin Cities German Immersion School permission to have my child's photo/video published in school-related materials.

☐ **I do NOT** give Twin Cities German Immersion School permission to have my child's photo/video published in school-related materials.

Guardian1/ Full Name

Guardian2/ Full Name

☐ **Second Mailing Request**

Relationship to Student

Relationship to Student

Address only **if different from home address**

Address only **if different from home address**

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Day Phone _____ Cell Phone _____

Day Phone _____ Cell Phone _____

Business Phone _____ Email _____

Business Phone _____ Email _____

Occupation _____ Employer _____

Occupation _____ Employer _____

Child lives with Guardian1 / Guardian2/ Other: _____

☐ I do NOT have at least weekly access to my email account, and prefer school communications be sent via USPS.

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Please list all other children under age 21 in your household:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Emergency Contact

In case your child becomes ill or hurt and neither parent can be reached, please provide the school with the name(s) of the person(s) who should be contacted and their relationship to the child:

Name: _____ Relationship: _____ Phone1: _____ Phone2: _____

Name: _____ Relationship: _____ Phone1: _____ Phone2: _____

TWIN CITIES GERMAN IMMERSION SCHOOL STUDENT HEALTH FORM 2015-2016

Reviewed By: _____

Student Name: _____ Birth Date _____ ☐ Male ☐ Female Grade _____

Parent/Guardian: _____ Phone: Home: _____ Work: _____ Cell: _____

Dear Parent/Guardian:

Your child's health may affect his or her learning. Health information is important in planning for your child's needs at school. Your input and involvement are important. Please complete this form and return it to school as soon as possible.

HEALTH CONCERNS: Please X and explain if your child has any of the following:

Yes No

- ☐ ☐ Attention Deficit Hyper-activity Disorder/Attention Deficit Disorder (ADHD/ADD)
- ☐ ☐ Allergies* (to what? _____)
- ☐ ☐ Has the allergy been diagnosed by a doctor?
- ☐ ☐ Medication for allergy: _____
***Complete allergy action plan if appropriate**
- ☐ ☐ Food Intolerance? Describe: _____
- ☐ ☐ Asthma or other breathing problems: ***Complete asthma action plan if appropriate**
- ☐ ☐ Has asthma been diagnosed by a Health Care Provider?
- ☐ ☐ Currently has an inhaler?
- ☐ ☐ Ever hospitalized for asthma? If so, when was last hospitalization? _____
- ☐ ☐ Other breathing problem (describe): _____
- ☐ ☐ Diabetes: ☐ Type 1* ☐ Type 2 ***Must complete diabetes emergency plan.**
Managed by: ☐ Diet/Activity ☐ Oral meds ☐ Insulin injections ☐ Insulin Pump
- ☐ ☐ Heart Conditions: _____
- ☐ ☐ Seizures: Date & type of last seizure: _____
***If yes must complete seizure action plan.**
- ☐ ☐ Has your child ever had a concussion or head injury?
- ☐ ☐ Social/emotional/behavioral/mental health concerns: _____
- ☐ ☐ Is there a current concern that your child has been a ☐ target of / ☐ instigator of bullying?
- ☐ ☐ Recent surgeries or hospitalizations: _____
- ☐ ☐ Activity restrictions: _____
- ☐ ☐ Receives Special Education /IEP/504 Services
- ☐ ☐ Other health concerns: _____

EMERGENCIES: Does your child have a known health problem that could result in an emergency? ☐ Yes* ☐ No

*** Must complete emergency action plan**

Please describe: _____

MEDICATIONS

First, list ALL medications that your child takes: _____

Now, list **ALL** medications that your child needs DURING THE SCHOOL DAY. An authorization with parent and health care provider consent is required each school year for all the following listed prescription **AND** over-the-counter medications. **A new consent is needed each school year.**

Please complete and sign back of form

Vision

- ☐ Glasses/contacts prescribed
- ☐ Wears glasses/contacts all of the time
- ☐ Wears glasses in classroom only
- ☐ No vision problem
- ☐ Request assistance obtaining glasses

Hearing

- ☐ Frequent ear infections (more than 3 per year in past year)
- ☐ Has ear tube(s)
- ☐ Hearing loss ☐ right ear ☐ left ear
- ☐ Hearing aid(s) ☐ right ear ☐ left ear
- ☐ No hearing problem

HEALTH INSURANCE:

My child has health insurance:

Yes No

HEALTH CARE PROVIDERS:

Does your child have a doctor or clinic where they usually go for health care? Yes No

If yes, please complete the following:

Primary Heath Provider

Location and Phone

Dental Provider

Location and Phone

Other

Location and Phone

Hospital preference

I attest to the information provided and give permission for its release for confidential use in meeting my child's health and educational needs in school. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, and/or allergies.

Parent/Guardian signature _____ **Daytime phone** _____

Print Parent/Guardian name: _____ **Date:** _____

Parent/Guardian e-mail contact: _____

Comments:

[illegible]

The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested information—there will be no consequences—it may result in an incomplete health and safety plan for your child. The information you provide will one be shared with those whose jobs require access to this information to ensure your child's safety and school success. (MS section 13.04, Subdivision2)