



Jewish Community School of the Desert

Today's Date _____ Home Phone (____) _____

Child's Name _____ Date of Birth _____

Parent(s) Name(s) _____

Enrolling in Grade _____

Does your child have any health problems about which the school should be aware? If so, please describe: _____

Does your child have any food or other allergies (plants, insects, etc.)? If so, please explain:

Does your child take any medication for physical, emotional or behavioral needs on a regular basis? If yes, please list medication(s):

Has your child ever received occupational, vision or physical therapy? If yes, please explain:

Has your child ever been assessed by a private specialist or school personnel for any reason such as academic, speech and language, intelligence or behavioral performance? Yes _____ No _____
If yes, please explain and attach a copy of the evaluation report. _____

Has your child been diagnosed with any type of learning, emotional or behavioral disorder? If yes, please explain:

Has there been a major event such as divorce, death or illness in the family, which might affect your child? If yes, please explain: _____

I (we) the undersigned parent, parents or legal guardians of the above-designated minor do hereby authorize Jewish Community School of the Desert (JCSD) to the exchange and release of information with the medical professional(s) named below.

Name of Doctor _____ Office Phone _____

Name of Doctor _____ Office Phone _____

Parent Signature _____ Date _____