

REYNOLDS SCHOOL DISTRICT
STUDENT REGISTRATION FORM

STUDENT NAME:	GRADE:	
IMMUNIZATIONS:	PLEASE PROVIDE OFFICIAL RECORD (COPY WILL BE MADE FOR FILES)	
STUDENTS MAY NOT START SCHOOL UNTIL IMMUNIZATIONS ARE RECEIVED AND CHECKED FOR COMPLETION		
INFORMATION ON REQUIRED IMMUNIZATIONS IS ATTACHED		
PHYSICIAN - NAME AND PHONE		
HOSPITAL (In Case of emergency)		
HEALTH INFORMATION:		
FLUORIDE (ELEMENTARY ONLY)	YES	NO (IF YES, PERMISSION FORM MUST BE COMPLETED)
DIFFICULTY SEEING	YES	NO (IF YES, PLEASE DETAIL)
DIFFICULTY HEARING	YES	NO (IF YES, PLEASE DETAIL)
DIFFICULTY WITH SPEECH	YES	NO (IF YES, PLEASE DETAIL)
MEDICATIONS	YES	NO (IF YES, PLEASE DETAIL)
OPERATIONS	YES	NO (IF YES, PLEASE DETAIL)
ACCIDENTS / INJURIES	YES	NO (IF YES, PLEASE DETAIL)
ALLERGIES	YES	NO (IF YES, PLEASE DETAIL)
OTHER HEALTH PROBLEMS		
ANY RESTRICTS DUE TO HEALTH	YES	NO (IF YES, PLEASE DETAIL)
CHICKEN POX	YES	NO (PROVIDE DATE IF KNOWN)
SCARLET FEVER	YES	NO
TONSILITIS	YES	NO
BRONCHITIS	YES	NO
HEADACHES	YES	NO
FAINTING SPELLS	YES	NO
RHEUMATIC FEVER	YES	NO
HEART DISEASE	YES	NO
ASTHMA	YES	NO
DOES CHILD CARRY INHALER?	YES	NO
MEDICATION		
DIABETES	YES	NO (IF YES, PLEASE DETAIL)
BIRTH DEFECTS	YES	NO (IF YES, PLEASE DETAIL)
FREQUENT NOSEBLEEDS	YES	NO
URINATION PROBLEMS	YES	NO
SEIZURE DISORDER	YES	NO (IF YES, PLEASE DETAIL)
EPILEPSY	YES	NO (IF YES, PLEASE DETAIL)
BEE/WASP SENSITIVITY/ALLERGY	YES	NO
DOES CHILD CARRY EPI-PEN?	YES	NO
MEDICATION?		
SIBLINGS:		
NAME AND BIRTHDATE		
NAME AND BIRTHDATE		
NAME AND BIRTHDATE		
NAME AND BIRTHDATE		
NAME AND BIRTHDATE		
OTHER:		