



Student Health History

INFORMATION PROVIDED ON THIS FORM WILL BE SHARED WITH SCHOOL PERSONNEL
WHO INTERACT WITH YOUR CHILD TO ENSURE HIS/HER SAFETY AT SCHOOL UNLESS YOU NOTE OTHERWISE.

Last Name _____ First _____ Middle _____

Date of Birth ____/____/____ Circle One: Male or Female Grade _____

Health Conditions – Please check any that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Abnormal Spinal Curve (Scoliosis, etc.) | <input type="checkbox"/> Chicken Pox – Date of Disease _____ | <input type="checkbox"/> Measles/Mumps/Rubella |
| <input type="checkbox"/> Activity Restrictions (describe below) | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Meningitis / Encephalitis |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergies (list below) | <input type="checkbox"/> Chronic Diarrhea or Constipation | <input type="checkbox"/> Seizures, Type _____ |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Emotional Concerns | <input type="checkbox"/> Skin Rashes (frequent) |
| <input type="checkbox"/> Asthma, Inhaler Needed? _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tics / Nervous Twitches |
| <input type="checkbox"/> Birth or Congenital Malformation | <input type="checkbox"/> Hepatitis, Type _____ | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Bleeding / Blood Disorders | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Other (list below) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lactose / Dairy Intolerant | |

Allergies (please list and describe allergies or reactions)

Medication Allergies:
Foods / Plants / Animals / Other:
Recommended Treatment for Severe Reaction:

Medications

What medications are given daily?
List any emergency meds your child requires (i.e. inhaler, epi-pen)

Injuries and Illness (please list any severe injuries or illness)

Injury / Illness	Age of Child	Hospitalized?

Vision and Hearing

Frequent ear infections _____ Which ear _____ Does your child have a reduction in hearing _____

Explain _____

P.E. Tubes _____ In place now _____ Hearing Aids _____

Vision Problem _____ Type _____ Wears Glasses _____ Amblyopia or Lazy Eye _____

Which Eye _____ Last Exam _____ Color Blind _____ Do you suspect a vision or hearing problem _____

Parent Signature _____ Date _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many years/months? _____</p> <p>If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when did your child first attend a school in the United States? _____/_____/_____ Month Day Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>		
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p>Student’s native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student’s home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district



Lebanon City Schools • Parent Input for Pre-K & KG Class Placement

COMPLETION OF THIS FORM AND SHARING THIS INFORMATION IS OPTIONAL

Student's Legal Name: _____ Student's Nickname (if any): _____

Parent Name(s): _____ Parent Contact #: (_____) _____ - _____

School Year: _____/_____ Pre-K Experience: N or Y: If Yes, Number of Years: _____

Current Pre-School Teacher(s): _____ Current Pre-School: _____

Allergies? N or Y: If Yes, what is he/she allergic to? _____

List the three characteristics you value most in your student's teacher or classroom environment:

Does your child have siblings? Older _____ Younger _____ Twin/Multiple _____

What extra activities is your child involved in? (Dance, Soccer, Sunday School, etc.)

If there are circumstances that require your student to be separated from another student, please indicate the name of that student here: _____

Please describe your child's personality traits and any additional information you would like us to consider when placing your student (do not request for your student to be placed with a specific teacher or with friends):

PLEASE RETURN THIS SHEET WITH YOUR REGISTRATION INFORMATION. THANK YOU!

OFFICE USE ONLY – KG TEACHER: _____ **AM PM**