

Additional Registration Information

Student Name _____

① Is the student a U.S. citizen? _____ yes _____ no

If not, please explain his/her current status and attach a copy of supporting documentation.

② **All oral medications must be dispensed from the school office.**

- Students requiring long-term medication at school (15 days or more) must have a current physician's written order and a parent's written consent on file.
- Medical authorization forms are available in the school office.
- Short-term, non-prescription medications require a parent's written consent to dispense.

Parent or guardian signature

Date

③ I authorize the release of my student's academic and immunization records to his/her future school.

Parent or guardian signature

Date