

Registration Form 2010-11



ST. PAUL CITY SCHOOL

preK-5
260 Edmund Avenue
St. Paul MN 55103
651 225 9177
fax 651 225 9722

6-8
643 Virginia Street
St. Paul MN 55103
651 225 9177
fax 651 487 7551

STUDENT NAME: _____

GRADE: _____ **TEACHER:** _____

REGISTRATION CHECKLIST

- Registration form completed
- Free & Reduced Lunch form
- Immunization Record
- Copy of Preschool Screening for Kindergarten

IMMUNIZATION RECORD, HEALTH, AND SCREENING:

Preschool: Call your clinic to get your child the shots required for school!! Bring shot record to school.

Kindergarten:

- Call you clinic right away to get your child the kindergarten booster shots that are required for school! Bring updated shot record to school.
- Early Childhood Screening (same as Pre-school Screening.) To schedule, call 651-632-3746 for a free appointment. Call you doctor's office if they are full. Bring a copy to school.
- Kindergarten physical check-up. Bring copy to school. (Recommended.)

1st grade: Current shot record 2nd grade: Current shot record.

3rd grade: Current shot record. 4th grade: Current shot record.

5th grade: Current shot record. 6th grade: Current shot record.

7th grade:

- Call your clinic right away to get your child the 7th grade booster shots that are required for school!
- Please bring a copy of 7th grade booster shots and 7th grade physical check-up to school.
- 8th grade: Current shot record.

- Copy of Birth Certificate
- Copy of any IEP for Special Education
- Social Security number

Registration Form 2010-11

Student Health Form

	Yes	No
1. Is there anything you wish to discuss with the nurse about your child's physical or emotional health?	_____	_____
2. Is there any physical and/or emotional reason that your child may need special consideration in the classroom situation or do you anticipate any adjustment in his school program?	_____	_____
3. Does your child have any of the following:	_____	_____
Allergic reaction to food, drug or insect bite? What? _____	_____	_____
Ongoing health conditions we should be aware of? _____	_____	_____
Asthma?	_____	_____
Medications taken for asthma? _____	_____	_____
Problems with vision, hearing, speech, special shoes, etc? Please indicate the problem. _____	_____	_____

History of hospitalization (other than tonsillectomy or appendectomy)? Please indicate reason. _____	_____	_____

History of illness at birth? _____	_____	_____
History of behavior concern? _____	_____	_____
4. Has your child had chicken pox? _____	_____	_____
5. Does your child regularly take medication or therapy at home or at school? If yes, Please describes. _____	_____	_____

6. Does St. Paul City School have a copy of your child's Immunizations card? _____	_____	_____
(WE CANNOT ADMIT YOUR CHILD UNTIL WE HAVE AN UPDATED/CURRENT IMMUNIZATION RECORD)		

This form will be review by the school nurse and health information may be shared with appropriate staff. Please use this portion for any additional comments. _____

Authorized by Saint Paul Public Schools. Yusef Mgeni, Director: Office of Educational Equity, Liaison
All children are provided a free, fair, and appropriate education. Cori Wahl, Director of Special Education Services.