



**Student Health and Medical Information**

**Health:**        \_\_\_ Excellent        \_\_\_ Good        \_\_\_ Fair        \_\_\_ Poor

**Student Allergies:** \_\_\_ Foods \_\_\_ Insect Bites        \_\_\_ Medications        \_\_\_ Other

Please provide details for any health condition or allergy: \_\_\_\_\_

List any serious illness or operation: \_\_\_\_\_

**Name of Student's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student Educational History**

Name of Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

**Services Previously Received**

**IEP (Individualized Educational Plan) or 504 Plan**    \_\_\_ Yes    \_\_\_ No

ESL (English as a Second Language) services        \_\_\_ Yes    \_\_\_ No

Gifted/Talented Identification    \_\_\_ Yes    \_\_\_ No        Title I services    \_\_\_ Yes    \_\_\_ No

Supplemental Educational Services    \_\_\_ Yes    \_\_\_ No    Other \_\_\_\_\_

\_\_\_\_\_ Homeless        \_\_\_\_\_ Tuition Paid Student (County of Residence \_\_\_\_\_)

List any Honors, Dual Enrollment or Advanced coursework completed:  
\_\_\_\_\_

**Discipline Status Certification**

I hereby certify that:

1. I am the parent/legal guardian (court appointed) of:

\_\_\_\_\_

(Print full name of student)

is registering to enter Essex County Public Schools.

2. This student \_\_\_\_\_ has not \_\_\_\_\_ has  
been expelled from school attendance at a private or public school either in the Commonwealth of  
Virginia or in another state.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)