



MEDICAL INFORMATION

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

Diabetes ____ Epilepsy ____ Hemophilia ____ Asthma ____ Allergies (please specify) ____ Other (please specify) ____

Medical Notes: _____

Doctor's Name: _____ Phone: _____

Additional Info: _____

The following questions are asked to assist in program placement and to assist in communication in an emergency

What language is spoken at home? _____

Is Pustho the Student's first language? YES ____ NO ____

Is Urdu the Student's first language? YES ____ NO ____

Is English the Student's first language? YES ____ NO ____

DECLARATION BY PARENT, GUARDIAN OR INDEPENDENT STUDENT

I hereby certify the above information to be true, correct, and complete. I have also identified all guardians for this student.

Date: _____ Signature (First Parent/Guardian) _____

Date: _____ Signature (2nd Parent/Guardian) _____

A copy of this registration form and supporting documents will be kept in the Student Record. As per the law the student, the parent/guardian and any person who has access to the student under a custody agreement has full access to this information and the Student Record in its entirety.