



678-442-6262
www.specialneedsschools.org

Child Information

Registration Date: _____

Child					
Last Name		First Name		M.I.	Race:
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date:	Birth City/State		Social Security #
		City:	State:		
Address the child resides at:					
Allergies					
Diagnosis and medical needs:				Photos: May we take and maintain a photo of your child for security purposes?	

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours	
2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours	
Which Guardian Should be Called First?			Home Phone		Preferred language for written communication:
Home Resident Street Address			Apt #	City	Zip Code
Mailing Address (if different than above)			Apt #	City	Zip Code

Emergency Contacts and Authorized Pickups

1st Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____
2nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____
3rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____
4th Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

Are there any custody situations that we should be made aware of? Yes _____ No _____

If yes, explain below and provide documentation:

Parent Signature: _____ Date: _____

Medical History

Describe any pertinent information about the student's medical history (allergies, surgeries, diagnoses, etc.)

Does the student receive any therapy services? Yes____ No ____

Describe therapy services received (type, with whom, what for)

Does the student have frustration with communication difficulties? Yes____ No ____

Describe:

Does the student have seizures? Yes____ No ____

PRN Medication? Yes____ No ____ (If yes, please fill out seizure plan)

Describe type of seizures?

Is the student up to date on immunizations? Yes____ No ____ (Please provide updated 3231 form)

Is the student currently on any medications? Yes____ No ____ (If yes please provide medical form if medication will be given at school, before or after care)

List of Medications:

Does the student have any known hearing/ sight problems? Yes____ No ____

Describe:

Developmental History

At what age did the child did the following?

Sit alone: ____ months/years

Crawl: ____ months/years

Stood up: ____ months/years

Walk: ____ months/years

Babble: ____ months/years

First word: ____ months/years

Two words: ____ months/years

Sentences: ____ months/years

Self-feed: ____ months/years

Toilet trained: ____ months/years

Dressed self: ____ months/years

Does the student do any of the following...

Choke on liquids Choke on foods Avoid foods

Use a pacifier Special diet Suck thumb Picky eater

Please describe any of the above checked:

Does the student have any difficulty with the following...

Attention Aggression Anger Answering questions Drooling Understanding people

Eye contact Following directions Speech sounds Stuttering Transitions

Please describe any of the above checked:

Accident Policy

____ Although I understand that Special Needs Schools of Gwinnett, Inc. is fully insured and that the staff will do everything in their power to ensure that my child is taken care of; I also realize that accidents may happen. I hereby release SNS from responsibility for accidents or injuries to my child. If an emergency or accident occurs, I hereby grant permission for the SNS staff to take whatever steps may be reasonably necessary to obtain emergency medical care for my child. As all SNS staff members are 1st Aid and CPR Certified, minor injuries will be treated at school. An incident report will be filled out and the parent or guardian will be notified by phone, by writing and/or in person. If the injury is of a more serious nature, the following steps may be taken (but are not limited to):

1. Attempt to contact a parent or guardian with information provided on the child's emergency on file (This includes all emergency contact numbers and people listed).
2. Attempt to contact the child's physician.
3. And in the event that the above attempts are unsuccessful, we will in a speedy and timely manner.
 - a. consults another physician
 - b. calls the paramedics
 - c. and/or have the child taken to the nearest emergency room or hospital.

I understand that any expenses incurred under #3 are my sole responsibility.

Records Release

____ Special Needs Schools of Gwinnett, Inc. has my permission to obtain and release records or verbal information concerning my child for the purpose of meeting his/her educational and/or therapeutic needs.

Student Photo Release for School Promotions: I DO I DO NOT give permission for my child's name and/or photo to appear in school publications. Occasionally students are filmed and/or photographed to document school activities. These photos may be used for school promotions and publications. **Initial** ____

Field Trips

____ I understand that students at SNS have the opportunity to go on field trips for educational and/or therapeutic purposes. When on a field trip. I understand that my child will be under the supervision of SNS staff and will be traveling in fully insured vehicles (either our school van, staff vehicles or other private vehicles). I hereby release the SNS staff and SNS chaperones of any responsibility for accidents that might occur. I understand that I will receive written information concerning each field trip and

Medical Release:

____ I hereby give permission for the SNS staff to administer to my child (after contacting me), should it become necessary Children's Tylenol or Motrin (or generic equivalent) to reduce fever or pain as well as Benadryl (or generic) to relieve allergic reactions my child may experience while at school and under the care of SNS staff members. If my child is allergic to any of the above, then the medications will be provided by me and kept at the school with my child's name clearly marked on the original bottle/package. I completed "medication form" filled out in advance and accompanied by the original prescription bottle/container from the doctor/pharmacy indicating the proper dosage and time.

Child's name: _____ Age _____ Weight _____
Parent or Guardian Signature _____ Date _____

SNS POLICY AND ADMISSION AGREEMENTS:

By signing below, I state that I have read and understand the following documents and agree to adhere to and abide by the policies, procedures and expectations listed herein. Further, I understand that all SNS policies and activities are governed by SNS and that my student is accountable to the policies in the Parent Handbook.

Parent/Legal Guardian Signature: _____ Date _____

Special Needs Schools of Gwinnett

660 Davis Road

Lawrenceville, Ga 30046

Phone: 678-442-6262

Visit Us at www.specialneedsschools.org

AUTHORIZATION TO RELEASE SCHOOL RECORDS FOR ADMISSIONS

_____, has applied for admission to Special Needs Schools of Gwinnett. Please send the following information to the Front Office.

I hereby authorize _____ to release records to Special Needs Schools of Gwinnett. To mail above or smyers@specialneedsschool.org

Please send transcript of the student’s full school record including the following:

- Complete transcript, latest report card
- Standardized test results
- Educational Evaluation
- I.E.P Documents
- Health records and Georgia Certificate of Immunization
- Disciplinary records
- Authority for enrollment (copy of Birth Certificate/Custody Papers, etc)

In accordance with the Family Education and Privacy Act of 1974, I consent to the release of all educational records to Special Needs Schools of Gwinnett. I further agree for any other information requested to be released to Special Needs Schools of Gwinnett concerning the named student.

Parent/Guardian’s Signature

Date

Additional Comments and Information

Is there is any other information that that would be helpful to our management and teaching staff?

Signature

Parent / Guardian Signature _____

Date _____