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SPECIAL NEEDS SCHOOLS of GWINNETT

678-442-6262 www.specialneedsschools.org

Child Information

Registration Date: ____

Child				
Last Name	First Name		M.I.	Race:
Entering grade	[ ] Male [ ] Female [ ] Prefer not to specify	Birth Date:	Birth City/State City: State:	Social Security #

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	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____	

2nd Contact/Pickup			
Last Name	First Name		Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____	

3rd Contact/Pickup			
Last Name	First Name		Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____	

4th Contact/Pickup			
Last Name	First Name		Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] 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