

TONAWANDA CITY SCHOOL DISTRICT
CHECKLIST FOR KINDERGARTEN STUDENTS NOT ATTENDING OUR UPK

Name of Student _____
 Male/Female _____

Grade _____

School: MU RV
 Bus/Walk

I. STUDENT INFORMATION

- Completed Registration Form (3 pages)
- Enrollment Form/Residency Questionnaire
- Court paperwork for custody (if applicable)**
- Original Birth Certificate**
- Home Language Questionnaire Language other than English _____
- Computer-Military Permission Forms
- Free/Reduced Lunch Form (available July 2017)
- Gmail Accounts
- Does your child receive any Special Ed. or 504 services? _____

Once forms are complete and you have the necessary documents, please call 694-7690 for an appointment. Appointments available March 27-April 7 between 8:00 a.m. – 3:00 p.m.

****Your child has the right to be referred and evaluated for the purposes of Special Education****

II. HEALTH INFORMATION

- Immunizations Required for all Kindergarten Students - informational
- Student Illness and Emergency Information Form
- Health History Form
- Health Physical from Pediatrician**
- Immunization Record** (must be received within 14 days once the child starts school. Stamped/signed by physician)

III. RESIDENCY (Complete sections A and B)

A. BOTH items are required:

- Valid NYS Driver's License (with Tonawanda zone address **OR** NYS Non-Driver I.D. Card), Passport, Voter Registration, Income Tax Form **AND**
- Signed lease **OR** mortgage agreement/statement **OR** deed of sale (if none available, a signed notarized statement from property owner is required stating how long residing in residence).

B. ONE item is required:

- Current bank statement/notarized statement (with Tonawanda zone address) **OR**
- Current utility bill or service hookup (cable, phone, electric, water or gas – with Tonawanda zone address) **OR**
- STAR/tax receipt (if applicable)

For Office Use Only

Appointment Date/Time _____	Person Preparing Packet _____
Date Packet Prepared _____	Date Given to A.E. _____
Approval of A.E. _____	Date Reviewed by A.E. _____
Date Entered into eSchool _____	Date Given to Bldg Sec. _____
Transportation Request Sent _____	Anticipated Start Date _____
Sent to TonaCIO _____	Register in log book _____

**TONAWANDA CITY SCHOOL DISTRICT
REGISTRATION FORM**

Date of Entry _____ Grade Level _____ Student ID _____

Student's Name _____ Gender ___ M ___ F
Last First M.I.

Date of Birth _____ Place of Birth _____ Home Language: _____

Is the student Hispanic, Latino, or of Spanish origin? ___ No ___ Yes

Race (please check all that apply):
 Asian Black (not Hispanic) Hawaiian/Pacific Islander
 White (not Hispanic) American Indian/Alaskan Native

Is there a court order or separation agreement that governs custody of this child: ___ No ___ Yes

If yes, a copy must be provided with this registration form (a notarized statement from each parent/guardian detailing time spent at each residence may also be required). Please provide information for mailing to joint/non-custodial parent or alternate address if necessary.

PARENT/GUARDIAN

Salutation: ___ Ms. ___ Mrs. ___ Mr. ___ Dr. ___ Other

Last Name First M.I.

Address _____

City State Zip

Birth Year: _____ Birth Place: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ Ext. _____

E-mail Address: _____

Occupation: _____

Employer: _____

Marital Status: ___ Single ___ Married
 ___ Separated ___ Divorced

Relationship to Student:

___ Mother ___ Father
 ___ Step Mother ___ Step Father
 ___ Legal Guardian ___ Foster Parent
 ___ Group Home Contact ___ Other: _____

PARENT/GUARDIAN

Salutation: ___ Ms. ___ Mrs. ___ Mr. ___ Dr. ___ Other

Last Name First M.I.

Address _____

City State Zip

Birth Year: _____ Birth Place: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ Ext. _____

E-mail Address: _____

Occupation: _____

Employer: _____

Marital Status: ___ Single ___ Married
 ___ Separated ___ Divorced

Relationship to Student:

___ Mother ___ Father
 ___ Step Mother ___ Step Father
 ___ Legal Guardian ___ Foster Parent
 ___ Group Home Contact ___ Other: _____

SIBLINGS/OTHER CHILDREN LIVING AT SAME ADDRESS

Name	Sex	DOB	Grade	Present School

HAS STUDENT EVER ATTENDED TONAWANDA CITY SCHOOLS _____ NO _____ YES _____ YEAR

STUDENT EDUCATION BACKGROUND (INCLUDE PRE-SCHOOL INFORMATION)

Previous School Name	Previous School Address	Grades Attended

HAS STUDENT EVER BEEN RETAINED (REPEATED A GRADE)? _____ NO _____ YES

IF YES, WHICH GRADE(S)? _____

HAS YOUR CHILD EVER RECEIVED AIS/IMPROVEMENT, SPECIAL EDUCATION (IEP), OR ESL SERVICES?

_____ NO _____ YES

If YES, please complete the following:

STUDENT SPECIAL SERVICES & PROGRAMS

PLEASE CHECK (✓) ANY OR ALL SERVICES YOUR CHILD CURRENTLY RECEIVES.....

_____ SPEECH _____ COUNSELING _____ ENGLISH AS A SECOND LANGUAGE (ESL)

_____ READING _____ MATH _____ OCCUPATIONAL THERAPY (OT)

_____ PHYSICAL THERAPY (PT) _____ OTHER (PLEASE EXPLAIN): _____

COMMENTS OR REQUESTS:

EMERGENCY CONTACT INFORMATION – other than guardian

Name: _____
Last Name First M.I.

Address: _____
Street
_____ City State Zip

Relationship to Student: _____ Home Phone: _____
Gender: _____ Cell Phone: _____
Work Phone: _____

STUDENT CITIZENSHIP AND RESIDENCY

CITIZENSHIP STATUS: _____ U.S. CITIZEN _____ DUAL NATIONAL
_____ NON-RESIDENT ALIEN _____ RESIDENT ALIEN
_____ OTHER (EXPLAIN) _____

TYPE OF VISA CURRENTLY IN EFFECT: _____ EXPIRATION DATE: _____

DATE STUDENT ENTERED THE U.S.: _____ LAST COUNTRY OF RESIDENCE: _____

DATE STUDENT FIRST ENROLLED IN A U.S. SCHOOL: _____

PROOF OF RESIDENCY

TYPE OF PROOF PROVIDED:

I understand that it may be necessary for the Tonawanda City School District to verify this student's residency at time of registration and from time to time in the future in order to provide him/her with a tuition free education. I grant permission for the address on this form to be verified. I further understand that it is my responsibility to report and provide proof of any change of this address.

Signature of Parent/Guardian

Date

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: **Tonawanda City School District**

Name of School: _____

Name of Student: _____

Last

First

Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____

Month Day Year

Female

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation or other services.

Where is the student currently living: (Please check one box)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (please describe): _____
- In permanent housing

Print name of Parent/Guardian or
Student (for unaccompanied homeless youth)

Signature of Parent/Guardian or
Student (for unaccompanied homeless youth)

Date

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment **are not** required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



Office of P-12

Lissette Colón-Collins, Assistant
 Commissioner Office of Bilingual Education
 and World Languages

55 Hanson Place, Room 594
 Brooklyn, New York 11217
 Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
 Albany, New York 12234
 (518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
 In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER :
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background
 (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____	specify
	<input type="checkbox"/> Guardian(s)		_____	specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not write

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
DistrictName (Number) & School	Address

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. <u>If referred for an evaluation</u> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____ Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: Day: Year:

_____ Signature of Parent or of Person in Parental Relation Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSER RECOMMENDATION:	

PLEASE READ ALL SCHOOL INFORMATION ON POLICIES AND PROCEDURES LISTED BELOW AND IN THE ENCLOSED INFORMATION. RETURN THIS FORM TO SCHOOL WITH APPROPRIATE SIGNATURES AND APPROPRIATE BOXES CHECKED ON BOTH SIDES

BY SEPTEMBER 8, 2017.

PLEASE NOTE:

RETURN OF THIS FORM WITH SIGNATURES IS REQUIRED FOR STUDENT TO RECEIVE COMPUTER ACCESS.

SIGNING OF THIS FORM SIGNIFIES YOUR UNDERSTANDING AND AGREEMENT TO BUT NOT LIMITED TO THE FOLLOWING: CODE OF CONDUCT, WHICH INCLUDES THE SUBSTANCE ABUSE AND DRESS CODE POLICY AND THE ATTENDANCE/TARDY POLICY, WHICH ARE AVAILABLE ONLINE (www.tonawandacsd.org) OR IN THE MAIN OFFICE.

**SCHOOL DISTRICT RELEASE FORM:
STUDENT INTERVIEWS, PHOTOGRAPHS AND VIDEOTAPES**

Please Check only ONE Item:

I hereby consent that interviews, photographs and/or videotapes of my child, _____, may be taken or used by the *School District only* for public relations, educational or other purposes consistent with the purpose and mission of the School District, including publication on the School District website or other District electronic resources (ie, social media.)

I further agree that said materials shall become the property of the School District, and I hereby release and discharge the School District and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs and/or videotapes.

I **do not** give permission for my child, _____, to be interviewed, photographed, and/or videotaped for School District purposes.

PLEASE READ ALL OF THE "RELEASE FOR STUDENT INTERVIEWS, PHOTOGRAPHS, AND VIDEOTAPES" INFORMATION ENCLOSED BEFORE AGREEING TO ONE OF THE OPTIONS LISTED ABOVE AND BELOW.

OUTSIDE NEWS MEDIA RELEASE FORM:

Please Check only ONE Item:

I give Permission for my child, _____, to be interviewed, photographed, and/or videotaped by outside news media representatives for press or media print or broadcast purposed as indicated above.

I further agree that such material shall become the property of the applicable media agency, and I hereby release and discharge the School District and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs and/or videotapes.

I **do not** give permission for my child, _____, to be interviewed, photographed, and/or videotaped by outside news media representatives for press or media or broadcast purposes ad indicated above.

.....

COMPUTER CONSENT (Internet does have filtering software that filters inappropriate websites)

PLEASE READ ALL OF COMPUTER INFORMATION BEFORE AGREEING TO ONE OF THE OPTIONS LISTED BELOW.

Please check the appropriate box below:

Yes, my child may use the Tonawanda City District's computer network with all its Resources **and the Internet.**

No, my child may not use the Tonawanda School City School District's computer Network.

.....

Pre-K through Grade 5 – no student signature needed – just parents

PRINT STUDENT'S NAME _____ **GRADE:** _____

STUDENT'S SIGNATURE _____ **DATE:** _____

PRINT PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S SIGNATURE _____

TONAWANDA CITY SCHOOL DISTRICT

Gmail accounts (Google Apps for Education)

Account Creation Agreement

The Tonawanda City School District will provide Gmail accounts to all students. Students will be able to utilize the account while in school or on another device that has Internet connection. They will also be able to use some of the google education tools offline. Please see information provided in the Parent Information document.

As a school district, which operates under the Family Educational Rights and Privacy Act (FERPA), we are responsible for obtaining parental consent for the students' use of an Online Service for any student under 18 years of age.

Please indicate that you give permission for your child to have access to Google Education through the creation of a Gmail account.

_____ Yes, I give permission to create an account for my child. I understand that this permission will be effective for seven (7) year or until they graduate.

_____ No, I do not give permission to create an account for my child

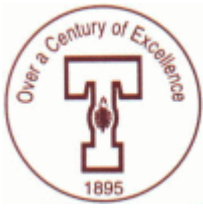
Please sign below to indicate you have read and agree to the terms of this form.

Print Student Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



**TONAWANDA CITY SCHOOL DISTRICT (TCSD)
100 HINDS STREET
TONAWANDA, NEW YORK 14150
NURSING DEPARTMENT**

Immunization Requirement for Students Entering Kindergarten in 2017

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Kindergarten

Immunization	Number of Doses
Polio	4**
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	5*
Measles/Mumps/Rubella	2
Varicella (Chickenpox)	2

****If 3rd dose received at 4 years of age or older, only 3 doses required****

If 4th dose received at 4 years of age or older, only 4 doses required

Please send proof of immunization to:

Lynn Dibuono, Mullen nurse, at 716-694-5897 (fax)

Janine Barone, Riverview nurse, at 716-213-5000 (fax)

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
 - For varicella (chickenpox), a note from your health care provider (MD, MP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: Lynn Dibuono

School: Mullen Elementary

Phone: 716-694-6805 **Fax:** 716-694-5897

email: ldibuono@tona.wnyric.org

School Nurse: Janine Barone

School: Riverview Elementary

Phone: 716-694-7697 **Fax:** 716-213-5000

email: jbarone@tona.wnyric.org

Sincerely,

Larry Badgley
Mullen Principal

Claudia Panaro
Riverview Principal

TONAWANDA CITY SCHOOL DISTRICT

100 HINDS STREET
TONAWANDA, NY 14150
716-694-7690-PHONE 716-694-9467-FACSIMILE

Student Name: _____


Grade _____

Dear Parent/Guardian:

As mandated by State Education Law (EL903-904), **all new registrants** and students in **pre-kindergarten, kindergarten** and grades **two, four, seven** and **ten** must have a physical examination given by a **New York State Health Care Provider**.

A physical examination at the designated grade level **must** take place whether it is given by the family health care provider or by the school personnel. The school health office will schedule your child for a physical examination by our district Health Care Provider upon your request.

Health Care Providers are requested to fax in the completed physical to the nurse at the student's school. Physical examination reports must be **dated after September 1, 2016**.

Please check the appropriate box below, sign  your name, and return this completed form to your child's school Health Office.

- My child is scheduled for a physical examination by our Health Care Provider on (date)_____ by (name)_____.
- My child's Health Care Provider will fax a completed copy of their physical (dated after September 1, 2016) to my child's school:
 - Mullen School: 716-694-5897
 - Riverview School: 716-213-5000
- My child may receive a school physical examination by the School Practitioner and/or School Physician.

Parent/Guardian Signature: _____ Date: _____

Your cooperation is appreciated,
District Registrar

**TONAWANDA CITY SCHOOL DISTRICT
STUDENT ILLNESS AND EMERGENCY INFORMATION FORM**

Date _____ Grade _____

Student's (full) Name _____ Date of Birth _____
Please print Last First

Address _____ City _____ Zip _____

Home Phone # _____ Whom to contact first/Who has custody? _____

Mother's Full Name _____ Home Phone # _____

Cell Phone # _____ Work # _____

Father's Full Name _____ Home Phone # _____

Cell Phone # _____ Work # _____

List 2 alternate adults if parents are unavailable. These adults must be able to pick up the student, make arrangement for them or given medication to that student:

(1) Name _____ Address _____

Relationship _____ Phone # _____ Cell # _____

(2) Name _____ Address _____

Relationship _____ Phone # _____ Cell # _____

Siblings that re in the school district:

(1) Name _____ School _____

(2) Name _____ School _____

(3) Name _____ School _____

Student's Physician Name _____ Phone # _____

Hospital of Choice for Emergency Care _____

Check student's health condition(s): Allergy: Bee/Wasp Allergy: Food Allergy: Medicine

List allergies _____ Last reaction(date) _____

Extent or type of reaction _____

Check student's diagnosis(es):

Arthritis Asthma Diabetes Elimination Hearing Loss Hearing Aid

Intestinal Kidney Seizures Vision Loss Glasses Other _____

Physical Limitations _____

List medications on a regular basis _____

List immunizations or tests given in the **LAST YEAR** _____

PLEASE NOTE * Unless you indicate otherwise, information contained on this form will be shared on a "Need to Know" basis where the safety and welfare of your child is at stake. Only relevant information will be shared such as allergies and medical issues that could possible manifest themselves while the child is not in proximity to a nurse. Only teachers, coaches and staff that would be in a supervisory capacity over your child would be authorized to access that information.

Signature of Parent/Guardian

**TONAWANDA CITY SCHOOLS
HEALTH HISTORY – NEW AND INCOMING STUDENTS**

NAME _____ ADDRESS _____
(LAST) (FIRST) (MI)

BIRTHDATE _____ PHYSICIAN'S NAME _____
(MONTH) (DAY) (YEAR)

FATHER'S NAME _____ MOTHER'S NAME _____

TELEPHONE NUMBER(S) _____
(HOME) (CELL) (WORK)

1. Please carefully review the following to provide an accurate health history by checking those items that pertain to your child. If you checked any of the above areas please have your child's physician note the medical condition on the physical form or have the doctor send in a separate statement to the health office.

Meningitis _____	Diabetes _____	Vision Problems _____
Encephalitis _____	Scarlet Fever _____	Developmental Problems _____
Rheumatic Fever _____	Pneumonia _____	Bowel/Bladder Problems _____
Ulcer/Colitis _____	Cancer _____	Physical Disability _____
Kidney Disease _____	Mononucleosis _____	Muscle/Joint Problems _____
Heart Disease _____	Congenital Defect _____	Eczema _____
Murmur _____	Speech Problems _____	Tuberculosis or Contact T.B. _____
Seizures/Convulsions _____	Hearing Problems _____	Behavior/Social Problems _____
Blood Disease _____	Vision Problems _____	Hepatitis _____
Asthma/Wheezing _____		

ALLERGIES (please list) _____

NOTE: Verification, including dates of the immunizations based on what grade the student will be entering must be provided before your child can enter school. A list of immunizations is available at any of the school health offices or at the Tonawanda School website. You must secure an immunization record and physical form from your child's doctor.

2. Does your child take any medication on a regular basis? _____

Name of medicine _____	Dose: _____	Reason: _____
Name of medicine _____	Dose: _____	Reason: _____
Name of medicine _____	Dose: _____	Reason: _____

If, during the school year, your child should develop a medical problem or require medication on a regular and/or continuing basis, please have your child's medical provider complete the district's "Authorization for Medication Administration in School" form.

Parent's Signature _____
Date