Bishop John King Mussio Central Elementary School Preschool Registration Form

_3 year old (by August 1) is _4 year old (by August 1) is		I am interested in	a half day program _	<u></u>		
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ddress	st)	(First)	(1	Middle)		
(Street)		(City)	(State)			
ome Phone Number						
irthdate						
eligion	Student's Pa	arish	and the second se			
acraments Received: aptism (Church)		(City & State)		(Date)		
irst Communion (Church)						
Confirmation (Church)						
Public School District in which						
lame of Public School Buildin						
THNIC GROUP (Please select						
Native Hawaiian/Other Pacific Multiracial (a person having origin White, not Hispanic origin (a pe School Previously Attended	ns in two or more racial/ethnic c erson having origins in any of th	categories) le original peoples of Europe, North	h Africa or the Middle East	e Completed		
ather's Name		3	Occupation			
(Last)	(First)	(Title)				
Religion	Parish		Employer			
Home Phone	Cell Phone		Work Phone			
Mother's						
Name	(First) (Title) (Maiden)	Occupation_			
(Last) Religion			Employer			
Home Phone						
Whom does student live with?	(Please circle): Mother & Fa	ather, Mother only, Mother and	J Stepfather, Father only, Fa	ther & Stepmother, Guardian		
Parent or Guardian Signature			Date			
Copies needed for complete regis	stration:					
Official Birth Certificate						
Social Security Card						
Baptism Certificate						
Immunization Record		\$50 Regi	stration Fee for new familie	es to BJKM		
		(Over please)				

Sibling Information (Please list all siblings in the family)

Name	Age	Grade	School
		-	
			N
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The following information must be provided if the enrolling student *lives with* a guardian or stepparent:

Stepparent Name	5. B.		
(Last)	(First)		
Home Phone	Work Phone	Cell Phone	
Guardian Name			
(Last)	(First)		
Home Phone	Work Phone	Cell Phone	

Ohio Department of Health • School and Adolescent Health Physical Examination

Image: Image: / / Preight: Weight: BMI percentile BP Screening Tests: Postural Date performed / / Date performed: / / / / / / / Distance: Pass: Fail Date performed No. abnormaility noted Screening: Pass: Fail Date performed No. abnormaility noted Color Pass: Fail Date performed No. abnormaility noted Color Pass: Fail Date performed Comments Date performed Color Pass: Fail Conditioner performed Pass: Fail Date memory performed Color Pass: Fail Conditioner performed Pass: Pail Date Pass: Pail Spech: No Date Type C V Results: µg/dt Cold has no discernible speech problem Pres No Date Type Results: µg/dt Cold has no discernible speech problem Pres No Date Type Results: Pagg	Student's name						Sex				Date of birth		
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Vision Hearing Postural Date performed Date performed Date performed Date performed // // // Pure Tone // Muccle Balance Acuity R L Pure Tone Pars Muccle Balance Pars Fail Referral made Referral made Color Pars Fail Child wears hearing air? Yes No Color Pars Fail Child wears hearing air? Yes No Color Pars Fail Child wears hearing air? Yes No Color Pars Fail Child wears hearing air? Yes No Color Pars Fail Child waars hearing air? Yes No Color Pars No Referral made? Comments Comments Child waars disses? Yes No Referral made? Comments Comments Speech valuation recommended Yes No Date Type C V Speech evaluation recommended Yes No Date Type Results Child has no discemible problem with Yes No Tubercolin Test Date Type Results <td>Height</td> <td></td> <td>Weight</td> <td></td> <td>E</td> <td>3MI percent</td> <td>ile</td> <td></td> <td></td> <td>BP</td> <td></td> <td></td> <td></td>	Height		Weight		E	3MI percent	ile			BP			
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State

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