Arlington Public Schools: Student Registration
869 Massachusetts Avenue, Arlington, MA 02476 | arlington.k12.ma.us

(official use only) SASID #

Last Name | First Name | Middle Name | District of Residence | Date of Pre-Reg.

Health and Emergency Contact

Student's Personal Information

Physical Address				City	
Mailing Address					
Home/Primary Phone #		Gender		Current Grade	
Date of Birth		Place of Birth	, ,		

Health Information

Have health insurance?	☐ Yes ☐ No	Name of Company	

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communication is confidential.

Physician's Name		Phone	
Dentist's Name		Phone	
Hospital of Choice			

List all conditions that apply	☐ ADD / ADHD	☐ Autism / Asperger	☐ Diabetes Type 1	☐ Migraines
	☐ Allergies	☐ Depression	☐ Diabetes Type 2	☐ Seizure Disorder
	☐ Asthma	☐ Development Delay	☐ Heart Condition	

List all Allergens		Have an EpiPen?	☐ Yes	☐ No	
Hearing problems?	☐ Yes ☐ No	Vision problems?	☐ Yes	☐ No	
Describe		Describe			

(1) Parent / Guardian

Title and Name					
Home Address					
Phone 1		Phone 2		Email	

(2) Parent / Guardian

Title and Name					
Home Address					
Phone 1		Phone 2		Email	

I give my permission to the school nurse to:administer Acetaminophen / Ibuprofen to my child. ☐ Yes ☐ No

ermission to the school nurse to share information relevant to my child's health condition with appropriate onnel when needed to meet my child's health and safety needs and to exchange information with my an/counselor for the purpose of referral, diagnosis and treatment. ☐ Yes ☐ No

	Signature	Date