**NEW STUDENT FILE CHECKLIST**

TEACHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PAPERWORK** |
| Birth Certificate |
| Enrollment Application |
| Enrollment Schedule |
| About Your Child |
| Medical Information and Consent |
| Application of Non-Medicated Topical Products |
| Pick Up Authorization |
| Late Pick Up Acknowledgment |
| Multimedia Consent Form |
| Public Parks and Field Trips Permission Form |
| Tuition Agreement |
| Summary of Licensing Receipt Handbook |
| Acknowledgment of Receipt of Parent Handbook |
| Tie Dye Consent Form |
| Swimming Pool Release |
| **HEALTH AND MEDICAL FORMS** |
| Recent Medical Evaluaton Expires Every 2 years**Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TB Test/Waiver |
| Lead Test Results |
| Asthma Action Plan (If Needed) |
| Food Allergy and Anaphylaxis Emergency Care Plan (If Needed) |