January 2021

Dear Parent/Guardian(s):

Attached is the Universal Prekindergarten information packet for the 2021-2022 school year. Please read it carefully, complete all of the information, and call for an appointment to register at the UPK Community Agency (site). Applications can be requested at 315-792-2216, at a participating UPK Community Agency or at uticaschools.org

The Universal Prekindergarten Program is a free program only for children who will be four years old by December 1, 2021, and are residents of the Utica City School District. The program provides children with 2½ hours of instruction, 5 days a week for the entire school year. Prekindergarten is also available for children at First Nursery – Columbus & Conkling Elementary Schools and Head Start – Hughes, Kernan & Martin Luther King Elementary Schools. If more applications are received than seats are available a lottery will be held on August 6, 2021. There are NO FEES for eligible children to participate in Universal Prekindergarten.

All Universal Prekindergarten classes are offered in partnership with community agencies in Utica. Attached is a list of agencies that offer the UPK program. You may choose to send your child to any of these agencies. Your first choice will be honored if space allows. Please register early since slots will be filled at each site as registrations are received. Applications for UPK at Head Start will be completed at Head Start (Mohawk Valley Community Action Agency), contact 315-624-9930 to make an appointment.

Childcare services beyond the Universal Prekindergarten program hours are available at many of the UPK sites. Parents/guardians are responsible for any childcare costs.

If you have questions, please call the Utica Universal Prekindergarten Office at 315-792-2216.

Complete the attached registration packet and submit it with the required documents listed below:

☐ Universal Prekindergarten Registration Form (attached)
☐ Home Language Questionnaire (attached)
☐ Student Racial and Ethnic Identification Form (SREI attached)
☐ Physical History Form (attached)
☐ Current Report of Physical History Exam, signed by a doctor
☐ Birth Certificate
☐ Immunization Records with required shots
☐ Current Proof of Residency - (National Grid, water, cable, telephone landline bill, TANF Budget Sheet or SSI Award Letter), lease/deed, Utica tax bill, paystub and etc..(*Please call the UPK office regarding any questions).

Sincerely,

Alicia M. Mroz
Administrator for Pre-K & Student Programs
## 2021-2022 Utica Universal Pre-Kindergarten
### Partner Agencies

There are no fees for participation in the UPK program. Agencies operate independently of the Utica City School District and may provide other services, such as child care, for a fee. *UPK sites may vary each year.*

<table>
<thead>
<tr>
<th>Agency Information</th>
<th>UPK Hours</th>
<th>Child Care Available</th>
<th>Busing Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Nursery School</strong>&lt;br&gt;&lt;i&gt;Director: Nadean Gleitsmann&lt;/i&gt;&lt;br&gt;315-797-6523</td>
<td>1605 Genesee St.&lt;br&gt;AM: 9:00-11:30 and PM: 12:30-3:00</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Columbus Elementary - 934 Armory Dr.&lt;br&gt;AM: 8:30-11:00 and PM: 12:00-2:30</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Conkling Elementary - 1115 Mohawk St.&lt;br&gt;AM: 8:45-11:15 and PM: 12:15-2:45</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Head Start</strong>&lt;br&gt;Mohawk Valley Community Action Agency&lt;br&gt;315-624-9930 - Ask for UPK Registration&lt;br&gt;Assistant Director of Child Development: Michelle Kelley</td>
<td>*Income eligibility applies&lt;br&gt;Hughes -24 Prospect St.&lt;br&gt;Kernan - 929 York St.&lt;br&gt;ML King-211 Square St.&lt;br&gt;Calvary, 308 South St.&lt;br&gt;1110 Ney Ave&lt;br&gt;AM: 8:30-11:00</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Neighborhood Center</strong>&lt;br&gt;&lt;i&gt;Director: Patrice VanNortwick&lt;/i&gt;&lt;br&gt;Assistant Director: Sabrina Lamie&lt;br&gt;Receptionist: 315-272-2760</td>
<td>624 Elizabeth St.&lt;br&gt;AM: 8:30-11:00 and PM: 12:30-3:00</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>New Discoveries</strong>&lt;br&gt;Upstate Cerebral Palsy&lt;br&gt;&lt;i&gt;Director: Jennifer Hummel&lt;br&gt;Judi Locash: 315-927-2430&lt;/i&gt;</td>
<td>1601 Armory Dr., Bldg. A&lt;br&gt;AM only: 9:00-11:30</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>North Utica</strong>&lt;br&gt;&lt;i&gt;Senior &amp; Pre-K Center&lt;/i&gt;&lt;br&gt;&lt;i&gt;Director: Patrice VanNortwick&lt;/i&gt;&lt;br&gt;Assistant Director: Sabrina Lamie&lt;br&gt;315-724-2430/ fax:315-724-2431</td>
<td>50 Riverside Dr.&lt;br&gt;AM: 8:30-11:00 and PM: 12:30-3:00</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Notre Dame Elementary</strong>&lt;br&gt;&lt;i&gt;Director: Carol Polito&lt;/i&gt;&lt;br&gt;315-732-4374</td>
<td>11 Barton Ave.&lt;br&gt;AM: 8:00-10:30 and PM: 12:00-2:30</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Thea Bowman House</strong>&lt;br&gt;&lt;i&gt;Director: Jane Domingue&lt;/i&gt;&lt;br&gt;Site Supervisor: Sandra Wright&lt;br&gt;315-735-6995, Parent Advocates: Diane Greene 315-724-6388&lt;br&gt;NiNi Lwin(Burmese), Janary Steele (Karen), Grace Sunday (Arabic)</td>
<td>309 Genesee St.&lt;br&gt;AM: 9:30-12:00 and PM: 12:45-3:15</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
2021-2022 Utica Universal Prekindergarten Program  
Utica City School District  
929 York Street  
Utica, New York 13502

Child’s Name ________________________________  
Circle one  
AM or PM

Please read, check & number your 3 PreK site choices. 1 being the first site preferred.  
(See attached list of eligible agencies for program details).

| ☐  First Nursery @ Genesee St.             | ☐  Neighborhood Center            |
|   1605 Genesee St.                        |   624 Elizabeth St.               |
| ☐  First Nursery @ Columbus              | ☐  New Discoveries – UCP           |
|   934 Armory Dr.                          |   1601 Armory Dr. - Building A    |
| ☐  First Nursery @ Conkling              | ☐  North Utica Community Center    |
|   1115 Mohawk St.                         |   50 Riverside Dr.                |
| ☐  Head Start                            | ☐  Notre Dame                      |
|   Income eligibility applies.            |   11 Barton Ave                    |
| Locations include: Hughes, Kernan &      | ☐  Thea Bowman House               |
|   MLK, Calvary – 308 South St. and        |   309 Genesee St.                  |
|   Ney Ave - 1110 Ney Ave                  |                                     |

RESIDENCY

*I affirm that my child is currently a resident of the Utica City School District. If I move to another address within Utica during the school year, I will provide an updated proof of address within 30 days. I understand that if I move out of the school district my child/children are no longer eligible to attend Utica Universal Prekindergarten.

ATTENDANCE

**I understand that my child must attend all Universal Prekindergarten classes unless I provide a valid legal written excuse.

Parent/Guardian
Signature ________________________________ Date __________________
2021-2022 Universal PreKindergarten Program
Utica City School District Administrative Offices
929 York St
Utica, New York 13502

* Please complete application & print clearly.

Child's Name ___________________________ Last   First   Middle

Date of Birth ___________________________ Gender: □ Male □ Female

Address of Child's Residence ___________________________ Apt#_____ Zip Code

Is this your permanent address? □ Yes □ No If you answered NO, please complete a Student Residency Affidavit

Language(s): □ English □ Other(s) ______________________

Home Language: ___________________________ Parent(s) Preferred Language ___________________________

Student resides with: □ Both Parents □ Mother □ Father □ Other

** Is there a CURRENT ORDER OF PROTECTION or NO CONTACT ORDER which concerns this child?

□ No □ Yes (If, yes please provide a current copy of the documentation and directions for school staff).

** Has your child been identified as a preschool student with a disability as determined by the Committee for Preschool Education? □ No □ Yes

CONTACT #1 Adult lives with child (PRIMARY UTICA RESIDENCE)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Home Phone # ___________________________ □ UNLISTED Cell phone # ___________________________

Work Phone # ___________________________ E-Mail Address ___________________________

* Please provide updated phone contact numbers if there are any changes for emergency purposes.

CONTACT #2

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

CHECK BOX IF ADDRESS IS THE
□ SAME AS ABOVE. If NO please list ___________________________

Home Phone # ___________________________ □ UNLISTED Cell phone # ___________________________

Work Phone # ___________________________ E-Mail Address ___________________________

If you have other children living with you, please provide the names, birthdates, and school they attend.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
Utica City School District

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The Utica City School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Utica City School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a (√) in the box for the category or categories which best describe your child. The Utica City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student’s permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form attached to this page.
Utica City School District

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of Student: ___________________________ Date of Birth (Month/Day/Year): __/__/____

School Student will be Attending: ____________________________________________________

DIRECTIONS TO PARENTS/GUARDIANS
PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

☐ Yes, Hispanic
☐ No, not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check (✓) all groups that apply to your child; You must check (✓) at least ONE box regardless of your answer to question 1.]

☐ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment,

☐ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

☐ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____________________________ __________________________
Signature of Parent/Guardian/Other Date

Relationship to Student (please check one box below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify) __________________________
STUDENT RESIDENCY QUESTIONNAIRE

NOTE TO SCHOOLS: Please assist students and families fill 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.

Name of School: _____________________________

Name of Student: ____________________________________________

  Last  First  Middle

Gender:  □ Male  Date of Birth: _______/_______/_______ Grade: ______

  □ Female  Month  Day  Year  (preschool-12)

Current 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 and other services.

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

□ In a shelter (one night at a time)
□ In transitional housing (shelter for longer periods of time)
□ “Doubled-Up” – living with relatives, another family, or other people because of loss of housing or as a result of economic hardship
□ In a hotel/motel
□ In a car, park, bus, train, or campsite
□ Other temporary living situation (Please describe): ____________________________

□ Permanently housed (not eligible for McKinney Vento services)

Is the student an “unaccompanied youth” (not living with a parent or guardian)? ______

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. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOL: If the student is NOT living in permanent housing, please ensure that a STAC-202 form is completed and sent to Pre-K & Student Programs. Safe Schools coordinators are available to assist with this procedure. Send all documentation related to the student's temporary housing situation to Pre-K & Student Programs. Do NOT retain copies of these forms in the student's permanent file.

9/1/20
UPK - Utica City School District
Physical History

Child's Last Name, First Name  Date of Birth  Place of Birth

Parents' Names  Place of Employment  Tel. No. Home/Work

**PHYSICAL HISTORY:** What diseases or conditions has your child had? (Give dates.)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Rheumatic Fever</td>
<td>Throat Infection</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>Diabetes</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Ear Infection</td>
<td>Epilepsy</td>
</tr>
</tbody>
</table>

Other

Does your child have allergies, asthma?

If yes, what is your child allergic to?

□ Yes  □ No

Does your child take medication?

If yes, give name of medication, dosage and for what condition:

□ Yes  □ No

Has your child ever had an accident, operation or x-rays?

Explain:

□ Yes  □ No

Does your child have any limitation that the school should know of?

Explain:

□ Yes  □ No

Is your child toilet trained?

□ Yes  □ No

Is there anything about the eyes, ears, teeth or general health of your child that the school should know of?

Explain:

□ Yes  □ No

---

**EMERGENCY CARE:** In case of an emergency, we will contact you immediately at the phone number provided above. If it is not possible to reach you, please state below what action you wish the school to take and the name of your preferred hospital.

NAME & TELEPHONE OF CHILD'S DOCTOR:

NAME & TELEPHONE OF EMERGENCY CONTACT:

NAME OF HOSPITAL EMERGENCY ROOM:

DATE

SIGNATURE OF PARENT/GUARDIAN
2021-2022 UTICA CITY SCHOOL DISTRICT

PHOTO/VIDEO RELEASE FORM

Dear Parent/Guardian:
Many times we document and present student work in the building which highlights the Universal Pre-K Program and other exemplary programs on Time Warner Channel 3 and other district multimedia. (i.e.: website, newsletters, calendars, etc.)

We, therefore, request that you sign the permission slip below. We will keep it on file in the office as a record that you are aware of our need to share student lessons and presentations through public broadcasting, broadcasting in school, videotaping and still photo collections. It also may include pictures/films of students for the news media (television/newspaper).

☐ I hereby give my permission for the Utica City School District to use the image and representations of my child in school related activities including filming, photography and presentation purposes.

☐ I DO NOT GIVE PERMISSION to have my child shown on a video, film, or TV program.

Please sign below and return to your teacher.

We are an Equal Opportunity Employer which fully and actively supports equal access for all regardless of Race, Color, Weight, National Origin, Ethnic Group, Religion, Religious Practice, Disability, Sexual Orientation, Gender, Age, Veteran Status, or Genetic Information.
Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.

Parent or Person in Parental Relation Information

Name of parent or person in parental relation: __________________________

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?
7a. At what age did your child begin to speak in short sentences?
In what language?

7b. At what age did your child begin to speak in full sentences?
In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

**Language Outside the Home/Family**

10. Has your child attended any nursery, Head Start or childcare program?  □ yes □ no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

**Language Goals**

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? □ yes □ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family? □ yes □ no

If yes, in what language(s)?

**Emergent Literacy**

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? □ yes □ no

16b. Can your child recognize letters or symbols in another language? □ yes □ no
If yes, in what language(s)?

17a. Does your child pretend to read? □ yes □ no □ unsure
If yes, in what language(s)?

17b. Does your child pretend to write? □ yes □ no □ unsure
If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? □ yes □ no
If yes, in what language(s)?

19. Does your child’s childcare or nursery program describe goals for his or her learning? □ yes □ no
If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

---

1 For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWl@nysed.gov.
NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and biannually for the Committee on Special Education (CSE).

# HEALTH CERTIFICATE / APPRAISAL FORM

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Gender:</td>
</tr>
<tr>
<td></td>
<td>M □ F □ Grade:</td>
</tr>
</tbody>
</table>

## IMMUNIZATIONS / HEALTH HISTORY

- Immunization record attached
- No immunizations given today
- Immunizations given since last Health Appraisal:
  - Sickle Cell Screen: □ Positive □ Negative □ Not done Date:
  - PPD: □ Positive □ Negative □ Not done Date:
  - Elevated Lead: □ Yes □ No □ Not done Date:
  - Dental Referral: □ Yes □ No □ Not done Date:

### Significant Medical/Surgical History: □ See attached

### Allergies:
- □ LIFE THREATENING
- □ Food:
- □ Insect:
- □ Other:
- □ Seasonal
- □ Medication:

## PHYSICAL EXAM

- Height:    
- Weight:    
- Blood Pressure:    
- Date of Exam:    

### Body Mass Index:    

### Weight Status Category (BMI Percentile):
- □ less than 5th
- □ 5th through 49th
- □ 50th through 84th
- □ 85th through 94th
- □ 95th through 98th
- □ 99th and higher

### Vision - without glasses/contact lenses:
- R □ L □ Referral

### Vision - with glasses/contact lenses:
- R □ L

### Vision - Near Point:
- R □ L

### Hearing - Pass 20 db sc both ears or:
- R □ L

### EXAM ENTIRELY NORMAL
- Tanner: I. II. III. IV. V.
- Scoliosis: □ Negative □ Positive

Specify any abnormality (use reverse of form if needed):

## MEDICATIONS

### Medications (list all):
- □ None □ Additional medications listed on reverse of form

### Name:    
- Dosage/Time:    

### Name:    
- Dosage/Time:    

If AM dose is missed at home:

- □ Yes □ No

Student may self carry and self administer medication □ Yes □ No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

## PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

- □ Free from contagious & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
  - Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
  - Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, rifle, weight train, crew, dance, track, run, walk, rope jump.

- □ Specify medical accommodations needed for school:
  - □ None □ Please monitor

- □ Known or suspected disability:
  - □ Please monitor

- □ Restrictions:
  - □ Please monitor

- □ Protective equipment required:
  - □ Athletic Cup □ Sport goggles/impact resistant eyewear □ Other:

## OPTIONAL INFORMATION, IF known

### Specify current diseases:
- □ Asthma □ Diabetes □ Type 1 □ Type 2 □ Hyperlipidemia □ Hypertension □ Other:

Provider's Signature:    
- Phone:    
- (Stamp below)

Provider's Name/Address:    
- Fax:    

Parent Signature:    
- Date:    
### APA Formatted Table:

<table>
<thead>
<tr>
<th>AREA OR SYSTEM</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
</tr>
<tr>
<td>Ears, Nose, Throat</td>
<td></td>
</tr>
<tr>
<td>Mouth, Teeth</td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
</tr>
<tr>
<td>Chest, Lungs</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
</tr>
<tr>
<td>Genitalia (Tanner)</td>
<td></td>
</tr>
<tr>
<td>□ Refuse</td>
<td></td>
</tr>
<tr>
<td>□ Student states both testicles down, no masses</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>Neck, Spine, Posture</td>
<td></td>
</tr>
<tr>
<td>Shoulders</td>
<td></td>
</tr>
<tr>
<td>Arms, Elbows, Hands</td>
<td></td>
</tr>
<tr>
<td>Hips, Thighs</td>
<td></td>
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<tr>
<td>Ankles, Feet</td>
<td></td>
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<tr>
<td>ROM, Strength</td>
<td></td>
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<tr>
<td>Knees</td>
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</tr>
</tbody>
</table>

Smoke: ___________________  
ETOH: ___________________  
Drug: ___________________

CP, SOB or dizzy with ex: ___________________

Concussion: ___________________  
Mono: ___________________

Family History Early Cardiac: ___________________

Joint or Muscle Problem: ___________________

Referrals/Recommendation: ___________________