<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations are current and have been reviewed by school nurse</td>
<td>Yes</td>
</tr>
<tr>
<td>Office Use Only</td>
<td></td>
</tr>
<tr>
<td>Please Print Name</td>
<td></td>
</tr>
<tr>
<td>Signature of Parent / Guardian</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>I attest that the above information is true and accurate to the best of my knowledge.</td>
<td></td>
</tr>
<tr>
<td>My child will be transported by</td>
<td>Bus Parent Self</td>
</tr>
<tr>
<td>If English is not the student's primary language please identify the primary language.</td>
<td></td>
</tr>
<tr>
<td>The One</td>
<td>Yes No</td>
</tr>
<tr>
<td>Special Education</td>
<td>Yes No</td>
</tr>
<tr>
<td>The One</td>
<td>Yes No</td>
</tr>
<tr>
<td>Special Education</td>
<td>Yes No</td>
</tr>
<tr>
<td>Has the student ever been identified and participated in the following:</td>
<td></td>
</tr>
<tr>
<td>Has this student previously attended school in the Hesperia School District?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Was this student expelled or being considered for expulsion at the previous school?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Beginning and ending dates of school last attended:</td>
<td></td>
</tr>
<tr>
<td>Address of School last attended:</td>
<td></td>
</tr>
<tr>
<td>Telephone No. of last school attended:</td>
<td></td>
</tr>
<tr>
<td>School last attended:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical Therapist</td>
</tr>
<tr>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>Daytime Telephone</td>
</tr>
<tr>
<td></td>
<td>Referring to Student</td>
</tr>
<tr>
<td></td>
<td>Emergency Contact 1 (Name)</td>
</tr>
<tr>
<td></td>
<td>Emergency Contact 2 (Name)</td>
</tr>
<tr>
<td></td>
<td>Emergency Contact 3 (Name)</td>
</tr>
<tr>
<td></td>
<td>Emergency Contact Info</td>
</tr>
</tbody>
</table>