



Name of child's Physician: \_\_\_\_\_ Physician's Phone No.: \_\_\_\_\_

Does student require medication at regular intervals during the school day? Yes                  No  
 If yes, legal guardian/parent must complete authorization to administer medicine form.

**Last School Attended:**

\_\_\_\_\_  
**Name of School    Street Address    City    State    Zip Code**

**Family Information:** (Please list children under the age of 18 still living at home.)

Legal Name of Child	Date of Birth	Grade	School Attending

I give permission for my child to have supervised access to the internet. Yes                  No  
 I give permission for my child's picture to be published in school publications. Yes                  No

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

Has student enrolled at Keystone Before?      Yes                  No  
 Is English spoken as a second language?      Yes                  No  
 Does student have a current IEP?                  Yes                  No  
 Does student have any special needs?          Yes                  No  
 If yes, explain: \_\_\_\_\_  
 Will your student ride the bus?                      Yes                  No

<b>For Office Use Only - Checklist of items for enrollment:</b> _____ Copy of Birth Certificate _____ Copy of Social Security Card _____ Copy of updated immunization records _____ Proof of Residence in Keystone District _____ Copy of CDIB Card
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