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|---|----------|-----------------------|--|
| Student Name: | | Date of Birth: | |
| School district: | | County: | |
| | | | |
| Parent 1 | | | |
| Name: | Address: | Phone: | |
| Email: | | | |
| Parent 2 | | | |
| Name: | Address: | Phone: | |
| Email: | | | |
| | | Circle one | |
| Has your child been diagnosed with allergies? | YES | NO | |
| Has your child been diagnosed with asthma? | YES | NO | |
| Has your child been diagnosed with seizures? | YES | NO | |
| <i>If your child has a diagnosis of allergies, asthma, or seizures, and additional form is required prior to the start of school. Contact the main office for the form.</i> | | | |
| Does your child have a diagnosis of Autism? | YES | NO | |
| <i>For Autism diagnosis only:</i> | | | |
| Did you submit the diagnostic report to Newmeadow? | YES | NO | |
| Do you request Newmeadow ABA insurance information? | YES | NO | |
| Does your child receive ABA therapy in your home? | YES | NO | |
| If yes, who provides the therapy? | | | |
| | | | |
| Does your child have any other diagnoses? | | | |
| If yes, what is the diagnosis? | | | |
| Additional information: | | | |
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