

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:			