



STUDENT INFORMATION FORM

(To be completed for each new student from a current Cedar Tree family)

Note: Cedar Tree is not staffed to handle students with severe learning disabilities or those who have severe behavioral issues. For your child's best interest, please be candid when answering the following questions. (If you are applying for more than one child, please complete one form for each child.)

List the school last attended or presently attending, if applicable:

<i>Name of Student</i>	<i>Grade Level Last Completed</i>	<i>Teacher Name</i>
<i>School Name</i>	<i>City</i> <i>State</i>	<i>Telephone</i>

***** Please attach a current report card, if applying as a new student (except for Kindergarten).**

1. Has the student ever been referred for testing or placed in a special program? 0 Yes 0 No
2. Has the student received any other special help or tutoring? 0 Yes 0 No
3. Has the student ever repeated a grade for any reason? 0 Yes 0 No
4. Has the student ever been suspended or expelled by a previous school? 0 Yes 0 No
5. Has the student ever been involved in legal problems or been arrested? 0 Yes 0 No
6. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? 0 Yes 0 No
7. Has the student ever been examined or treated by a counselor, doctor, or psychiatrist for hyperactivity, attention deficit disorder, dyslexia, autism or other learning disorders, which may affect his/her ability to thrive at Cedar Tree? 0 Yes 0 No
8. Do you suspect or have you been told that your child may have one of the above learning disorders? 0 Yes 0 No

9. What are strong points of your child's character? _____

10. What are areas you see as needing growth? _____

For any "Yes" answers in questions 1-8, please explain on the back of this sheet or on another piece of paper, as needed.

(Continued on back)

Student: _____ **Birth Date:** _____ **Grade:** _____

TYLENOL: Subject to my verbal permission in each instance, Cedar Tree may administer Tylenol for pain or fever to this student. YES _____ NO _____

DRUG ALLERGIES: YES _____ (List below) NO _____

OTHER ALLERGIES: YES _____ (List below) NO _____

TAKING MEDICATIONS? YES _____ (List below) NO _____

PAST MEDICAL HISTORY AND OTHER PERTINENT INFORMATION:

I permit Cedar Tree to give emergency treatment for the above named student when it deems necessary. I give authority for my children to be taken to the nearest emergency facility in case of an emergency. I allow the emergency facility to administer treatment in the event I am unable to be reached or present when care is needed. If the doctor or persons responsible for my child cannot be reached, I accept Cedar Tree's arrangements for emergency treatment and emergency room admittance, and I assume responsibility for any costs involved.

PARENT OR GUARDIAN SIGNATURE: _____ **Date** _____