

BEAR RIVER SCHOOL
Special Program or Health Form

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Principal

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Dear Parents/Guardians – In order that we may serve your child, please answer the following:

Student's Name: _____ Date: _____

Current Grade: _____ Male _____ Female _____ Birthdate: _____

1) My child was enrolled in a special program (Please check the appropriate program below)

Name of program: RSP _____ SDC _____ GATE _____
Speech _____ ESL _____ Other _____

2) My child has repeated a grade (K 1 2 3 4 5 6 7 8) (Please circle)

Please check below if the answer is yes

3) My child has had behavior problems at school. _____

4) My child has a hearing problem. _____

5) My child needs to wear glasses at school. _____

6) My child takes medication. _____

7) My child was seeing a speech therapist. _____

8) My child was seeing a school counselor. _____

9) My child has a health problem the school staff needs to be aware of. _____

Explain: _____

10) Can this child be released to either parent? Yes _____ No _____

If not, custody papers need to be on file in the child's school records.