

NEW STUDENT CHECKLIST

TO BE COMPLETED PARENT

NAME OF STUDENT _____ D.O.B. _____

PARENT NAME _____ PHONE NUMBER _____

GRADE _____ PREVIOUS SCHOOL _____ CITY/STATE _____

SCHOOL PHONE NUMBER () _____

HAS STUDENT EVER ATTENDED GRISWOLD PUBLIC SCHOOLS - YES ___ NO ___ IF yes what year ___

If student is from out of state, has the student ever attended a school in CONNECTICUT?

Yes_ NO_ If yes where _____

PLEASE SEND PARENT/GUARDIAN TO THE HEALTH OFFICE WITH AVAILABLE DOCUMENTS

TO BE COMPLETED BY THE HEALTH OFFICE

___ COPY OF PHYSICAL / DATE OF PHYSICAL _____

___ IMMUNIZATION RECORD

___ SCOLIOSIS PERMISSION SLIP

___ TUBERCULOSIS RISK ASSESSMENT FORM

___ YEARLY HEALTH UPDATE

**THE ABOVE STUDENT HAS BEEN CLEARED BY THE HEALTH OFFICE TO ENTER GRISWOLD
PUBLIC SCHOOLS ON _____**

**Please Scan Physicals and Immunizations to rnormandie@griswoldpublicschools.org and
icarota@griswoldpublicschools.org for entry approval over the summer months.**
