

Milestones Health and Admission Form

Last Name	First Name	Middle	DOB
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State of Birth	Country of Birth
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Custody* Issues: ____ Yes ____ No

*Custody papers MUST be in our file in order for issues to be enforced.

Exempt from PE? _____ **Reason** _____

*Exemption must be accompanied by a doctor's written excuse.

Ethnicity (Changes made in 2010)

The US Department of Education's guidance on collecting, maintaining, and reporting data by race or ethnicity requires the use of a two-part question. The first part of the question asks about the broad category of ethnicity, e.g. Hispanic or Latino or Not Hispanic or Latino, while the second part asks about the more narrow divisions of race, based on family origins. The new Ethnicity/Race definitions correspond with the 2010 Census.

The new requirements will help establish consistent government-wide guidance at the Federal level, and, in particular, it is designed to obtain more accurate information about the increasing number of students who identify with more than one race.

Summary of Changes for Ethnicity:

1. Respondents may select only one category for ethnicity (Hispanic or non-Hispanic), but will select one or more designations for race.
2. One of the major changes is the recognition that members of Hispanic populations can be of different races. The federal government would like to afford Hispanic/Latino populations the opportunity to better describe themselves according to their culture and heritage.
3. Use of the seven new categories for reporting eliminates the possibility of counting an individual twice.

Ethnicity Designation (choose only one)

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

No, not Hispanic/Latino

Race Designation

Please check one or more boxes for the group with which you personally identify, based on family origins.

South America, Central America, North America, including Mexico. (American Indian or Alaska Native)

Europe, including Spain and Portugal, the Middle East, or North Africa. (White)

Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Asian)

Africa - black racial groups of Africa. (Black or African American)

Hawaii, Guam, Samoa, or other Pacific Islands. (Native Hawaiian or Other Pacific Islander)

Please complete back of form!

Last Name

First Name

Middle

Exempt from PE? _____ Yes _____ No

Reason _____

*Exemption must be accompanied by a doctor's written excuse.

Regular/Frequent Medication Use: _____ Yes _____ No

Medication and Reasons for use:

Please fill out a Milestones Medication form and provide medication (in original container) to the school office if medication is required to be administered during school.

Allergies to food or other substances: _____ Yes _____ No

Please list items, reaction and procedure to follow if reaction occurs:

Physical Conditions that require attention: _____ Yes _____ No

Describe condition and what precautions should be taken:

