



THE WESTWOOD SCHOOL



14340 Proton Road Dallas, Texas 75244 972-239-8598 admission@westwoodschoo.org

Application for 4th-12th grades

Student Name _____ D.O.B. _____ Sex M() F ()
 Applying for grade _____ Current grade _____ Desired date of entrance _____
 Home Address _____ Phone _____
 City _____ State _____ Zip _____ Social Security # _____
 Home E-mail Address _____

Mother's or Guardian's Name _____ Father's or Guardian's Name _____

DL# _____ Occupation _____ DL# _____ Occupation _____

Employer _____ Employer _____

Business Address _____ Business Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Parents are: Together () Separated () Divorced* () Mother remarried () Father remarried ()
 Child lives with: Both Parents () Mother () Father () Other () specify _____

*Divorce documentation must be on file. Primary custodial parent must inform school in writing every day the child should be released to the non-primary custodial parent. If parents are divorced or separated, to whom should school correspondence be sent? _____

Siblings
 Name _____ D.O.B. _____ School _____
 Name _____ D.O.B. _____ School _____

Pregnancy Due Date _____
 Others living with family _____

Maternal Grandparents
 Name _____
 Address _____
 City _____ State _____ Zip _____

Paternal Grandparents
 Name _____
 Address _____
 City _____ State _____ Zip _____

Local adult to notify when parents not available
 Name _____ Relationship to child _____
 Address/City/State/Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Office use only
 Date received: _____ Application Fee ck# _____ Sibling Y N Interview/Visit _____ Start Date _____

Disclosure Statement

I certify that the information presented in this application is accurate, complete, and honestly presented. I also certify that, to the best of my knowledge, any information submitted on my behalf, including letters of recommendation, is authentic. I understand and agree that any intentionally inaccurate information or omission will, if discovered at a later date, be cause for rescinding an offer of admission.

Has the student incurred serious or repeated disciplinary action or has he/she ever been dismissed, suspended or separated from school, placed on probation, or have you left voluntarily for an extended period of time? Yes _____ No _____
If the answer to the above question is yes, please explain on a separate sheet and attach it to your application. Have your school counselor include a statement about your situation with your school records. If, after you have submitted this form, new circumstances alter your status at school, you must notify Westwood as soon as possible.

For value received and without further consideration, I hereby consent that all photography taken of my child at The Westwood School during school functions may be used in any manner by said school for purposes of illustration, advertising, or publication.

I acknowledge that we waive our right to access/read confidential information in our child's admission file, including without limitation, any teacher or Head of School evaluation. No information submitted to The Westwood School for admission purposes will be returned to the applicant.

Honesty and Integrity form the cornerstone of The Westwood School's Honor Code and as such are central to the high standards by which all students should live. Students will be asked to sign the Honor Code and abide by its rules at the beginning of each school year.

Name of parent/guardian _____

Signature of parent/guardian _____ Date _____

Please attach a snapshot of your family.

Please enclose the application fee; it is non-refundable.

\$100 Beginner through age 4

\$125 Kindergarten

\$150 Lower Elementary and up

Total enclosed _____ Check # _____



Parent Questionnaire for students entering 4th and up

The best way to meet a student's needs is through an individualized program. To assure that your child's unique and special needs are met, please fill out the questionnaire to help the admissions committee become better acquainted with your child.

Please comment on your child's strengths and weaknesses in the following areas:

Commitment to academic goals: _____

Time-management skills: _____

Ability to handle stress: _____

Has testing ever been recommended for visual or auditory processing issues, sensory issues, learning concerns or behavioral concerns? (Copies of tests need to be attached.) _____

Westwood assists parents with coordination of special, private therapy services through our Educational Support Team. Has (or will) your child participated in tutoring or academic enrichment? _____ with whom? _____ when? _____

Did your child have a premature birth? _____ Gestational week of birth _____

Please list any special medication(s) your child is taking. _____

Have there been any unusual occurrences in your child's life (death in the family, extended hospitalization, moving, divorce, etc.)? Nature and date _____

How is your child dealing with this? _____

Additional information you would like for the school to know about your child or other information that you feel may add to our understanding of your child.

****On another sheet of paper, please discuss your family's educational philosophy and why you think Westwood would meet your child's needs. Briefly explain what you know about the Montessori Method and the International Baccalaureate programs. Let us know if you are acquainted with any families at Westwood. Tell us about your future educational plans – how long you plan to have your child stay in a Montessori environment and where you plan to go after Montessori, including university aspirations? What end result do you expect from a Montessori education for your child?**

Nondiscrimination Admission Policy

The Westwood School admits students regardless of race, color, or national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Westwood School does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, and other school administered programs.

The Westwood School is not obligated to admit any student and no student is guaranteed admission. The school seeks to balance qualified boys and girls at each level. The school accepts those qualified students who in the opinion of the school, will have successful experiences in the program and will contribute in the classroom communities for which they are applicants. The school reserves the right to place students in the age level which seems best for them. The Westwood School also considers the family of the applicant and whether they understand and support the Montessori philosophy, the IB program and Westwood's school policies.

Preferential enrollment is given to siblings of currently enrolled students who are re-enrolled for the upcoming school year.

Name of parent/guardian _____

Signature of parent/guardian _____ Date _____



Student Application

Student Name _____ Email _____

Current School _____

School Address _____

School Phone _____ School Fax _____

Head of School or Principal _____

All schools attended since Kindergarten (names, dates and grade levels) _____

Student's 1st language _____ 2nd language _____

Have you been attending an English speaking school? _____ How long? _____

Student Short Answer Questions - *Please complete these questions in your own handwriting; you may use a separate piece of paper if necessary.*

Explain your interest in The Westwood School's Montessori/IB program. Please explain why you wish to participate, what you will contribute to the program, and what you expect to receive from this type of program.

What subject have you taken in school that has turned out to be the most worthwhile up to this point? Explain why.

If you could have studied one subject in school that you didn't take or wasn't offered, what would it be? Explain why.

What do you see as your strengths and weaknesses as a student.

What is the last book you read that was not required for a class? When did you read it and why? Briefly summarize what you learned from reading this book. _____

Describe your involvement in activities – such as clubs, committees, sports teams, student government, or community service – both in and outside of school. If you have had any paying or volunteer jobs, please describe how you became involved in these commitments. _____

Have you studied a foreign language? If so, which one and for how long? If not, why? _____

Signature of student _____ Date _____

Student Writing Sample

You may use a word processor for this part of the application.

Entering 4th through 6th grade – please write a paragraph.

Entering 7th or 8th grade – please write a page.

Entering High School – please write a two page essay.

Describe one person – real, fictional, or historical – whom you have known or would like to know. Why did you choose this individual?

OR

Describe something you have done that makes you proud, an important decision you have made, or a challenging situation you have had to manage. Why is this experience important to you?

*You may choose, instead, to submit a copy of a piece of writing completed within this past year that you are particularly proud of because of its content/organization, etc. This could be a prepared essay for a class, a creative story or poem, or a factual report.

The Westwood School

14340 Proton Road * Dallas, Texas 75244 * (972)239-8598

Current English Teacher Recommendation

This is a confidential teacher evaluation for grades 4 thru 12.

Student's Name: _____ **Grade** _____

I acknowledge that I waive my right to read the confidential recommendation and the school report for the student listed above. I hereby authorize the release of information requested about my child's academic and personal records to The Westwood School.

Printed Name _____ Signature _____ Date _____

PERSONAL EVALUATION

	Exceptional	Strong	Average	Weak	No Basis
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow multiple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC PERFORMANCE

Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student displays intrinsic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of writing style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student hands in work on time & complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentiveness in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation of student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student for participation in the IB Diploma Programme. (Please circle one.):

Most Enthusiastically Enthusiastically with Mild Reservations with Serious Reservations

Please comment briefly on the following:

1. Applicant's greatest strengths: _____

2. Limitations, disabilities, or special needs (including amount of teacher time required): _____

3. Has outside professional assessment or support been recommended? _____ Been given? _____
 Please elaborate (and attach any testing results or recommendations): _____

4. International Baccalaureate English Higher Level requires students to read and research a substantial amount of sophisticated material. Do you know of any reason why this student might not be able to meet this challenge? If yes, please explain. _____

5. To complete the English portion of the IB program, students must pass an externally assessed, timed writing assignment and submit a taped, oral commentary. Do you know of any reason why this student might not be able to meet these challenges? If yes, please explain. _____

6. The student's ability to move from literal to figurative interpretations: _____

7. The student's ability to organize and communicate ideas in both composition and speech: _____

8. Please add any additional comments that will give us a more complete picture of the student: _____

Thank you for taking the time to submit a recommendation in support of this applicant for admission to The Westwood School. The information you provide is confidential and will be used only in the selection of candidates. It will not become part of their permanent file and will not be available to candidates or parents. We ask that you mail this completed form to the Admissions office. In order for this candidate to be scheduled for a class visiting day, all forms must be completed and returned as soon as possible.

This student has been enrolled in this school for ____ year(s). I have known him/her for ____ year(s).

Number of annual absences _____

School _____

Address _____

Title or position _____ School phone number _____

Signature _____ Date _____

May we contact you about this child? Yes No

Mail Directly To:
 The Westwood School - Admissions Office
 14340 Proton Road
 Dallas, Texas 75244

The Westwood School

14340 Proton Road * Dallas, Texas 75244 * (972)239-8598

Current Math Teacher Recommendation

This is a confidential teacher evaluation for grades 4 thru 12.

Student's Name: _____ Grade _____

I acknowledge that I waive my right to read the confidential recommendation and the school report for the student listed above. I hereby authorize the release of information requested about my child's academic and personal records to The Westwood School.

Printed Name Signature Date

PERSONAL EVALUATION

	Exceptional	Strong	Average	Weak	No Basis
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC PERFORMANCE

Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in the use of the basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of underlying ideas & concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to hand in work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation of student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student for participation in the IB Diploma Programme. (Please circle one):

Most Enthusiastically Enthusiastically with Mild Reservations with Serious Reservations

Please comment briefly on the following:

1. Applicant's greatest strengths: _____



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Official School Recommendation & Records Release Authorization All Grade Levels

To be completed by Parent or Guardian before giving it to the school:

Student's Name _____ Birth Date _____ Grade _____

I acknowledge that I waive my right to read the confidential recommendation and the school report for the student listed above. I hereby authorize the release of information requested about my child's academic and personal records to The Westwood School.

Printed Name

Signature

Date

To be completed by Student's Current School:

Please mail a complete transcript including health records, current year-to-date grades, as well as any record of past standardized test results with the TEACHER RECOMMENDATION directly to The Westwood School. If applicable, please include a copy of the student's record of Montessori presentations. Thank you for your assistance. Students cannot schedule their school visiting day until recommendation forms and records are received.

Mail Directly To:
The Westwood School
Admissions Office
14340 Proton Road
Dallas, Texas 75244

To be completed by SCHOOL ADMINISTRATOR:

	Exceptional	Strong	Average	Weak	No Basis
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary action?
 Yes No If yes, please explain.

2. If your school is private, does the family meet its financial responsibilities for school bills on time?
 Yes No

3. Parental expectations of and support of school: _____

4. Please comment on the applicant's academic motivation, intellectual curiosity, creativity, character, citizenship and contributions to your community. Include anything else that you feel will give us a more complete picture of the student.

Thank you for taking the time to submit a recommendation in support of this applicant for admission to The Westwood School. The information you provide is confidential and will be used only in the selection of candidates. It will not become part of their permanent file and will not be available to candidates or parents. We ask that you mail this completed form to the Admissions office. In order for this candidate to be scheduled for a class visiting day, all forms must be completed and returned as soon as possible.

This student has been enrolled in this school for ____ year(s). I have known him for ____ year(s).

School _____

Address _____

Title or position _____ School phone number _____

May we contact you about this child? Yes No

Signature _____ Date _____

2. Limitations, disabilities, or special needs (including amount of teacher time required): _____

3. Has outside professional assessment or support been recommended? _____ Been given? _____

Please elaborate (and attach testing or recommendations): _____

4. Please add any additional comments that will give us a more complete picture of the student: _____

Student's Mathematical Background: Please check those courses or list others which the student will have completed by the end of the current academic year.

_____ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers and quadratic equations)

_____ First Year Algebra (a thorough course which includes quadratics)

_____ Geometry

_____ Second Year Algebra (not including trigonometry)

_____ Second Year Algebra (includes numerical trigonometry through laws of sine and cosine)

_____ Pre-Calculus (including analytical trigonometry)

_____ Calculus (an introduction)

_____ Calculus (advanced placement)

Thank you for taking the time to submit a recommendation in support of this applicant for admission to The Westwood School. The information you provide is confidential and will be used only in the selection of candidates. It will not become part of their permanent file and will not be available to candidates or parents. We ask that you mail this completed form to the Admissions office. In order for this candidate to be scheduled for a class visiting day, all forms must be completed and returned as soon as possible.

This student has been enrolled in this school for ____ year(s). I have known him/her for ____ year(s).

School _____

Address _____

Title or position _____ School phone number _____

Signature _____ Date _____

May we contact you about this child? Yes No

Mail Directly To:
The Westwood School
Admissions Office
14340 Proton Road
Dallas, Texas 75244

The Westwood School **INITIAL** Health Record - 14340 Proton Rd., Dallas, TX 75244 (972) 239-8598

****Must be completed before your student's application will be considered for admission.***

Please complete every line putting n/a where necessary. **Our licensing requires that no student be admitted to start school without the entire form completed and no refund will be given for days your student is unable to attend because this form is incomplete.** Updated immunization records must be submitted within two weeks of your student's birthday.

Student's Name _____ Birth date _____
First Middle Last Month Day Year

Mother's/Guardian's Name _____ Telephone # _____
First Last Home Work Cell

Father's/Guardian's Name _____ Telephone # _____
First Last Home Work Cell

Medical Insurance Co. Name _____ Policy #/Group # _____
 Address _____ Phone # _____

In case of an emergency in which the parents cannot be reached, please call:
 Name Relationship Telephone #'s
 1. _____
 2. _____

Health History

Does this Student:			have previous serious illness(es)?	Yes	No
have existing illness(es)?	Yes	No	If yes, please name:	_____	
have previous serious injuries?	Yes	No	have any hospitalizations in the last 12 months?	Yes	No
If yes, please describe:	_____		If yes, please describe:	_____	
have any non-seasonal allergies?	Yes	No	have any seizures?	Yes	No
If yes, please name:	_____		If yes, please give reason:	_____	
take daily medications?	Yes	No	Are there any parental concerns?	Yes	No
If yes, please name:	_____		If yes, please list:	_____	

Name of Child's Doctor _____ Telephone # _____
 Address _____

Releases-Please initial all authorized releases.

- _____ **Permission for water activities:** I hereby give consent for my child to participate in water activities including, splashing pools(), wading pools(), swimming pools(), and other bodies of water().
 - _____ **Permission for Field Trips and School Outings:** I hereby give permission for my child to go on school excursions to places of interest and recreation, on field trips, etc., with the understanding that supervision is provided by authorized personnel of the school, and that all possible precautions are taken to ensure the health and safety of the students.
 - _____ **Permission to Administer Tylenol:** I hereby give my consent for my child to be administered Tylenol according to the directions on the bottle.
 - _____ **Authorization for Emergency Medical Attention:** In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the closest medical facility.
 - _____ **Permission to apply Sunscreen and/or Diaper Rash Cream:** I give permission to the staff of The Westwood School to apply Sunscreen/Diaper Rash Cream as needed to my child.
- The undersigned parent or guardian gives permission for all above releases.**

Printed Name _____ Date _____ **Parent Signature X** _____

Student's Name _____

Diagnosis of physical or mental impairment: _____

Limited activities (list activities in which child should not participate): _____

Medication prescribed on regular basis (Must be in original container if administered at facility): _____

Special Diet: _____

Suggested Referrals: _____

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the school/day care program and is free of communicable disease.

Physician's Signature _____ Date _____

RELEVANT HEALTH INFORMATION (By Physician):

Present Age _____ yrs. _____ mos. Height _____ Weight _____
 Blood Pressure _____ / _____ mm HG Hematocrit or Hemoglobin _____
 Other Tests (if indicated) (1)Sickle Cell _____ (2)Lead _____ (3)Ova and
 Parasites _____ (4)Urinalysis _____ (5)HIV _____ (6)Other _____

IMMUNIZATION RECORD (by Physician):

Vaccine	Date Given	Validation
DPT ()	1. _____	_____
Td ()	2. _____	_____
DT ()	3. _____	_____
	4. _____	_____
	5. _____	_____
Polio	1. _____	_____
Oral ()	2. _____	_____
IPV ()	3. _____	_____
	4. _____	_____
	5. _____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hemophilus	_____	_____
Varicilla/varvax	_____	_____
Other	_____	_____

TB Test Date _____ Result _____

Physician's verification of measles/mumps/chicken pox illness - This is to verify that the child named above had:
 () measles illness on or about _____
 () mumps illness on or about _____
 () chicken pox on or about _____
 and does not need the vaccine(s).

SPECIAL SENSES SCREENING RECORD

Visual acuity and hearing sensitivity screening are required for 1st, 3rd, 5th, & 7th grades. Rescreening is only required if an abnormality was noted on the first screening. Speech screening is optional (not required).

Hearing Screening

1st	2nd
at 25dB R L	at 25dB R L
500 Hz _____	500 Hz _____
1000 Hz _____	1000 Hz _____
2000 Hz _____	2000 Hz _____
4000 Hz _____	4000 Hz _____
Pass ()	Pass ()
Fail-rescreen ()	Fail-refer ()
Date _____	Date _____

Signature _____

Vision Screening

1st	2nd
Distance	Distance
Acuity: R-20/_____ L-20/_____	Acuity: R-20/_____ L-20/_____
Pass ()	Pass ()
Fail () rescreen	Fail () refer
Date _____	Date _____

Signature _____

Signature _____

Signature _____

