



RE-ENROLLMENT APPLICATION

RE-ENROLLMENT FOR GRADE _____ SCHOOL YEAR _____

Student: _____ Account # _____ Date: _____

Recent Photo

NUMBER OF PEOPLE LIVING WITH THE STUDENT IN THE SAME HOUSEHOLD: _____

FAMILY YEARLY SALARY RANGE: \$20-30K \$31-41K \$42-52K \$53-63K \$64-74K \$75K and above

Physical Address:

Fill box only if mailing address has changed since last enrollment.

| |
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| |

TELEPHONES (only if changed)

If parents are separated or divorced, please indicate which parent has custodial rights by placing checkmark(s) in the box below. CUSTODY CASES AND COURT DECISIONS MUST BE REPORTED TO THE SOCIAL WORKER.

Father/Guardian: Yes No

| |
|---------|
| Mobile: |
| Home: |
| Work: |
| Email: |

Mother/Guardian: Yes No

| |
|---------|
| Mobile: |
| Home: |
| Work: |
| Email: |

OTHER INFORMATION (only if changed)

Marital Status: Married Divorced
 Remarried Widowed

Occupation:

Employer:

OTHER INFORMATION (only if changed)

Marital Status: Married Divorced
 Remarried Widowed

Occupation:

Employer:

FOR STATISTICAL PURPOSE

| |
|----------------|
| Church: |
| Denomination: |
| Race: |
| Annual Income: |

Parent/Guardian (please print name)

Parent/Guardian Signature

Number of siblings not at Wesleyan Academy: _____

SIBLINGS AT WESLEYAN

| | |
|-------|--------|
| Name: | Grade: |
| Name: | Grade: |
| Name: | Grade: |

FOR OFFICE USE ONLY

To Business Office: _____ Date: _____

From Registrar's Office: _____ Date: _____



RE- ENROLLMENT TUITION AND FEES CONTRACT 2026-2027

| TUITION | One Payment | | Two Payments | | Ten Payments | |
|--|-------------------------------|--|--------------|--|--|--|
| | 7% disc (on or by July 15) | 5% disc. (1 st – on or by July 15 2 nd – on or by Dec. 15) | | | (Due the 15 th of each month. From July 1 st to April 15 th) | |
| Pre-Pre-Kinder & Pre-Kinder | \$7,200.00 | \$6,696.00 | \$3,420.00 | | \$720.00 | |
| Kinder through 6 th grade | \$7,550.00 | \$7,021.50 | \$3,576.25 | | \$755.00 | |
| 7 th through 12 th grade | \$7,650.00 | \$7,114.50 | \$3,633.75 | | \$765.00 | |

ANNUAL FEES (Fees are non-refundable)

Re- enrollment Fee per Student- Due on March 03, 2026

| | After March 03, 2026 | By March 03, 2026 |
|---------------------------------|----------------------|-------------------|
| Pre- Kinder | \$1,175.00 | \$925.00 |
| Kinder – 12 th Grade | \$1,275.00 | \$1,125.00 |

**Online One-Year Licenses (1st to 12th grade) are required to be paid with Enrollment.
Prices included in Book Lists available in the WA Website.**

| Building & Maintenance Fund - Due on or before March 31, 2026 | By March 31 | After March 31 |
|---|-----------------------|----------------|
| | All families \$940.00 | \$1,090.00 |

Other School Fees - Due on or before June 15, 2026

| | |
|---|--|
| Annual Family Fee | \$80.00 |
| Annual Student Fee per student | \$70.00 (PPK- PK) /\$220.00 (K) \$170.00 (1 st - 6 th) /\$210.00 (7 th - 11 th) /\$163.00 (12 th) |
| Graduation: Kinder, 6 th Grade and Seniors | \$160.00 |
| ID Card | \$10.00 |

Retreat/ Special Activities - Due on or before June 15, 2026

| | |
|---|----------|
| Growth & Development Activity (6 th grade) | \$35.00 |
| Retreat (8 th - 11 th grade) | \$115.00 |
| Guajataka School Without Walls (7 th & 12 th grade) | \$405.00 |

***Child Care Service - Child Care from PPK - 2nd (7:00am to 6:00pm / before and after school)
- Cancha Care from 3rd - 12th (until 6:00pm / after school only)**

| | |
|--------------------------------|----------|
| Monthly Flat Fee (per student) | \$170.00 |
| Daily Fee (per student) | \$12.00 |

Cafeteria Monthly Meal Plan - Mandatory service for grades PPK – 3rd (price includes IVU)

| | |
|--|----------|
| Pre-Pre-Kinder & Pre-Kinder | \$70.00 |
| Elementary (Kinder - 6 th grade) | \$100.00 |
| High School (7 th - 12 th grade) | \$135.00 |

***Applies to ALL students after starting at 3:00pm on Early Dismissal Days and 3:55pm on Regular Days.**

The following discount applies to **families with three or more** children enrolled at Wesleyan Academy: 5% for the second child, 7% for the third child and 9% for the fourth child. **Financial Assistance** may be given according to the needs of the family upon approval by the Financial Aid Committee. Application for financial aid must be received before May 15, prior to the school year for which the discount is requested. (New families do not qualify for this benefit.)

Cafeteria & Childcare fees are to be paid in ten (10) equal installments and a month in advance no later than the 15th of each month; beginning on July 1, 2026, and ending on April 1, 2027. Automatic deduction from bank account or credit card (Visa, MC, Discover or Amex) is required for ten (10) equal monthly deductions. Parents must provide bank or credit card information at the time of enrollment. **A \$30.00 LATE FEE PER STUDENT will be charged to any account not paid by 15th of the month. The charge for returned transactions will be \$30.00.** Some price changes reflected are due to the upcoming minimum wage increase. Tuition will be deducted as selected in the corresponding debit form.

Initials

RE- ENROLLMENT TUITION AND FEES CONTRACT 2026-2027

Accounts that are not current, including before and after school program fees, will result in the following (WA -4000):

1. Application for readmission will not be considered.
2. Student will not be permitted to begin the following semester (August or January).
3. Transcripts, official documents, records, report cards, among others will not be released.
4. Students with accounts over 60 days past due will be suspended from classes and will not be able to see report cards in Plus Portal until the account is settled.
5. Kinder and Senior students with past due balances will not participate in the graduation.
6. The Academy may refer any past due account over 60 days to a collection agency and the signee will be responsible for paying the collection agency's service fee.

Full-year commitment: Upon enrollment in Wesleyan Academy, the parent/guardian accepts the obligation for full payment of tuition and other charges for the entire academic year. A significant portion of the school's costs are committed at the beginning of the school year based on projected student enrollment. Acceptance and enrollment in Wesleyan Academy constitutes acceptance of a contract to pay the entire year's charges as specified on the tuition contract. There is no discount or reimbursement for medical leave, absence, withdrawal, dismissal, or instances of force majeure.

Force Majeure: The Academy's duties and obligations under this Contract shall be postponed immediately, without notice required, during all periods that the Academy is closed because of force majeure events including, but not limited to fire, acts of God, hurricane, war, governmental action, act of terrorism, epidemic, pandemic, or any other event beyond the Academy's control. If such an event occurs, the Academy's duties and obligations under this Contract will resume at such time when, in its sole discretion, the Academy determines it may safely reopen. In the event that the Academy cannot reopen due to an event under this clause, the Academy is under no obligation to refund any portion of the tuition paid. Nevertheless, the Parent's obligation to pay, as stated in the clause above, persists. An alternate format of instruction constitutes full fulfillment of this agreement by the school, until regular classes resume.

Wesleyan Academy reserves the right to make final decisions about the assignment of a student to a grade section. I have read the policy regulating the payment of tuition and fees and recognize that by enrolling my child in Wesleyan Academy, I commit myself to fulfilling the financial responsibilities and obligations indicated above.

| Printed name of person responsible for payment | Signature | Date |
|--|-----------------------|-------------|
| E-mail: | | |
| Mailing Address: | Home Address: | |
| | | |
| | | |
| Mobile Phone: | Work Phone: | Home Phone: |
| Number of children to be enrolled at Wesleyan Academy for 2026-2027: | | |
| Student's Name(s): | Grade(s) Applying to: | |
| | | |
| | | |
| | | |
| | | |

NON-DISCRIMINATION POLICY

It is the continuing aspiration of the sponsoring body, the administration, and the faculty and staff of WA to maintain the opportunity for students to receive an education which is truly dedicated to the glory of God and the betterment of humankind. Wesleyan Academy admits students of any race, class, color, national and ethnic origin, sex, and handicap, as defined by law, to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Academy does not discriminate in any of its policies, practices, or procedures on the basis of race, class, color, national and ethnic origin, sex, or handicap as defined by law.

Account Number: _____ Receipt Number: _____ B.O. Initials _____ Date: _____



PARENT AND STUDENT RESPONSIBILITY AGREEMENT

STUDENT'S NAME: _____ GRADE: _____

All parents must initial and sign that you have received, read, understood, accepted, and will uphold each document listed below. Just students in grades 4 and above, must enter their initials attesting that the student confirms the parent's agreement.

| Parent/ Guardian initials | 4th-12 th Students initials | Agreement (Documents listed below are available on the school's website) |
|---------------------------------|--|---|
| | | WA Parent/School Community Handbook with Policy and Procedures |
| | | Life at Wesleyan Pledge |
| | | Drug & Locker Policy |
| | | Cell Phone Policy |
| | | Internet Policy |
| | | WA Vision, Mission, Statement of Philosophy, Expected Student Outcomes |

SIGNING THE PARENT AND STUDENT RESPONSIBILITY AGREEMENT SIGNIFIES THAT PARENTS/GUARDIANS AND STUDENT WILL COMPLY WITH WA POLICIES, REGULATIONS, DISCIPLINE RULES AND SANCTIONS.

I understand that Wesleyan Academy regularly documents Student Life on campus, which may appear on social media and promotional materials. If due to a special security, personal or legal reason this is not acceptable regarding my child, I will submit a written explanation petitioning an exception from the school. If so requested, I will further provide supporting evidence on this matter.

This document maintains validity of all permissions signed during all the years of student's enrollment in WA.

Parent or Guardian (please print name)

Student, grades 4-12 (please print name)

Parent's Signature

Student's Signature

Date _____

Date _____

This document is the property of Wesleyan Academy and will be placed in the Student's File. Copies of all documents signed will be made available upon request.

Failure to sign and return this signed Agreement forfeits the student's enrollment.



WESLEYAN ACADEMY

Since 1955

II Timothy 2:15

FORM OF PAYMENT AUTHORIZATION SCHOOL YEAR 2026-2027

PARENT'S NAME _____ WA ACCOUNT # _____

I AUTHORIZE WESLEYAN ACADEMY TO CHARGE THE ACCOUNT INDICATED BELOW FOR THE FOLLOWING PAYMENTS DUE, AS FOLLOWS: *Please fill out one or both forms of payment available below, as needed. select all that apply. Each item must be checked. If you would like to use a different account, please use another form. Any changes to these instructions must be notified at least ten (10) days before the due date.*

| | | |
|------------------|-----------------|--|
| 1 | Name on Account | |
| | Bank Name | |
| | Bank Routing # | |
| Checking Account | Account Number | |
| | Account Type | |

Authorized Signature: _____ Date _____ Contact Phone Number: _____

| | | |
|-------------|-----------------|--|
| 2 | Name on Card | |
| | Card Number | |
| | Expiration Date | |
| Credit Card | Security Code | |
| | C/C Zip Code | |

Authorized Signature: _____ Date _____ Contact Phone Number: _____

Table of Charges Applicable: *Each item must have a number to the left (1 or 2), indicating which form of payment applies to that charge. If you would like to use an additional account OR would like to take advantage of the discount for Semester and Annual payments, please contact the Business Office.*

| |
|---|
| ENROLLMENT FEE |
| BUILDING FUND |
| ANNUAL FAMILY FEE |
| ANNUAL STUDENT FEE |
| RETREAT (8 TH – 11 TH GRADES) |
| GUAJATACA RETREAT (7 TH & 12 TH GRADES) |
| GROWTH & DEVELOPMENT ACTIVITY (6 TH GRADE ONLY) |
| MOVING UP CEREMONY (6 TH GRADE ONLY) |
| GRADUATION FEE (KINDER & SENIORS ONLY) |
| ONLINE LICENSES |
| PARKING DECALS |
| STUDENT ID CARD |

| |
|---------------------|
| TUITION |
| CAFETERIA |
| CHILD CARE SERVICES |

Select how the Tuition and Cafeteria will be paid:

Annually (One Payment)

Semester (Two Payments)

Monthly (Ten Payments)

- I understand that WA reserves the right to cancel this payment method and terminate my participation in the monthly installments plan. Any edits or re-formatting of this form renders it null and void.
- I understand that if the charge is declined by the bank, Wesleyan Academy will charge an additional fee of \$30.00 to my account and will request an alternate payment method to replace the failed transaction.

Authorized Signature: _____ Date _____ Contact Phone Number: _____



CAFETERIA ANNUAL AGREEMENT 2026-2027

Dear Parents:

As part of the enrollment documents, the Cafeteria Annual Agreement **must** be completed. The cafeteria meal plan works as follows:

PPK to 3rd Grade

The meal plan is mandatory from PPK to 3rd grade. The meal includes a regular meal plate and a 12 oz. juice. The only exception for a student not to participate in the plan is in case of a documented medical condition or a special diet, in which case the parent is responsible for providing lunch for the student every day, for the entire school year. If this is your case, please mark below with an "X". Please note that the cafeteria will be provided with a list of the students not participating in the meal plan, and no lunch will be served to them. The monthly cost of the meal plan is as follows:

PPK & PK: \$70.00 and Kinder-3rd grade: \$100.00 (including IVU)

Due to medical condition or food allergies, my child will NOT participate in the meal plan and will bring lunch every day. Medical evidence will be provided before the first day of school.

Student Name: _____ Grade: _____ Account #: _____

Parent/Guardian: _____ Date: _____

4th to 12th Grade

The meal plan is optional. If you want your child to participate in the meal plan, please mark with an "X" on the space provided below. Please note that if your child will not participate in the plan, you will need to deposit money in your child's cafeteria account for him/her to be able to enjoy lunch as usual, or you may send a packed lunch with your child.

The money you deposit in the student cafeteria account will be debited each time your child purchases lunch. **No credit sales will be granted in the cafeteria.** **This is a yearly agreement; if for any reason you do not wish to continue for the second semester, our offices must receive notice on or before December 1.** The only exception that will be made is when a student unexpectedly requires a special diet due to a health condition. In this case, the Cafeteria Agreement needs to be updated in the Business Office. The monthly cost of the meal plan is as follows: 4th-6th grade is \$100.00; and 7th-12th grade is \$135.00 (including IVU).

My child WILL participate in the meal plan.

My child WILL NOT participate in the meal plan.

Student Name: _____ Grade: _____ Account #: _____

Parent/Guardian: _____ Date: _____

Note to all meal plan participants: The meal plan will be automatically charged to the family account one month in advance. It is due on the 1st of the month, and will be charged in full by the 15th of each month. Like with tuition, the first payment of this charge is due no later than July 15 and the last payment is due by April 15.



CHILD CARE AGREEMENT 2026-2027

PARENT'S NAME: _____ ACCOUNT# _____

| Student's Name | Grade | Age |
|----------------|-------|-----|
| | | |
| | | |
| | | |

CHOOSE ONE OF THE FOLLOWING OPTIONS:

FLAT FEE OPTION This is a **yearly** agreement; if for any reason you do not wish to continue for the second semester, our offices must receive notice before December 1. (Annual charge for this service is \$1,700). As payment for the Child Care Program, I choose the flat monthly payment fee of \$170 per child/month (Services from August through May).

You should consider this option if your child uses the child care services daily. The charge is calculated based on the number of school contact days, divided into ten equal installments. It cannot be removed, reduced, or estimated for any particular month. **This is a yearly agreement that ends in May, without exception.** Childcare fees must be paid in ten (10) equal installments of \$170 per child/month, invoiced and debited one month in advance, no later than the 15th day of each month, beginning on July 1, 2026, and ending on April 1, 2027. There will be a charge of \$30 for returned transactions. **We require punctuality when picking up your child.** Children must be picked up no later than 6:00 PM. After 6:01 pm, an additional fee of \$1.00 per minute will apply for each student picked up late.

DAILY FEE OPTION - As payment for the Child Care Program, I choose the daily fee of \$12.00 per child/per day (Services from August through May). Under this option, I will request the service by contacting the Child Care Program Coordinator by phone or via e-mail to childcare@wesleyanacademy.org. The Business Office will automatically invoice and debit charges for this service at the end of each month. There will be a charge of \$30 for returned transactions. **We require punctuality when picking up your child.** Children must be picked up no later than 6:00 PM. After 6:01 PM, an additional fee of \$1.00 per minute will apply, for each student picked up late.

Parent's Signature: _____

Date: _____

Note to all Flat Fee Option Child Care Service participants: The Child Care Service will be automatically charged to the family account one month in advance. It is due on the 1st of the month, and will be charged in full by the 15th of each month. Like with tuition, the first payment of this charge is due no later than July 15 and the last payment is due by April 15. This is a yearly agreement; if for any reason you do not wish to continue for the second semester, our offices must receive notice on or before December 1.



WESLEYAN

Since 1955

EMERGENCY & MEDICAL INFORMATION/AUTHORIZATION FORM

Student's Name: _____ Birthdate: _____ Grade: _____

Student's Address: _____

City _____, PR Zip _____ Email: _____

Father/Guardian: _____ Mother/Guardian: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Home: _____

Home: _____

EMERGENCY INFORMATION: Person to call if parents cannot be reached, in case of emergency.

Name: _____ Relation: _____ Tel: _____

Name: _____ Relation: _____ Tel: _____

Primary Physician: _____ Tel: _____

Primary Dentist: _____ Tel: _____

Primary Psychologist / Psychiatrist: _____ Tel: _____

EMERGENCY TREATMENT AUTHORIZATION when parent is unavailable. INDICATE CONSENT OR REFUSAL.

I give my consent to the administration to

| | | | | |
|----|--|-----|----|--|
| a. | provide treatment by listed physician/dentist | Yes | No | |
| b. | procure treatment by another physician/dentist if listed unavailable | Yes | No | |
| c. | administer first aid | Yes | No | |
| d. | procure medical aid and or ambulance service | Yes | No | |
| e. | contact, provide and/or receive information from mental professional | Yes | No | |

Medical Insurance: _____ Policy #: _____

Hospital of choice: _____ Tel: _____

I do not consent to emergency treatment of my child.

MEDICAL HISTORY: Please describe major illnesses, surgery or psycho-educational and/or psychometric conditions if any, during past year. _____

Present medical treatment and medications:

Condition: _____ Medicine: _____

Other conditions: _____ Medicine: _____

Allergies (PLEASE SPECIFY): _____

Check those that have occurred (✓) and star (*) those occurred in the last 5 years.

| | | | |
|----------------------|-------------------------------|----------------|---------------------|
| Boils | Migraine | Heart Disease | Bone Joint Disease |
| Mumps | Hypoglycemia | Pneumonia | Tuberculosis |
| Chicken Pox | Jaundice | Tonsillitis | Infantile Paralysis |
| Epilepsy/Convulsions | Asthma/bronchial spasms | Kidney Disease | Scarlet Fever |
| Menstrual Disorders | Diabetes | Measles | Nephritis |
| Hypertension | Sexually Transmitted Diseases | Hernia | Dizzy spells |
| Others | | | |

Family Medical History: If living, state present health status. If deceased, please state cause of death. Father: _____ Mother: _____ Brother: _____ Sister: _____

HIPAA LAW AUTHORIZATION

Your child's medical history is confidential and is protected under the federal "Health Insurance Portability and Accountability Act of 1996." Please indicate the person or persons you authorize to receive medical information concerning your child. We will give information (vaccination records, medical certificates, or other confidential medical reports) only to those persons named below (use an additional sheet if necessary).

Name _____ Relationship _____

Legal Guardian Name: _____ Signature: _____ Date: _____



WESLEYAN

Since 1955

Student's Name:

Grade:

AUTHORIZED PERSONS FOR STUDENT PICK-UP & WALK HOME PERMISSION

Wesleyan Academy is interested in safeguarding your child/children while under our supervision. We are conscious that at times situations arise that obligate you to find alternative methods or persons to pick up your child/children from school.

Please understand that we will not release ANY student unless authorized in one of the following ways mentioned:

- Authorized list
- Hard copy note with authorized signature (no emails accepted)
- Fax with authorized signature

To facilitate the release of your child, list the persons you authorize to pick up your child. Please, only include family members, friends, or others that you know and trust.

All persons will be required to show a valid ID card with photo.

| Name (print) | Telephone | Relationship |
|--------------|-----------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please list any persons who are NOT authorized to pick up or have contact with your child.
CUSTODY CASES AND COURT DECISIONS MUST BE REPORTED TO THE SOCIAL WORKER, WITH
PROPER DOCUMENTATION SUBMITTED.

| | |
|--------------|--------------|
| Name (print) | Relationship |
| | |
| | |

My child has permission to walk home: _____ Yes _____ No

| | |
|---|-----------------|
| Parent/Guardian _____ Name (print) _____ | Signature _____ |
| | Date _____ |



WESLEYAN ACADEMY

Since 1955

II Timothy 2:15

Authorization to Allow or Opt-out
Student Information Distribution to Military Recruiters
(Applicable to Grades 10th-12th ONLY)

Section 544 of the National Defense Authorization Act of 2002 (NDAA) and section 9582 of the Elementary and Secondary Education Act of 1965 (ESEA) as amended by the No Child Left Behind Act of 2001 (NCLB) authorizes the military to gather information of students aged 17 and above for recruitment into active service. On the other hand, the federal law, Family Rights and Privacy Act (FERPA), states that the student, his or her mother, father, or legal guardian can prohibit the school from divulging this information.

Important Information

Personal information of a student will not be divulged if the student, mother, father or legal guardian signs a Military Opt-Out Form. The law does not obligate giving personal data to military recruiters if one of the above expressly prohibits it. Students, even those under 21, can sign the Military Opt-Out Form according to a decree by the Secretary of Justice made on October 27, 2005.

PLEASE NOTE: IF THERE IS NO ANSWER OR NO OPT-OUT SIGNATURE ON THE STUDENT'S FILE, WESLEYAN ACADEMY WILL BE OBLIGATED TO GIVE PERSONAL INFORMATION TO AUTHORIZED RECRUITERS.

I _____, student, mother, father, legal guardian

(Please print the name of the person filling this form)

of _____ in grade _____ at Wesleyan Academy:

(Print student's name, only, if not the student.)

AUTHORIZE

DO NOT AUTHORIZE

the School Director of Wesleyan Academy to offer information to military recruiters while a student at Wesleyan Academy.

Name of Student/Grade: _____

Postal Address: _____

Telephone: _____

Print full name of person completing this form.

Signature of person completing this form

Date

*The person signing may decide at any time to change the selected option
but must inform Wesleyan Academy in writing.*



CERTIFICADO DE EXAMEN ORAL

(Forma SO-001)
Revisión Octubre 2018



Según establece la Ley Núm. 63 del 2017, es requisito de matrícula para los grados K, 2, 4, 6, 8 y 10mo de las escuelas de Puerto Rico el presentar certificado de salud oral.

| I. INFORMACIÓN DEL ESTUDIANTE | | | | | | | | | | | |
|---|---|---|---------------------------|---|---|--------------------------------|--|------|--|---|---|
| Nombre del estudiante | | Apellido Paterno | | Apellido Materno | | Nombre | | | | | |
| | | | | | | Inicial | <table border="1"><tr><td>Sexo</td><td></td></tr><tr><td>F</td><td>M</td></tr></table> | Sexo | | F | M |
| Sexo | | | | | | | | | | | |
| F | M | | | | | | | | | | |
| | | | | | | | | | | | |
| Dirección física | | Dirección postal | | Teléfonos | | () | | | | | |
| Nombre del parente, madre o encargado | | | | | | | | | | | |
| Relación con el menor | | Correo electrónico | | | | | | | | | |
| II. EXAMEN ORAL (A completar por el dentista) | | | | | | | | | | | |
| <input type="checkbox"/> SE REALIZÓ EVALUACIÓN ORAL | | | | Fecha (día-mes-año): / / | | | | | | | |
| <input type="checkbox"/> Se ofreció orientación de prevención e higiene | | | | | | | | | | | |
| III. RECOMENDACIONES: | | | | | | | | | | | |
| <input type="checkbox"/> Cuidado dental regular de rutina | | <input type="checkbox"/> Tratamiento adicional al de rutina | | <input type="checkbox"/> Referido para tratamiento especializado | | | | | | | |
| <input type="checkbox"/> NECESITA TRATAMIENTO URGENTE | | | | | | | | | | | |
| <input type="checkbox"/> se otorgó cita para tratamiento urgente en nuestra oficina el día : _____ / _____ / _____ Día / Mes / Año | | | | <input type="checkbox"/> * referido para tratamiento urgente a: (*Institución llena Sección V) Nombre del Doctor: _____ Área de especialidad: _____ | | | | | | | |
| IV. CERTIFICACIÓN DEL PROVEEDOR | | | | | | | | | | | |
| Certifico haber provisto las recomendaciones y servicios arriba indicados | | | | | | | | | | | |
| Nombre del dentista | | | | | | Número de licencia | | | | | |
| Dirección física de la oficina | | | | | | Teléfonos () () | | | | | |
| Firma | | Fecha día / mes / año | Correo electrónico | | | | | | | | |
| V. PARA USO DE LA INSTITUCIÓN EDUCATIVA EN CASO DE NECESIDAD DE TRATAMIENTO URGENTE | | | | | | | | | | | |
| <input type="checkbox"/> NO tiene cita para tratamiento urgente. Razón: _____ | | | | | | | | | | | |
| <input type="checkbox"/> SÍ tiene cita para tratamiento urgente. El día _____ / _____ / _____ con: _____ Día Mes Año Nombre del doctor | | | | | | | | | | | |
| Nombre de la persona que otorga la información | | | | | Nombre del funcionario escolar que recopila la información | | | | | | |
| Firma de la persona que otorga la información | | | | | Fecha (día – mes – año) _____ / _____ / _____ | | | | | | |



PHYSICAL EXAMINATION RECORD

(To be filled out by a physician only)

Name: _____ Date: _____ Age: _____ Birth Date: _____

Height: _____ Vision R. _____ / _____, corrected _____, uncorrected _____

Weight: _____ L. _____ / _____, corrected _____, uncorrected _____

Pulse: _____ Blood Pressure: _____ Percent Body Fat: _____

| | Normal | Abnormal Findings | Initials |
|--------------------------------------|--------|-------------------|----------|
| 1. Eyes | | | |
| 2. Ears, Nose, Throat | | | |
| 3. Mouth & Teeth | | | |
| 4. Neck | | | |
| 5. Cardiovascular | | | |
| 6. Chest and Lungs | | | |
| 7. Abdomen | | | |
| 8. Skin | | | |
| 9. Genitalia-Hernia M | | | |
| 10. Musculoskeletal: ROM, strength | | | |
| a. Neck | | | |
| b. Spine | | | |
| c. Shoulders | | | |
| d. Arms/hands | | | |
| e. Hips | | | |
| f. Thighs | | | |
| g. Knees | | | |
| h. Ankles | | | |
| i. Feet | | | |
| 11. Neuromuscular | | | |
| 12. Physical Maturity (Tanner Stage) | | | |

Comments regarding abnormal findings: _____



PHYSICAL EXAMINATION RECORD

(To be filled out by a physician only)

Name of Student: _____ Grade: _____

PARTICIPATION RECOMMENDATIONS: (For physical education and/or sports program)

I certify that I have on this date examined this student and find that he/she is physically able to compete in the supervised sports/activities checked below:

Baseball

Cross Country

Phys. Ed

Volleyball

Basketball

Golf

Soccer

Other

Cheerleading

Gymnastic

Softball

Limited participation in: _____

Requires: _____ Restrictions: _____

Date of examination: _____ Signed: _____, M.D.
(Examining Physician)

Physician's Name & Address: _____
(Please print)

Physician's License Number: _____ Phone: _____