

NEW STUDENT CHECK OFF LIST

STUDENT'S NAME _____

GRADE _____

The following documents were needed in the office by the first day of school please take care of this as soon as possible.

BIRTH CERTIFICATE	(ALL NEW STUDENTS)	_____
IMMUNIZATION RECORDS	(ALL NEW STUDENTS)	_____
EYE EXAM	(K)	_____
DENTAL FORM	(K/2/6)	_____
PHYSICAL FORM	(K/6)	_____
BAPTISMAL CERTIFICATE	(IF APPLIES)	_____
FIRST COMMUNION CERTIFICATE	(IF APPLIES)	_____
CONFIRMATION CERTIFICATE	(IF APPLIES)	_____
SOCIAL SECURITY CARD	(ALL NEW STUDENTS)	_____
MOST RECENT REPORT CARD	(K-8)	_____
STANDARDIZED TEST RESULTS	(1-8)	_____

Thank you!!!