

NURSE'S OFFICE – NEW STUDENT NOTIFICATION

This information should be routed to the Nurse prior to the student's first day of school.

Student Name: _____

Date of Birth: _____

Prior School Attended: _____

Has student **ever** attended school in Illinois (K-12): Yes No

Has student **ever** attended school in Batavia School District: Yes No

Does student have any medical concerns (allergies, medical conditions)?
