



CHARTER SCHOOL OF THE DUNES

7300 East Melton Road | Gary, Indiana 46403

P (219) 939-9690 F (219) 939-9031

This side completed by the PARENT/GUARDIAN

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

Address: _____

Mother's Name: _____

Address (if different than student): _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Father's Name: _____

Address (if different than student): _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Primary parent to contact in an emergency: _____

Student resides with: Mother & Father Mother Father Guardian

HEALTH HISTORY

Has the child had any of the following diseases or conditions?

Asthma	Pneumonia	Mononucleosis	Juvenile Rheumatoid Arthritis
Heart Disease	Diabetes	Strep Infection	Autism Spectrum Disorder
Hepatitis	Lyme	Headaches	ADD/ADHD
Heart Murmur	Dizziness/fainting	Congenital Disorder	Skin Disorders
Past Surgery	Hospitalization	Food Allergy	Convulsive Disorder
Development Delay		Head Injury/Concussion	
Auto Immune Disorder		Neuromuscular Disorder	

Please explain any of the above: _____

ALLERGIES(please list):

Food Allergies: _____

Drug Allergies: _____

Bee Stings: _____ Other Allergies _____

MEDICATION(list medication taken at home):

Medication: _____ Dosage: _____ Frequency _____

Medication: _____ Dosage: _____ Frequency _____

Parent Signature: _____