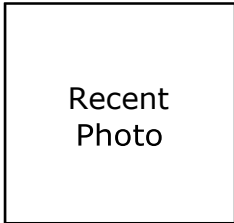




RE-ENROLLMENT APPLICATION



RE-ENROLLMENT FOR GRADE _____ SCHOOL YEAR _____

Student: _____

Grade: _____ Account #: _____ Date: _____

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.

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

Mother/Guardian: Yes No

Mobile:
Home:
Work:
Email:

Mobile:
Home:
Work:
Email:

OTHER INFORMATION (only if changed)

OTHER INFORMATION (only if changed)

Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Remarried	<input type="checkbox"/> Widowed
Occupation:		
Employer:		

Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Remarried	<input type="checkbox"/> Widowed
Occupation:		
Employer:		

FOR STATISTICAL PURPOSE

Number of siblings not at Wesleyan Academy: _____

Church:
Denomination:
Race:
Annual Income:

SIBLINGS AT WESLEYAN	
Name:	Grade:
Name:	Grade:
Name:	Grade:

Parent/Guardian (please print name)

FOR OFFICE USE ONLY	
To Business Office:	Date:
From Registrar's Office:	Date:

Parent/Guardian Signature



RE- ENROLLMENT TUITION AND FEES CONTRACT 2025-2026

TUITION		One Payment 7% disc (on or by July 15)	Two Payments 5% disc. (1 st – on or by July 15 2 – on or by Dec. 15)	Ten Payments (Due the 15 th of each month. From July 1 st to April 15 th)
Pre-Pre-Kinder & Pre-Kinder	\$6,750.00	\$6,277.50	\$3,206.25	\$675.00
Kinder through 6 th grade	\$7,050.00	\$6,556.50	\$3,348.75	\$705.00
7 th through 12 th grade	\$7,150.00	\$6,649.50	\$3,396.25	\$715.00

ANNUAL FEES (Fees are non-refundable)

Re- enrollment Fee per Student- Due on March 03, 2025

	By March 03, 2025	After March 03, 2025
Pre- Kinder	\$925.00	\$1,175.00
Kinder – 12 th Grade	\$1,125.00	\$1,275.00

Online One-Year Licenses (7th to 12th grade) are required to be paid with Enrollment.

Prices included in Book Lists.

Building & Maintenance Fund- Due on or before March 31 2025	By March 31	After March 31
All families	\$940.00	\$1,090.00

Other School Fees - Due on or before June 15 2025		
Annual Family Fee		\$75.00
Annual Student Fee per student	\$65 (PPK- Kinder) / \$165 (1 st - 6 th) / \$205 (7 th - 11 th) / \$155 (12 th)	
Graduation: *Kinder and Seniors (per student)		\$150.00
Moving up ID Card		\$80.00
		\$5.00

Retreat/ Special Activities- Due on or before June 15 2025		
Growth & Development Activity (6 th grade)		\$30.00
Retreat (8 th - 11 th grade)		\$110.00
Guajataka School Without Walls (7 th & 12 th grade)		\$390.00

Child Care Service*- Child Care from PPK - 2 nd (7:00am to 6:00pm / before and after school) - Cancha Care from 3 rd - 12 th (until 6:00pm / after school only)		
Monthly Flat Fee (per student)		\$160.00
Daily Fee (per student)		\$10.00

Cafeteria Monthly Meal Plan - Mandatory service for grades PPK – 3 rd (price includes IVU)		
Pre-Pre-Kinder & Pre-Kinder		\$65.00
Elementary (Kinder - 6 th grade)		\$95.00
High School (7 th - 12 th grade)		\$130.00

*Applies to ALL students after 4:30 pm.

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, 2025, and ending on April 1, 2025. 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 2025-2026

RE- ENROLLMENT TUITION AND FEES CONTRACT 2025-2026

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 2025-2026:		
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 does not discriminate in any of its policies, practices, or procedures on the basis of race, class, color, national or ethnic origin, sex or handicap as defined by law.



FORM OF PAYMENT AUTHORIZATION SCHOOL YEAR 2025-2026

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: _____ Contact Phone Number: _____

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

Authorized Signature: _____ 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
	GRADUATION FEE
	ONLINE LICENSES
	PARKING DECALS
	CAFETERIA
	TUITION
	Child Care

- 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.

Parent's Signature: _____ Contact Phone Number: _____



CAFETERIA ANNUAL AGREEMENT 2025-2026

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: \$65.00 and Kinder-3rd grade: \$95.00 (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 \$95.00; and 7th-12th grade is \$130.00 (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.

Wesleyan Academy does not discriminate in any of its policies, practices, or procedures on the basis of race, class, color, national or ethnic origin, sex or handicap as defined by law.



CHILD CARE AGREEMENT 2025-2026

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 \$1,600). As payment for the Child Care Program, I choose the flat monthly payment fee of \$160 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 \$160 per child/month, invoiced and debited one month in advance, no later than the 15th day of each month, beginning on July 1, 2025, and ending on April 1, 2026. 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 \$10.00 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.



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: _____



EMERGENCY & MEDICAL INFORMATION/AUTHORIZATION FORM

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
_____	_____	_____
Name (print)	Telephone	Relationship
_____	_____	_____
Name (print)	Telephone	Relationship
_____	_____	_____
Name (print)	Telephone	Relationship
_____	_____	_____
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
_____	_____
Name (print)	Relationship

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

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



WESLEYAN ACADEMY

MILITARY OPT-OUT FORM

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.***

Wesleyan Academy does not discriminate in any of its policies, practices, or procedures on the basis of race, class, color, national or ethnic origin, sex or handicap as defined by law.



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				Sexo		Edad	Grado que cursa
Apellido Paterno		Apellido Materno		Nombre		Inicial	
Dirección física		Dirección postal				Teléfonos	
						()	
						()	
Nombre del padre, madre o encargado							
Relación con el menor				Correo electrónico			
<p align="center">II. EXAMEN ORAL (A completar por el dentista)</p> <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 Ilena 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: _____