

## **ECNS Orientation Checklist**

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Physical Form:

\_\_\_\_\_ Health history filled out and signed by parent/guardian

\_\_\_\_\_ TB portion must be addressed

\_\_\_\_\_ Lead screening must be addressed

\_\_\_\_\_ Immunization record

\_\_\_\_\_ Physician signature

\_\_\_\_\_ Pick up Permission Slip

\_\_\_\_\_ Student Information Form

\_\_\_\_\_ ECNS Emergency Card

\_\_\_\_\_ Signed copy of the Health & Wellness Policy

\_\_\_\_\_ Signed copy of the Parental Code of Conduct

