TEACHER CHECK-OFF LIST FOR BACK TO SCHOOL FORMS

TEACHER: SITE NAME/PHONE:

This form is intended to help you track the paperwork received by your parents. Please review all forms for completeness and parent/guardian signatures. Staple all ORIGINAL paperwork for each student together with the Emergency Form on top. Please complete and return this check-off list with ALL completed forms to your region secretary no later than the 2nd week in September.

Student Name	Emergency/Medical Information Form (2 signatures required)	Authorization for Administering Medication Form	Parent Notification Certificate	Home Language Survey	Photo Release Form	Free/Reduced Meals Application	Other