

Galileo Academy of Science and Technology
 Student Assistance Program / Student Success Team
 Cum Review

Student: _____ Grade: _____ ID#: H _____

SFUSD School Board Requirements:

Immunizations: Last date: Td _____ Polio _____ Hep B _____ MMR _____
 TB Screening: Last date: _____ Result _____
 Physical Exam: Last date: _____
 Health Screenings Most Recent Pass/Fail: Comments:
 Hearing: Date: _____
 Vision: _____

Registration Materials

Place of birth (if identified)
 Home Language:
 Bilingual Education:

What was the date of entry, if born outside the U.S.?

Behavioral Reports, Suspensions, Staffing, SARB

Date:	Incident
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grade Point Average

	Fall	Spring	STAR 9 Math	STAR 9 Reading
8 th :	_____	_____	_____	_____
9 th :	_____	_____	_____	_____
10 th :	_____	_____	_____	_____
11 th :	_____	_____	_____	_____
12 th :	_____	_____	_____	_____

Any Other Significant Info (e.g. home situation, sudden change in behavior or grades):

Date: _____

Completed by: _____