Annual Nonpublic School Nursing Report Form
Description of the Type and Number of Services Provided
During the 2024-25 School Year

Instructions
1. The nonpublic school nursing services provider must fill out this form by **June 30, 2025** and provide to the school district and the nonpublic school by the **first week in September**.
2. The responsible school district providing nursing services to nonpublic schools must submit this form annually to the executive county superintendent on or before **October 1** and shall provide a copy to the lead school administrator of the nonpublic schools within school district boundaries.

Nonpublic school name:
Prepared by:

A. Basic Nursing Services: Number of Students Served[1]
1. **Creation or update of student health records**, including immunization record review: number of students served (unduplicated count):
   Notes:
   ➢ *This number is required in the Nonpublic Project Completion Report submitted by districts each fall.*
   ➢ If number is not available, substitute the following number: Total number of students eligible for nursing services minus number of students who declined services.
2. **Assisted with medical examinations,** including dental screenings: number of students served (unduplicated count):
3. **Audiometric screening**: number of students served (duplicated count):
4. **Scoliosis examinations**: number of students served (duplicated count):
5. **Emergency care**: number of students served (duplicated count):

B. Additional Medical Services (Provide a brief description & number of students served. Attach an additional sheet, if necessary.)
1. Description:
   Number of Students Served:
2. Description:
   Number of Students Served:

C. Nonconsumable equipment purchases greater than $500 (e.g., typanometer, gurney). Provide a brief description.

D. The above is an accurate representation of services delivered during the previous school year.

Name of nonpublic school nurse: Date:
Signature:

Name of nonpublic school administrator: Date:
Signature:

Name of Chief School Administrator: Date:
Signature:

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[1] If a school is not using funds for the listed activity, mark "0"