



**Confidential Information**

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Does your child have:**

- \_\_\_\_\_ **Allergies**
- \_\_\_\_\_ **Learning Disability**
- \_\_\_\_\_ **Physical Handicap – hearing, sight, etc.**

**If yes to any of the above please provide additional information below. All information is kept in confidence.**

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