

INFANT JESUS OF PRAGUE CATHOLIC CHURCH
Office of Religious Education

2009 - 2010 STUDENT GENERAL HEALTH INFORMATION
For: RELIGIOUS EDUCATION CLASSES

(Please circle one)

STUDENT NAME: _____
(LAST) (FIRST)

FAMILY NAME: _____ ADDRESS: _____
(STREET NUMBER/CITY/ZIP)

HOME PHONE: () _____ PARENT CELL PHONE: () _____

EMERGENCY CONTACT PERSON: _____ PHONE: () _____

GRADE LEVEL: _____

Hearing Difficulties: _____

Speech Difficulties: _____

Learning Difficulties: _____

Allergies: _____

Medication: _____

Please use the space below to describe any learning disabilities or special educational needs. This information is important and will be used only by our Staff and Catechists to meet the needs of your child. Please be as detailed as possible. If you wish, you may contact the DRE at 799-4550.
