

**St. Veronica Parish**  
**RELIGIOUS EDUCATION**  
**2023-2024 STUDENT GENERAL HEALTH INFORMATION**

**STUDENT NAME:**

\_\_\_\_\_

(LAST)

(FIRST)

**FAMILY NAME:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

(STREET NUMBER/CITY/ZIP)

**GRADE LEVEL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **PARENT CELL PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PARENT EMAIL:**

\_\_\_\_\_

**Allergies:**

**Medications:**

\_\_\_\_\_

**Learning/Speech/Hearing Difficulties:**

\_\_\_\_\_

**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 have any questions, please contact the parish office at: 708-799-5400.**

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