

SPECIAL PROGRAM/HEALTH CONDITIONS

STUDENT NAME: _____ GRADE: _____

Has your child participated in any of the following programs:

G.A.T.E. (Gifted and Talented) Yes _____ No _____

Special Reading Program Yes _____ No _____

RSP (Resource Specialist Program) Yes _____ No _____

CH (Communicatively Handicapped) Yes _____ No _____

Speech Therapy Yes _____ No _____

ESL (English as a Second Language) Yes _____ No _____

Has your child ever been tested by a school psychologist? _____

Has your child ever been retained? _____ If so, what grade? _____

Are there any special custody regulations regarding your child? _____

(if so, please notify the school secretary)

Are there any religious restrictions on implementing curriculum?

Are there any special medical problems? _____

Allergies? _____

Bee Stings? _____

Daily Medications? _____

PARENT'S SIGNATURE: _____

DATE: _____