

## **SPECIAL NEEDS AND CONCERNS**

Please complete and return with your August tuition payment

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

PLEASE LIST ANY ALLERGIES YOUR CHILD HAS: \_\_\_\_\_

\_\_\_\_\_

WHAT TYPE OF REACTION DOES YOUR CHILD EXPERIENCE? \_\_\_\_\_

\_\_\_\_\_

DOES THE ALLERGY REQUIRE AN EPI PEN? \_\_\_\_\_

DOES YOUR CHILD HAVE SPECIAL NEEDS OR CONCERNS? PLEASE SPECIFY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOUR CHILD RECEIVES SPECIAL SERVICES, PLEASE LIST SERVICES AND AGENCIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date