

**CONFIDENTIAL INFORMATION FORM
2019-2020**

**Please complete this form for EVERY CHILD. N/A = Not Applicable. Thank you.
REGISTRATION WILL NOT BE CONSIDERED COMPLETE WITHOUT THIS FORM.**

Child's Name _____ Grade _____

Individual Learning Need: _____yes _____no

If "yes" please indicate the need and suggested means to serve your child:

Physical Needs: (i.e. chronic illness, allergies, etc.) Please indicate if your child carries medication and can self- administer.

Child's Name _____ Grade _____

Individual Learning Need: _____yes _____no

If "yes" please indicate the need and suggested means to serve your child:

Physical Needs: (i.e. chronic illness, allergies, etc.) Please indicate if your child carries medication and can self- administer.

Child's Name _____ Grade _____

Individual Learning Need: _____yes _____no

If "yes" please indicate the need and suggested means to serve your child:

Physical Needs: (i.e. chronic illness, allergies, etc.) Please indicate if your child carries medication and can self- administer.

