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INFORMATION ABOUT CHILD

Name: _____ Age (Birthday): ____ (_____)

___ Boy ___ Girl _____ Grade

Health of child: Generally: _____

Known conditions: _____

Allergies: _____

Medications: _____

Other concerns we should know about:

Summary of Past Education / Background: (Name of School, if any, and dates of attendance):

Any known social problems: _____

Parent(s) _____

Address: _____

City, State, ZIP: _____

Phone number: _____

Cell phone: _____

Email: _____