

Corpus Christi Catholic Education Special Education 2017-2018

PLEASE FILL IN BLANKS – ALL INFORMATION IS REQUIRED
SPECIAL EDUCATION CLASSES ARE HELD WEDNESDAYS FROM 3:30-4:30

STUDENT'S NAME _____
(Last) (First) (Middle)

DATE OF BIRTH _____ GENDER BOY/GIRL
(Circle one)

HOME ADDRESS _____
(STREET) (APT #) (CITY) (ZIP)

HOME PHONE _____ E-MAIL _____

FATHER/GUARDIAN _____ RELIGION _____

OCCUPATION _____ WORK PHONE _____ CELL _____

MOTHER/GUARDIAN _____ RELIGION _____

OCCUPATION _____ WORK PHONE _____ CELL _____

PLEASE LIST ANY CONDITIONS (LEGAL/MEDICAL) WE NEED TO KNOW:

FOOD ALLERGIES _____ MEDICAL CONDITIONS _____

LEGAL GUADIANSHIP STATUS: WITH PARENTS _____ OR OTHER _____

SPECIAL NEEDS DIAGNOSIS _____

SCHOOL _____ IS THERE AN IEP ON FILE: _____

PLEASE CHECK OFF THE SACRAMENTS YOUR CHILD HAS RECEIVED:

- | | |
|---|--------------|
| <input type="checkbox"/> BAPTISM | WHERE: _____ |
| <input type="checkbox"/> 1 ST CONFESSION | WHERE: _____ |
| <input type="checkbox"/> 1 ST COMMUNION | WHERE: _____ |
| <input type="checkbox"/> CONFIRMATION | WHERE: _____ |

IF APPLICABLE CIRCLE YES-NO RESPONSES:

VISUALLY IMPAIRED:	YES	NO
HEARING IMPAIRED:	YES	NO
VERBAL OR NONVERBAL	YES	NO
DEVELOPMENTALLY DELAYED	YES	NO

SUGGESTIONS THAT WOULD AID US IN YOUR CHILD'S CATHOLIC EDUCATION (write on back, if needed)
