

**Student Name** \_\_\_\_\_

**VALLEY CATHOLIC SCHOOL APPLICATION  
HEALTH INFORMATION  
TO BE COMPLETED BY PARENT OR GUARDIAN**

Does your son/daughter have any chronic emotional or physical conditions that require medical treatment, medication, or counseling? If yes, please explain.

If your son/daughter has ever repeated or skipped a grade, please indicate the grade(s) and circumstances.

Has your son/daughter been diagnosed with a learning disability or any other condition that affects learning? If yes, please explain.

Does your son/daughter have a special learning program that includes requirements like an IEP, ISP, 504 or TAG? If yes, please explain.

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Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Valley Catholic School  
4275 SW 148<sup>th</sup> Avenue  
Beaverton, OR 97007**