



# Valley Catholic Middle School Health Information Form

## HEALTH INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name (please print): \_\_\_\_\_

From: \_\_\_\_\_ M or F  
Name of Current School Current Grade Gender

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.

Please describe any variations from the average program made for this student (un-timed tests, copies of lecture notes, study partner, special tutoring):

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.

Has your son/daughter ever been **tested** for a learning difference, learning disability or any other condition that affects learning? If yes, please explain.

At which math level is the student currently enrolled:  Advanced  Grade Level  Below Grade Level

At which math level would you recommend your child next school year:  
 Advanced  Grade Level  Below Grade Level

Parent Name (Please Print): \_\_\_\_\_

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