

St. Rose of Lima Catholic Academy - Registration Form - Student Information

Does your child have an IEP? Yes _____ No _____

If "Yes", please furnish us with a copy.

Has your child been in counseling? Yes _____ No _____

Please explain:

Does your child have any medical conditions (i.e. allergies, asthma, etc.) that we should know about?
Please be specific:

If your child is on medication, please list the medication and reason:

Doctor's Name: _____ Telephone No.: _____

Previous School Attended: _____

Address: _____

Grades Attended: _____

Dates Attended: _____