

Custody of Child (if applicable)
(Copy of agreement must be attached)

Custodial Parent: _____

Documentation: _____

Date given: _____

Guardianship of Child (if applicable)
(Copy of agreement must be attached)

Guardian: _____

Relationship: _____

Documentation: _____

Child's Religious Education

Please provide records from previous programs.

Name	Address	Grades	Dates

Child has been evaluated by the district Committee on Special Education: _____yes _____no
Child has been evaluated by a private psychological or educational agency. _____yes _____no
If answer to either or both statements above is YES, please complete the following:

Type of Evaluation Date Name of Agency Contact Name & Phone

Educational _____

Psychological _____

Speech _____

Other _____

If child has been seen by the public district Committee on Special Education, please answer:

District Name & No Date of IEP Date of last Pshych Eval Classification/Placement

Child has a Section 504 Accommodation Plan: _____yes (submit copy) _____no

I grant permission to St. Anthony's religious Education Program to discuss my child's evaluation and status with the above noted contacts and with his/her public/private school teachers, principal, and advisors.

Signature of Parent/Guardian _____ Date: _____

Medical Conditions (Please complete AND discuss with Director AND classroom teacher)