

GRANT AND FEDERAL FUNDING GUIDELINES/REPORTING

For Title Funding and Grants, we ask that you check the one that best describes your total household annual income.

Under \$15,000 \$15,000-\$25,000 \$25,000-\$35,000 \$35,000-\$45,000 Over \$50,000

How many members are in your household (include your children, relative, friends, and yourself)? _____

STUDENT PROFILE INFORMATION

1. Does the student have any special needs in any of the following areas:

Vision No Yes Explanation _____

Hearing No Yes Explanation _____

2. Is there a history of Dyslexia or other learning difficulties in the student's family? No Yes

Explanation _____

3. Has the student ever been diagnosed with a learning disability? No Yes

Explanation _____

4. Has the student ever been diagnosed with behavioral or emotional problems? No Yes

Explanation _____

5. Has the students undergone cognitive (psychological) testing before? No Yes

Explanation _____

6. Has other testing been done? (e.g. speech/language, fine/gross motor skills, etc.). No Yes

Explanation _____

Please add any additional information about the student's birth, health, learning and/or behavioral needs _____

EMERGENCY INFORMATION

Person(s) to notify in case of an emergency, if parent/guardian cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Family Dentist: Name _____ Phone _____

Family Physician: Name _____ Phone _____

Last tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If yes, please state below:

Name of Medication _____ Dosage _____

Prescribing physician _____ Phone _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:

INSURANCE INFORMATION

Name of medical insurance company: _____

Group or identification number: _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature: _____

Date: _____