

St. Agnes Cathedral School New Entrant Information Sheet

Date _____

SEX: M / F

Student's name _____

Student's Date of Birth _____

Address _____

Town _____

Home phone _____ Cell phone _____

E-mail address _____

School District _____

(If applicable) Pre-K attending: _____

Number of days/week _____

1. Did your child receive any Early Intervention services? _____

If yes, please indicate which one(s) _____

2. Does your child CURRENTLY receive any CPSE services (ie: Speech,

OT, PT, special education) _____

If yes, please indicate which one(s) _____

Frequency _____

3. Does your child have any food allergies? _____

If yes, please indicate _____

4. Does your child have any medical conditions/concerns we should be aware

of? _____
