

INFANT JESUS OF PRAGUE CATHOLIC CHURCH  
*Office of Religious Education*

**2016-2017 STUDENT GENERAL HEALTH INFORMATION**  
**For: RELIGIOUS EDUCATION CLASS**

STUDENT NAME: \_\_\_\_\_  
(LAST) (FIRST)

FAMILY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(STREET NUMBER/CITY/ZIP)

HOME PHONE: ( ) \_\_\_\_\_ PARENT CELL PHONE: ( ) \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

Hearing Difficulties: \_\_\_\_\_

Speech Difficulties: \_\_\_\_\_

Learning Difficulties: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

**Please use the space below to describe any learning disabilities or special educational needs. This information is important and will be used only by our Staff and Catechists to meet the needs of your child. Please be as detailed as possible. If you wish, you may contact the DRE at 799-4550.**

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