



Background Information

(all information will be treated confidentially)

Student's Name _____

Medical Information: If your child is not able to participate in certain athletic or school activities, please outline them. _____

Immunization Card - A completed immunization record must be submitted prior to September 1st.

Has your child ever had his/her eyes tested by a vision specialist? _____ Result? _____

Has your child ever had his/her hearing tested? _____ Result? _____

Does your child have frequent colds? _____

Tonsillitis? _____ Stomach Aches? _____ High Fevers? _____

Is your child allergic? Please list the allergies, the child's reaction to them and any medication the child takes for them. _____

Does your child have any diagnosed medical condition? Please explain. _____

Does your child have any congenital defects? _____

Is your child receiving any medication? _____

Physician Information

Name _____ Telephone _____

Address _____

Health Card Number _____

Student Interests: _____

Responsibilities at home: _____

Why are you considering Lee Academy as a school for your child(ren)? _____

What are your educational expectations for your child(ren)? _____

Thank you for answering these questions. We hope this will enable us to better meet your child's needs and make her/his days at Lee Academy pleasant ones.

Signed _____ Date _____