



# STUDENT REGISTRATION CONT'D

Does student have any physical, mental, and/or emotional disabilities or struggles that may affect his/her activities or progress at school?

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Does student have any allergies, take medication, and/or have any other health concerns of which we should be aware? If so, please explain.

Yes     No

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If there anything else you feel we should know about student in order to teach and/or discipline him/her effectively? Please explain.

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We/I understand the importance of providing accurate information in order to determine if Hollandale Christian School will be able to meet the educational needs of my child. We/I hereby certify that the above answers are truthful and complete:

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_