

RELIGIOUS EDUCATION
(Please fill out one sheet PER student)

(Please see other side)

In order to best serve the needs of your student, we ask that you indicate if any of the following applies to your child. Confidentiality will be maintained. Only necessary information will be shared with your child's teacher. Please circle:

ADD/ADHD

Reading Difficulties (specify below)

Medication (if applicable)

Does not like to read in class

Autism

Carries epi-pen

Food Allergy (specify below)

We are committed to creating the most positive learning environment possible. Therefore, are there any other concerns (physical or otherwise) we should be aware of for the benefit of your student and his/her teacher?

To whom should mail be addressed _____

Signature of person filling out information: _____

Date: _____