

Does your child have any allergies? If yes what is he/she allergic to?

Does your child have to take any special medications? If yes what are the medications and their uses?

Additional Information:

I verify that the above information is correct and complete to the best of my abilities.
I promise that should any information change I will notify the registration office at my child's school as soon as possible.
Signed,

Parent/ Guardian signature

Registrars' signature

Lucia Woods

Principal Sacred Heart School

Mrs. Diane Wilson

Date
