

CENTRAL CHRISTIAN ACADEMY
Background Information Form for Students

Student name _____

Custody-visiting arrangements? Yes _____ No _____

If yes, please explain:

List siblings and their ages _____

Are there other members of the household? If so, list name and relationship _____

Does your child have any problems with vision or hearing? _____

If so, please explain _____

Does your child have any health problems of which we should be aware? _____

Please explain _____

Are there any food or drinks that your child should not have? _____

Do you have any concerns about your child's development? _____

Do you feel your child's speech is clear? _____ Can strangers understand when he or she speaks? _____

Is there any other language other than English used in the home? Please describe _____

Does your child have frequent colds? _____ Earaches? _____ Sore throats? _____

Stomachaches? _____ Fevers? _____

Has your child had any serious accidents, operations? _____

If so, please describe _____

Does your child have any allergies? _____ If so, please describe _____

Does your child take any regular medication? _____

When was your child last to a doctor? _____ Dentist? _____

Are there any special medical, physical, or emotional needs of which the school or staff should be aware? _____