



# SAINT LUKE CHURCH

RELIGIOUS FORMATION OFFICE

## STUDENT SPECIAL NEEDS INFORMATION

***ALL INFORMATION WILL BE KEPT CONFIDENTIAL***

Please print and complete a copy of this form to indicate any specific circumstances, learning disabilities, or medical disabilities your child may have. It is imperative that our teachers be informed of your child's needs.

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**Does your child have food or insect or chemical allergies?** YES \_\_\_\_ No \_\_\_\_  
(We will do what we can, but the child should know what he/she can or cannot eat or touch.)

If yes, please describe:

**Does your child use an Epi-Pen?** YES \_\_\_\_ No \_\_\_\_

If your child uses an Epi-Pen, a parent must stay in the building.  
(We do not have a nurse on duty, and therefore we can dispense only Band-Aids.)

**Does your child have any other special medical or medicinal needs?** YES \_\_\_\_ No \_\_\_\_

If yes, please describe those needs and list any medications:

### OTHER SPECIAL NEEDS:

- Does your child have an IEP? (Individual Education Program) YES \_\_\_\_ No \_\_\_\_  
If yes, please describe:
- Does your child have a full-time aide in school? YES \_\_\_\_ No \_\_\_\_
- Is your child protected by a restraining order? YES \_\_\_\_ No \_\_\_\_  
If yes, please write the information necessary to fulfill this decree:
- Is your child mentioned in a child custody agreement? YES \_\_\_\_ No \_\_\_\_  
If yes, who is allowed to pick up your child?
- Is there anything else we need to know about your child in order to have a safe and productive environment for him/her? *(Use back of this sheet if needed...)*

I give my permission to receive emails from the Religious Education Office. YES \_\_\_\_ No \_\_\_\_

**Parent/Guardian Signature REQUIRED** \_\_\_\_\_

**Date:** \_\_\_\_\_