

# Our Lady of Peace Parish – Religious Education 2021-2022

(Please Print Clearly)

Name of Student \_\_\_\_\_

PREP Grade \_\_\_\_\_

The information below is confidential and will only be used in your child's best interest. Please check if your child receives any of the services below or has any allergies.

Special Education \_\_\_\_\_

Learning Disability \_\_\_\_\_

Vision Impairment \_\_\_\_\_

Hearing Impairment \_\_\_\_\_

Allergies \_\_\_\_\_

Special Accommodations \_\_\_\_\_

If you have check any of the above, please explain in the space below.

Explanation: \_\_\_\_\_

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Parent/Guardian \_\_\_\_\_

Home Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Email address \_\_\_\_\_

Signature of person filling out this form \_\_\_\_\_

Date \_\_\_\_\_ Relationship to student \_\_\_\_\_