NCA Jr High / High School (Grades 7-12)
Visiting Student Form

School Year: 2011-2012

Child's Name: _____ _____ _____
First Middle Last

Date of Birth: _____ _____ _____ Current Grade Level _____
Day Month Year

Parents' Names: _____

Email: _____

Planned duration of visit: First planned day in school: _____
Last planned day in school: _____

How and where you can be contacted during school hours:
Mom: _____ Dad: _____
If unable to reach either parent, please call _____ at _____(Someone at Lapilo).

Medical
Does your child have asthma? ☐ Yes ☐No
If yes, please explain and include treatment.

Do you have any concern about your child's ability to participate in strenuous activities?
☐YES ☐NO
If yes, please explain.

Is your child taking any medications other than vitamins? ☐YES ☐NO
If yes, please list. Include dosage and frequency and reason for taking.

Does your child have any allergies to food, drug, animals, insects, or other? ☐ YES ☐NO
If yes, please list.

Does your child wear corrective lenses (eyeglasses)? ☐YES ☐NO
Include any information you have about his/her condition.

Does your child have any hearing difficulty? ☐YES ☐NO
If yes, please explain.