AUSTIN INTERNATIONAL SCHOOL
EXPANDING MINDS. BROADENING PERSPECTIVES.

Statement of Special Needs

Name of Child: _____

- Does your child have any allergies? Yes no

If yes, please explain: _____

_____

- Does your child have any existing illnesses? Yes no

If yes, please explain: _____

_____

- Does your child have any disabilities? Yes no

If yes, please explain: _____

_____

- Has your child had any previous serious illnesses, injuries, or hospitalizations during the last six months? Yes no

If yes, please explain: _____

_____

_____

- If your child has any other special needs, please describe them for us:

_____

_____

_____

_____

_____ _____

Signature of parent or guardian **Date**

_____

Address **City** **State** **Zip Code**

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