

STUDENT INFORMATION

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First Child:

Student Name: _____ **Sex:** _____ **DOB:** _____

Church of Baptism: _____ **Address/Zip:** _____

_____ **Date of Baptism:** _____

School Attending: _____ **District:** _____ **Grade:** _____

Health / Unique Needs: (Explain learning difficulties, physical or health needs, family circumstances relevant to the program). _____

Second Child:

Student Name: _____ **Sex:** _____ **DOB:** _____

Church of Baptism: _____ **Address/Zip:** _____

_____ **Date of Baptism:** _____

School Attending: _____ **District:** _____ **Grade:** _____

Health / Unique Needs: (Explain learning difficulties, physical or health needs, family circumstances relevant to the program). _____

Third Child:

Student Name: _____ **Sex:** _____ **DOB:** _____

Church of Baptism: _____ **Address/Zip:** _____

_____ **Date of Baptism:** _____

School Attending: _____ **District:** _____ **Grade:** _____

Health / Unique Needs: (Explain learning difficulties, physical or health needs, family circumstances relevant to the program). _____
