

HEALTH INFORMATION

2007-2008 School Year

Student Name

Date

Family Physician

Phone

Address

City

State

Zip

Date of Last Physical Exam

Allergies

Medications

Please explain any physical or emotional challenges that may interfere with learning or participation in school activities:

FINANCIAL INFORMATION

All correspondence (billing, report cards) should be sent to:

Name

Address

City

State

Zip

I realize that by registering my child at Olney Adventist Preparatory School I agree to support the school's goals, philosophy, and discipline code and comply with the policies, regulations, and activities outlined in the school handbook.

Signed: _____ Date _____

