

CONFIDENTIAL STUDENT INFORMATION

PLEASE COMPLETE THIS FORM IF YOUR CHILD HAS ANY PHYSICAL CONDITION OR LEARNING CHALLENGES THAT REQUIRE SPECIAL CLASSROOM ACCOMMODATIONS.

Student Name: _____

Grade: _____

Please indicate nature of condition (Circle all that apply):

Medication/Food Allergy

Physical

Emotional/Behavioral

Learning

Please provide detailed information regarding this condition:

Does your child take medication or receive any regular support services at school for the condition indicated above? What, if any, special accommodations are made in the regular school classroom to help your child succeed (special setting, help with reading, longer test-taking times, etc.)? Please describe:

PLEASE . . . Do not hesitate to share information with us that will help us to meet the needs of your child! All of the above information will be kept in a confidential file with the Religious Education records in the parish rectory. It will be shared only with your child’s catechist for the purpose of creating a positive and nurturing environment in which your child can grow in faith.

**St. Anthony's R.C. Church
417 Commercial Street
Farnham, NY 14061**

PERMISSION FORM

I, the undersigned parent/guardian of _____, do give my permission for St. Anthony's Parish to use photographs and/or videotaped recordings of my child, as well as the following types of information regarding my child, in articles about activities in local newspapers, publications (including newsletters, brochures, bulletins, and other promotional materials), parish website, and by local television stations during the school year.

- Name (Yes ___ No___)
- Participation in activities, community events
- Honors and awards received
- Photographs of child participating in school, parish, and school/parish-related activities

I release St. Anthony's Parish, Dioceses, Parish Council, instructors, and office staff, from any and all claims demands, actions, causes of action, suits, damages and judgments as a result of use of the above information about my child in the publications and sites described above.

I am over the age of 18, have read the above information, I understand the conditions of the above agreement and will be bound by its terms on my own behalf and on behalf of my child.

Date: _____

Signed: _____

Print Name: _____

Relationship to child: _____