

## Registration Supplemental Form

Please complete this page if "yes" is checked on any of the medical or learning differences questions on the registration form. Attach more information as needed.

**EMAIL COMPLETED FORM TO REGISTRATION@ARROWSACADEMY.ORG**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
(one form/student)

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Condition	No	Yes	List Details / Medications Needed / Comments	Medication to be taken at school?
Allergy to Food			Add details below	
Allergy to Medication				
Allergy to Insects				
Asthma				
Attention Deficit (ADD, ADHD)				
Seasonal Allergies/Sinus				
Emotional/Psychological Disorder				
Headaches				
Speech / Hearing				
Stomach / Digestive				
Seizure				
Diabetes				
Other				
Describe any handicaps, special needs or medical conditions not listed above (use additional paper as needed):				

### Food Allergy Details

Does your child have an epi-pen? No  Yes   
(If yes, an EpiPen must be stored at Arrows.)

Do **you think** your child's food allergy may be **life-threatening**? No  Yes   
(If yes, a brief meeting with administration is required.)

Did your student's **health care provider tell you** the food allergy may be **life-threatening**?  No  Yes  
(If yes, a brief meeting with administration is required.)

#### History and Current Status

Check the foods that have caused an allergic reaction:

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> a. Peanuts              | <input type="checkbox"/> d. Fish / shellfish                          | <input type="checkbox"/> g. Eggs |
| <input type="checkbox"/> b. Peanut or nut butter | <input type="checkbox"/> e. Soy products                              | <input type="checkbox"/> h. Milk |
| <input type="checkbox"/> c. Peanut or nut oils   | <input type="checkbox"/> f. Tree nuts (walnuts, almonds, pecans, etc) |                                  |

Please list any other food allergens:

**What learning disability has your child been diagnosed with, and how do you expect it to impact their academic / behavioral performance at Arrows Academy?**

**Accommodation request (be specific):** *For example – assistance with note taking or extra time on tests.*

**Accommodations, if any, utilized in the past:**

**Does your student have an IEP or 504 plan? If so, please attach.**  YES  No

**Please explain any questions marked “yes” on the registration for pertaining to:** suspensions / expulsions, repeat of any grades, behavior difficulties or involved in illegal activities, unusual / current factors in your child's life that may impact their performance / behavior at school (i.e. absence of a parent, death or divorce, disability of a parent, adoption, etc), or other educational / behavioral or emotional concerns: