

SPECIAL HEALTH/LEARNING INFORMATION
2009–2010 School Year

Desert Christian Middle School
7525 E. Speedway Blvd.
Tucson, Arizona 85710
(520) 795-7161 Fax: (520) 795-3386

DATE: _____

*Applicants of all races, color, and national or ethnic origin are welcome to apply
and are considered for admission without discrimination.*

APPLICANT NAME: _____

APPLYING FOR GRADE: 6 7 8

Does applicant have any physical disabilities or special health conditions? Yes No

If yes, please explain: _____

Does applicant regularly require any medication? Yes No

If yes, please list medications and explain: _____

Has applicant received counseling for emotional issues within the past three years? Yes No

If yes, please explain and have the applicant's therapist/counselor provide the Admissions Committee with a letter describing the nature of the difficulty and a current assessment of the applicant's ability to deal with the rigors and structure of middle school at Desert Christian Middle School.

Has applicant required **any** modification to instruction, special learning assistance or tutoring within the past three years? Yes No

If yes, please explain: _____

Has a professional evaluation ever been recommended for applicant for any learning, attentional or emotional issues? Yes No

Has applicant ever been evaluated by any professional for any learning, attentional or emotional issues? Yes No

If yes, please explain and have the professional who provided any evaluation provide the Admissions Committee with a letter describing the nature of the difficulty and a current assessment.

We understand that any false or unreported information is grounds for immediate dismissal from DCMS.

Parent Signature

Date