CHANCY AND BRUCE EDUCATIONAL RESOURCES, INC. (To be used with children entering 2^{nd} through 7^{th} grade)

Date of Screening: March 18, 2017 **Appointment Needed Place: Holy Family Cathedral School**

COST: \$65.00

CHECKS PAYABLE TO: HFCS Please include this completed form with your HFCS application

	City	Zip
Primary No. (Work	(
Birthday		
Signature of Parent/Guardian		
Please provide the following information: (if yes, please ex	plain)	
Were there pregnancy or birth complications?		
Was this student premature or post term?		
Has this student had a history of chronic illnesses?		
Does this student experience allergies?		
Has this student had any unsettling experiences?		
What is the primary language spoken in this student's home?_		
TRECTIONS FOR PARENTS AND TEACHERS: Write U for behavior. STUDENT'S BEHAVIOR:	PARENT	TEACHER
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