



GRACE LUTHERAN CHURCH AND SCHOOL
Disciplined BY Grace FOR Grace

Statement of Health

Please contact the school office if you have any questions about completing this application.
1007 Bacon Ranch Road, Killeen, Texas 76542 ♦ (254) 634-4424 ♦ www.gracelcs.com ♦ school@gracelcs.com

Student Name _____
(Last) (First) (Middle)

Parent's Names _____ Phone _____

Primary Care Physician _____ Phone _____

Clinic / Medical Facility _____

Address _____
(Street) (City) (State) (Zip)

This is to certify that the above-named student is free from communicable disease and is physically able to participate in the school program. (Date of last examination _____)

Physician's Signature _____ Date _____

For Use by the Primary Care Physician

Please provide any comments or guidance concerning this child which may help the school staff in dealing with any special needs.
