



ALLIANCE CHRISTIAN ACADEMY

PHYSICIAN'S STATEMENT

IS IN GOOD HEALTH AND IS ABLE TO PARTICIPATE IN ALL SCHOOL
ACTIVITIES. HIS/HER LAST VISIT WAS ON _____

PHYSICIAN'S SIGNATURE

DATE

* ALL STUDENTS 4 YRS AND OLDER MUST HAVE THEIR HEARING AND VISION TESTED
PRIOR TO THE START OF SCHOOL. PLEASE ATTACH A COPY OF THE STUDENT'S
IMMUNIZATION RECORD OR RECORD OF EXEMPTION.

VISION TEST DATE _____

HEARING TEST DATE _____

** CURRENT PHYSICIAN'S STATEMENT OR SPORT FORM MUST BE ON FILE ON OR
BEFORE THE FIRST DAY OF SCHOOL.

ALLIANCE CHRISTIAN ACADEMY 13105 HARMON RD. FORT WORTH, TX 76167

817-439-8425 (PHONE) 817-840-7657 (FAX)

INFO@ACA-LITTLESPOUTS.COM