



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 PHYSICAL FORM MUST BE ON
FILE ON OR BEFORE THE FIRST DAY OF SCHOOL.

ALLIANCE CHRISTIAN ACADEMY 13105 HARMON RD. FORT WORTH, TX 76177

817-840-7767 (PHONE) 817-840-7657 (FAX)

INFO@ACAKNIGHTS.COM