



CHILD SCREENING FORM

(Please complete a separate sheet for *each child 12 years old and older.*)

Date: _____

Child's Full Name: _____

AKA/Maiden/Prior Name: _____

Parent's Name: _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Country of Birth: _____ State of Birth: _____

School Information:

School: _____

Teacher: _____

Grade: _____