



# CORNERSTONE CHRISTIAN ACADEMY

## STATE-REQUIRED STATEMENT OF HEALTH

### ADMISSION REQUIREMENT:

One of the following must be presented when your child is admitted to Cornerstone Christian Academy. **Please check only one option.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in school.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

2.  A signed and dated copy of a health care professional's statement is attached.
3.  (If applicable) Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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