



# White Settlement

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## INDEPENDENT SCHOOL DISTRICT

### FCLC Physicians Statement

In order for your child to be admitted to the Learning Center, you must have your child examined by their doctor and secure his/her signature on this form and return it to the Learning Center office by no later than one week after admission.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Physician's Office Phone Number

\_\_\_\_\_  
Address of Physician's Office

Physician'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 the Learning Center program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date