

Formatted: Centered

Student's Name _____
 Last Name *First Name* *Middle Initial*

Student's Address _____
 City *State* *Zip Code*

Student's Age _____ **Date of Birth** _____ **Sex** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom Teacher/Classroom** _____

~~☐ YES~~ ~~☐ NO~~

☐ YES ☐ NO

~~☐ YES ☐ NO~~

~~☐ YES ☐ NO~~

~~☐ YES ☐ NO~~

Gender

Gender _____

Gender

~~Corporal Punishment~~

~~☐ YES~~ ~~☐ NO~~

~~Punishment?~~

☐ YES ☐ NO Number of Licks Administered _____

~~☐ Principal's Office~~ ~~☐ Other, _____~~

~~parent(s), in writing, of the corporal punishment?~~

☐ YES ☐ NO Date of Notification _____

fitness(qs)

```

    }
    return success(es);
}

```