

WESTERN HILLS ACADEMY

(915)584-6642

ADMISSIONS@WESTERNHILLSACADEMY.ORG



524 THUNDERBIRD DR
EL PASO, TX 79912

PHYSICIAN'S STATEMENT

(Form to be completed by child's physician and returned to school with enrollment packet)

I have examined _____ and see no physical or emotional reason to restrict participation in activities at school.

I have noted the following, if applicable:

Restrictions of activity:

Special attention or care needed:

Date _____ Signed _____

(Physician)

***Please attach a copy of the child's immunization record to this form**