

Vertical list of 10 empty boxes:

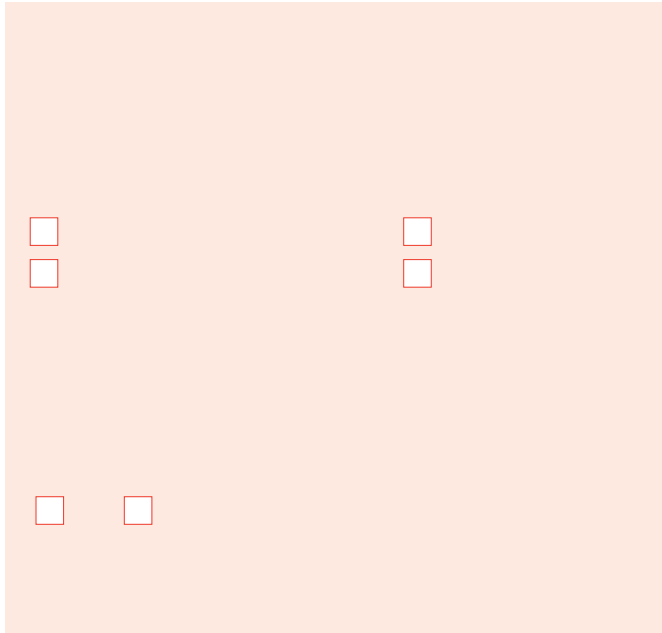
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Horizontal box:

Vertical list of 15 empty boxes:

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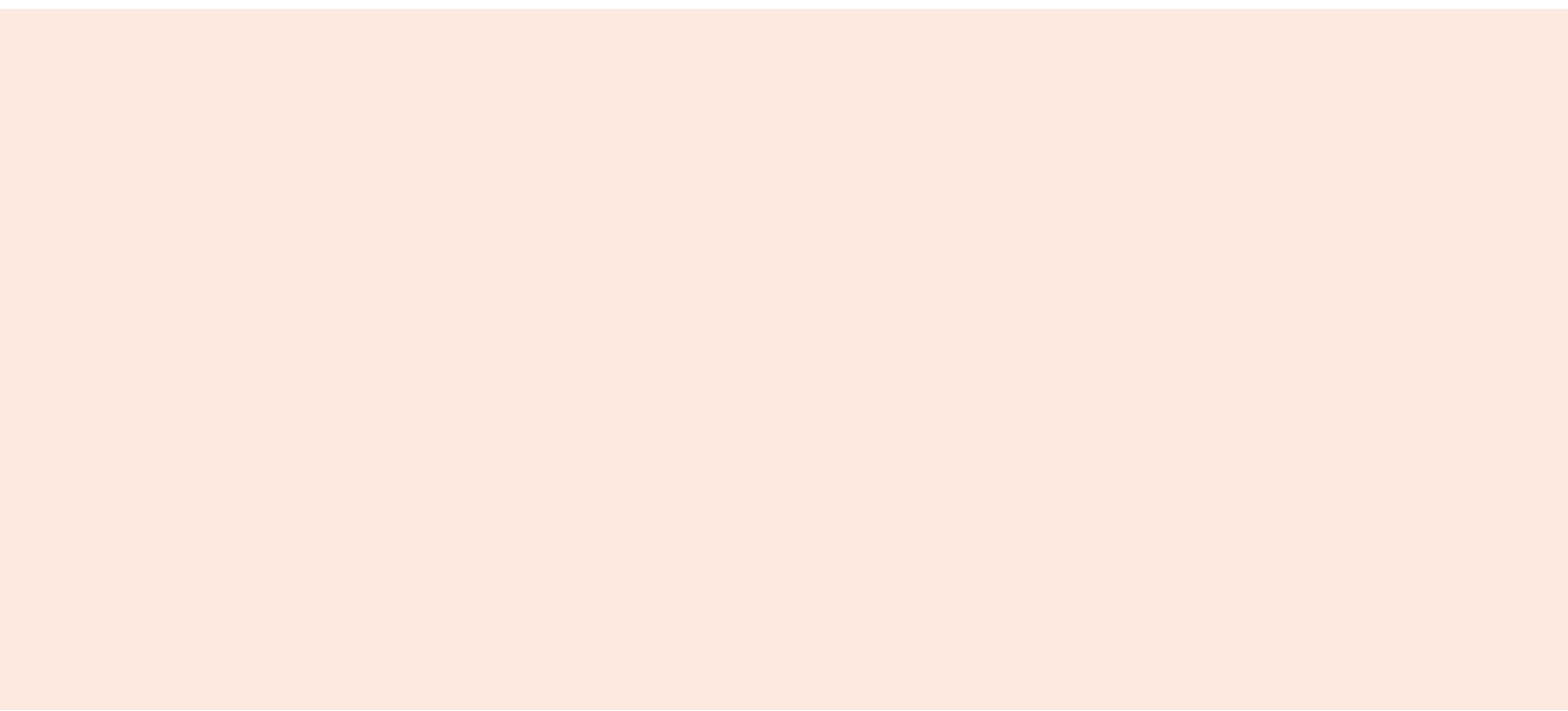
MEDICAL N EEDS

LEARNING N EEDS



PARENT/GUARDIAN 1

PARENT/GUARDIAN 2



Please complete the following details:

Payment for: