

DAVIS PREPARATORY ACADEMY

Health Care Professional's Statement & Recommendation for Placement in Davis Preparatory Academy

Date: _____

Dear Physician,

Davis Preparatory Academy provides a school between the ages of 2½ and 5 years of age. It is our policy to accept children in our school in compliance with the Americans with Disabilities Act and all other applicable federal, state, or local law pertaining to the provision of services to persons with disabilities.

Davis Preparatory Academy will evaluate each child's situation on an individual basis to determine if the child's needs can be met within our capabilities. We need your help making our determination that needs, including physical, can be met in school.

_____ will be in _____ age group
(child's name)
where the number of children is _____ to one teacher.

We do not guarantee enrollment, but appreciate your consideration and recommendation. The parents and Davis Preparatory Academy will take into consideration your recommendation below and your comments.

Sincerely,

Regina Davis
Danielle Davis, Program Directors

Recommendation and Comments:

I have examined the above child within the past year and find that he/she is physically able to take part in the preschool/ kindergarten program.

Physician's Signature: _____ Date: _____