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Email:

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Date:

Student:

The Academy of the Holy Family does not have counselors on site. Therefore it is necessary to have the following information to determine if our school and your daughter will be a good fit; that it will be a healthy environment for her. This decision is made by the administration of our school.

_____ My daughter, named above, has received counseling for the following:

_____ My daughter, named above, has been hospitalized/participated in a hospital program outpatient for the following emotional issues:

_____ My daughter does not have emotional/mental health issues, has not been identified as having any.

I, _____, attest that the above information is the truth. I agree that it is the decision of the administration as to whether or not the Academy of the Holy Family will be a good match and healthy environment for my daughter.

(parent signature and date)