

**NEW PARENTS
Assignment Card
For Assinged Pilot Parents (to keep)**

Name _____		
(Last)	(First name Husband)	(Wife)
Address _____		
Area of Town _____		Phone _____
Child - Level of MR: _____	Name of	
	Each Child	Age Sex
Age: _____	_____	_____
Cause: _____	_____	_____
Other Handicaps: _____	_____	_____
Program: _____	_____	_____
Marital Status: _____	_____	_____
Age of parents: _____	_____	_____
_____	_____	_____