



SPECIAL TESTING FORM

New Applicants

Family Last Name (please print) _____

St. Michael Catholic School is in partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student. Any information that benefits us in that task ultimately and directly benefits your son or daughter. The following information is requested to ensure that each student's individual learning needs are met to the best of our ability.

Please answer the following questions for each applicant:

Child's Name: _____ Grade entering Fall _____

Has your child/children been tested for any special concerns? (academic, behavioral, other) Yes No

If yes, Date of testing _____ Tested for _____

By (Testing Agency) _____

Child's Name: _____ Grade entering Fall _____

Has your child/children been tested for any special concerns? (academic, behavioral, other) Yes No

If yes, Date of testing _____ Tested for _____

By (Testing Agency) _____

Child's Name: _____ Grade entering Fall _____

Has your child/children been tested for any special concerns? (academic, behavioral, other) Yes No

If yes, Date of testing _____ Tested for _____

By (Testing Agency) _____

If answered yes, a copy of the test results must be submitted with your child's/children's application(s). A copy of the test results will be placed in a confidential file at St. Michael Catholic School. Failure to provide this information may prohibit the staff of St. Michael Catholic School from meeting the individual needs of your child, and consequently, present reason to request that your child not continue at St. Michael Catholic School.

Signature of Parent or Guardian

Date

PLEASE NOTE THAT ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE