

STUDENT INFORMATION-PLEASE FILL OUT ONE PER STUDENT

Student's Name (Last, First) _____

SACRAMENTAL INFORMATION of Applicant:

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

In order to provide the best education for your child, please complete the following:

Has your child ever:

1. Had a psychological evaluation? Yes No

2. Been diagnosed with any of the following:

- LD (Learning Disability) ADD (Attention Deficit Disorder) ASD (Autism Spectrum Disorder)
 ADHD (Attention Deficit Hyperactive Disorder) ODD (Oppositional Defiant Disorder) Other

Does your child take medication associated with this diagnosis? Yes No

If yes, please specify. _____

3. Received any of the following services:

- Counseling Emotional Support Gifted Support Remedial Math Remedial Reading
 Speech/Language Project Dart Learning Support Other

4. Had a Growth Plan? Yes No If yes, what is the disability? _____

Had an IEP? Yes No If yes, what is the disability? _____

Please submit a copy of the IEP.

5. Been diagnosed with a medical condition that the school should be aware of? Yes No

If yes, please explain _____

6. Repeated a grade? Yes No If yes, which grade? Why? _____

7. Received a suspension from school? Yes No If yes, please explain _____

8. Been asked to transfer? Yes No If yes, please explain _____

9. Been expelled from school? Yes No If yes, please explain _____

Please note any information necessary or for management in an emergency situation

Examples: Medical or dietary special conditions, Diagnosis of Special Needs
