



STUDENT INFORMATION Elementary/Middle School

Child's Name _____ Birthdate _____

Parent's Name _____ Phone _____

School currently attending _____ Religious Affiliation _____

Please include a copy of the most recent report card.

List siblings and their age: _____

Will your child use Before/After School Care? _____ yes _____ no

Are parents separated or divorced? _____ If yes, who has legal custody? _____

Is this child adopted? _____ If yes, at what age was the child adopted? _____

Is either parent absent for long periods of time? _____

Is this child cared for by someone other than parents? _____

Has your child repeated any grades? _____ If yes, what grade and reason _____

List any pertinent physical or emotional health information which would be helpful to know about your child: _____

Tell us about your child's learning experiences: _____

Please check the following special services your child has received and include a copy of IEP paperwork.

- Psychological Testing
- Learning Disability Program
- Remedial Reading
- Speech Therapy
- Social Worker
- Other (please explain)

Please return this form with the Enrollment Form.

Parent Signature

Date