

NEW STUDENT HISTORY

Student Name: _____ Grade _____

Please list all schools previously attended and dates of attendance:

<u>School</u>	<u>Address</u>	<u>Phone #</u>	<u>Dates</u>	<u>Grades</u>

Has your child received any of the following services?

- Speech Therapy
- Remediation classes
- Psycho/Educational Evaluation
- Enrichment classes

Has your child repeated any grade? Yes No

Has your child skipped any grade? Yes No

Have there been any significant family events that would affect the student's learning or behavior?

Does your child enjoy school? Yes No (explain) _____

Describe the educational ability of your child _____

Describe the personality of your child _____

Describe the school behavior of your child _____

Does your child have any physical handicaps/health restriction? Yes No

If yes, please explain _____

PLEASE NOTE: No student may be admitted until all records have been received and reviewed. The students will also be tested for placement before being accepted.

ALL STUDENTS ARE ON PROBATION FOR THE FIRST SIX WEEKS.

Signature of Parent

Date