



New Student Questionnaire

(Only new students need to complete this form)

Student's Last _____

First _____

Middle _____

Ethnic Heritage: (For State Reporting Only) Black Hispanic Asian White Other: _____

Sex: M F

Grade Entering: _____

LIST ALL PREVIOUS SCHOOLS ATTENDED BY YOUR CHILD

Name of School	Address	Grade(s)	Year(s)

Is your child presently experiencing any problems in school? Yes No

If yes, please explain (use backside if necessary): _____

Do you suspect that your child has a learning disability/problem?		If Yes, please explain
Auditory or Visual Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand-Eye Coordination Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Space Relations Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Perceptual Motor Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		
Has your child ever been tested for:		
Learning Disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		
Does your child have a history with any of the following:		
Suspended from school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expelled from school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asked to withdraw from school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Repeat a grade level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling or physiological testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical, emotional, mental or social problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occult or occult practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrested by police	<input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you learn about our school? _____

What factor(s) most influenced you to apply to our school? _____

State why you wish to send your child to our school. _____

Parent/Guardian Signature

Date