

Has your child ever undergone any formal evaluation? Please check all that apply.

_____ Educational _____ Medical _____ Psychological _____ Social

Has your child ever been retained? ___ yes ___ no _____ School _____ Year

Has your child ever had a conduct problem, which resulted in
_____ Suspension _____ Expulsion _____ No Conduct Problems

List all schools that your child has attended.

Name of School	Grade	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Religion _____

Church to which you belong _____

Street Address _____

City, State, Zip Code _____

Pastor's Name _____

List child's brothers and sisters. Begin with oldest. Give names, dates of birth & school sibling attends.

1. _____
2. _____
3. _____

List Other Members of your Household and relationship to student

Tuition should be billed to: Name _____

Address _____

City/State/Zip _____