



Admissions Questionnaire - 1st thru 5th Grade

Rockford Lutheran School

"Igniting Minds and Souls"

Student Name _____ Grade Entering _____

- Has the student received any special honors or awards for scholastic achievements? Yes No

(Please explain) _____

- Please indicate any special educational needs of the student _____

- Please indicate if any of the following affect your student:

Hearing Impairment Vision Impairment Speech Impairment Hemophilia Asthma

ADD/ADHD Seizures Diabetes/Hypoglycemia Other _____

- Does your special education student have: IEP 504 Private tutoring or other services? _____

- Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, mental issue?

Yes No (If so, briefly state the nature of the issue) _____

- Has the student ever repeated a grade for any reason? Yes No If so, which grade? _____

- Has the student been suspended, expelled or dealt with other significant disciplinary issues? Yes No

(Please explain) _____

I affirm that the information included on this application is accurate and complete. I understand that falsification or omission of any information may be cause for termination of my student's enrollment at Rockford Lutheran School without refund. **(Application not valid without signature.)**

Signature of responsible party: (Parent) X _____ Date _____

(Guardian) X _____ Date _____

For School Administrator Use