



# Admissions Questionnaire - 6th thru 12th 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) \_\_\_\_\_

\_\_\_\_\_

- Does your student have any special educational needs?  Yes  No

If so, please indicate needs here: \_\_\_\_\_

\_\_\_\_\_

- Does your student have any accommodations?  Yes  No

If so, please check box(es) that apply:

IEP  504  Private tutoring  Other \_\_\_\_\_

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

Hearing Impairment	ADD/ADHD	Asthma
Vision Impairment	Diabetes/Hypoglycemia	Hemophilia
Speech Impairment	Seizures	Other _____

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

Yes  No (If so, briefly state the nature of the problem) \_\_\_\_\_

- 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) \_\_\_\_\_

\_\_\_\_\_

- Has the student ever been charged with a legal violation?  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/Guardian) \_\_\_\_\_ Date \_\_\_\_\_