

Parent Questionnaire

1st—5th Grade



Rockford Lutheran

ACADEMY

For students applying for admission to Rockford Lutheran Academy. This form must be completed and returned before or at the screening.

1711 Delcy Dr., Rockford, IL 61107
815-226-4947 / www.rockfordlutheran.org

Student's Name: _____ Birthdate: _____

- 1) What are this child's favorite activities at home?

- 2) How does this child get along with siblings and playmates?

- 3) Has your child been in any other programs (music lessons, sports, etc) outside of school?
Yes No If yes, please describe.

- 4) At what does your student excel?

- 5) Has the student received any special honors or awards? Yes No If so, please explain.

- 6) Do you have any concerns about you child's learning? Yes No If so, please explain.

- 7) Describe your student's study habits. On average, how much time each evening does your child spend on homework? Does your child have any difficulty in completing and turning in homework on time?

- 8) What was the last book your student read? Title: _____ Author: _____

- 9) Describe two positive characteristics of your child.

- 10) Describe one area or characteristic in which your child needs to improve.

- 11) Does your child have an IEP, ISP or 504 Plan? Yes No If so, please explain.

- 12) Does your child have any behavioral struggles? Yes No If so, what works to help correct their behavior?

- 13) Has the student ever been in trouble with law enforcement? Yes No If so, please explain.

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Continued



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14) Please indicate if any of the following affect your student:

- Hearing Impairment Vision Impairment Speech Impairment Asthma ADD/ADHD ODD
Allergies Diabetes/Hypoglycemia Seizures Other _____

15) Has the student ever seen a counselor or psychiatrist for any type of social, behavioral or mental concern?

- Yes No If so, please explain.

16) Has the student ever been considered a threat to themselves or anyone else? Yes No If so, please explain.

17) Has the student ever repeated a grade for any reason? Yes No If so, please explain.

18) Has your student had any previous problems with attendance (extended absences, tardiness, truancy, major illness)

- Yes No If so, please explain.

19) Has the student ever been suspended, expelled or dealt with other significant school disciplinary action?

- Yes No If so, please explain.

20) Describe anything that you feel to be unique or different about your student's home life.

21) Do you know any other students/families at RLA? Yes No If so, who?

22) Are you involved in a church? Yes No If so, which church?

I affirm that the information included on my student's application for enrollment and this questionnaire 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.

Signature of responsible party: Parent/Guardian _____ Date _____

Rockford Lutheran School admits students of any race, color, and national or ethnic origin.