



New Student Application Addendum

Grade 1-5 Parent Questionnaire

This questionnaire is to be completed by a parent or legal guardian and must be submitted as part of the admissions application packet. A separate Questionnaire form must be completed for each Elementary School student applicant. Applications for admission to Rockford Lutheran School will only be considered once the admissions packet is completed.

Student Applicant: First Name _____ Last Name _____ Grade _____

- What academic discipline/area currently most excites and engages your child? _____

- Describe any special awards or honors for school achievements your child has received _____

- What is ONE outcome/area that you hope to see the greatest growth for your child? _____

- Does your child receive any developmental/therapy services? (speech, OT physical therapy) Yes No
If so, what services and the diagnosis for each: _____

- Does this student have any **special educational needs** not covered under a 504 Plan or IEP/ISP?
(Including any health impairments that may impact their learning) Yes No
If so, please describe: _____

- Has this student received private tutoring? Yes No
If so, please describe: _____

- Within the past two years, has the student seen a counselor/doctor/psychiatrist for any type of **social, behavioral or mental health concerns**? Yes No If so, briefly state the nature of the concern(s) _____

- Has the student ever repeated a grade for any reason? Yes No If so, which grade? _____
- Has the student been suspended (in-school or out-of-school), expelled or been placed on a disciplinary probation or restriction? Yes No If so, please explain _____

I affirm that the information included on this application and addendum is accurate and complete. I understand that falsification or omission of any information provided in application for admission may be cause for denial for enrollment in Rockford Lutheran School and could even lead to dismissal if admitted.

Print Name: First _____ Last _____

Parent/Guardian Signature: _____ Date: _____

The Application is not valid without signature.