



## New Student Assessment Information

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Is your child presently enrolled in a school setting? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Does your child have any special academic needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

Does your child take any medication to help focus in the classroom? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give Sacred Heart School permission to contact the faculty and/or administration from my child's current school. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent Name(s) *Please Print* \_\_\_\_\_