



Enrollment Information

For
Our Savior Lutheran School

Parents' Names _____ Date _____

Student Name _____ Grade _____

Address _____

City/State/Zip code _____

Last school attended _____ How long _____ yrs

Reason for leaving _____

In order to provide us the proper information to help your child, please complete the following:

Yes No Does your child have any physical or other disabilities which might affect his/her success in school? If yes, please describe:

Yes No Has your child ever been tested or evaluated for speech language learning disabilities, or psychological concerns? If yes please explain:

Yes No Has your child ever received any special help through the school district or private agencies for concerns mentioned above:

Yes No Has your child experienced discipline problems, school suspensions, grade retention, double promotions, etc.? If yes please explain:

Yes No

Has your child ever been diagnosed as emotionally or physically impaired? If yes, by whom and when:

If yes, explain:

Please give any additional information regarding other health, academic, social or emotional concerns you have regarding your child:

Where will you and your child(ren) attend church and Sunday school?

Parents' signatures _____

IS THIS A KINDERGARTEN ENROLLMENT?

Yes No

Has your child attend preschool? If yes, give the name and address of the school:
