New Student Questionnaire

This form will be used to help place your child into the appropriate classroom.

Date:

School: ○ SWES ○ SWMS ○ SWHS ○ ALE

Student Name:

Parent Name:

Does the Adult living with the student have legal custody? Yes No Uncertain

Please check any box which applies to your child:

- ☐ IEP (Receiving special services)
- ☐ Extra help in reading
- ☐ Extra help in math
- ☐ Physical/Speech Therapy
- ☐ Advanced/Gifted Programs
- ☐ 504 accommodations
- ☐ Health Concerns
- ☐ Academic Concerns
- ☐ Remedial Classes (Ch.1, LAP, Basic Skills)
- ☐ Interest in Band Participation (6-12th Gr)

Describe the learning environment you believe would be best for your child:

Areas of academic strength in school:

Areas of academic concern in school:

School behavior (i.e. peer, classroom, recess, bus, suspensions, expulsions):

Is Student currently taking any prescribed medication?

If Yes, does the child need to take the medication during school hours?

Are there special instructions the school needs to have in order to administer the medication?

***Prescription medications must be stored in the school's health clinic with a current medical authorization form on file**

Additional Information: