



# STUDENT INFORMATION FORM

FOR THE 2019-2020 SCHOOL-YEAR

Name of Child: \_\_\_\_\_ Grade Level for 2019-2020: \_\_\_\_\_

Parent/Guardian Completing This Questionnaire: \_\_\_\_\_

1-What are the first three words that come to mind when describing your child?

\_\_\_\_\_

2-What particular strengths, interests, and/or challenges does your child exhibit at this time?

\_\_\_\_\_

3-Why do you wish to have your child and family become part of the St. Joseph Catholic School community?

\_\_\_\_\_

\_\_\_\_\_

4-Has your child had a disciplinary history at any previous schools?  Yes /  No. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

5-Are you aware of any learning, physical, or emotional difficulties your child is experiencing?

Yes /  No. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

6- Is your child on an IEP, 504 plan, or other special learning or behavior plan at his/her current school?

Yes /  No. If yes, please explain below and provide a copy of plan to St. Joseph School

\_\_\_\_\_

\_\_\_\_\_

7-Has your child ever had counseling?  Yes /  No. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

8-Are there any other details about your child's school life that are important for the school to know?

(including repeated/skipped grades, attendance issues, health challenges, medication needs, or recent changes that may affect your child's school experience)  Yes /  No. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

If you need more space to write please feel free to attach a separate sheet.

***Please include this form with your child's completed application.***