

Timothy Lutheran School

Student Information

Student's name _____ Grade _____

Church membership: Timothy _____ Other (specify) _____ No church _____

Pastor's name _____

Has student been baptized? _____ If so, when _____

How did you hear about our program? _____

Has student attended another school? _____ If so, where _____

Has student received therapy or been evaluated for the following?

_____ speech _____ hearing _____ vision
_____ behavior _____ physical

Is so, please explain _____

Is student involved in any after-school activities? _____ If so, please list them. _____

Are there any family concerns we should be aware of, such as, a new baby, a death in the family, or a divorce? _____

Are there any sensitive issues we should be aware of? Is student self-conscious about his/her appearance, is he/she shy, stutters, or afraid of something in particular?

Does student have any allergies? _____

What are student's hobbies and interests? _____

Describe student's temperament and any methods you have in dealing with less-than-ideal behavior. _____

Parent's signature _____ Date _____