

NEW STUDENT INTERVIEW FORM

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| Name of student | |
| Date of birth | |
| Name of immediate past school | |
| Address (Street, City, State, ZIP) | |
| Principal | |
| Most recent teacher | |
| How many school has you child attended since grade one? | |
| Reason for leaving the two most recent schools | 1. 2. |
| Last grade completed | |
| Current grade | |
| Has your child ever been retained? | <input type="checkbox"/> Yes - When and where <input type="checkbox"/> No |
| Has your child ever been home schooled? If yes, what grades? | <input type="checkbox"/> Yes - Grades _____ <input type="checkbox"/> No |
| General Achievement Level (as indicated by more recent achievement tests or grades) | <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average |
| Does your child have a learning problem? | <input type="checkbox"/> Yes - In what area? _____ <input type="checkbox"/> No |

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| <p>Has your child ever been tested for a learning problem?</p> | <p><input type="checkbox"/> Yes - Please note the problem area? _____ _____</p> <p><input type="checkbox"/> No</p> |
| <p>Does your child have an IEP?</p> | <p><input type="checkbox"/> Yes - Please indicate the area of disability. _____ _____</p> <p>Accommodations indicated:</p> <p>Modifications indicated:</p> |
| <p>Has your child been placed in special education previously?</p> | <p><input type="checkbox"/> Yes - Please indicate: Tested by Whom? _____</p> <p>Where? _____</p> <p>When? _____</p> <p>Type of special education placement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mainstream with Accommodations/ Modifications <input type="checkbox"/> Pull-out (isolated classes) <input type="checkbox"/> Resource (less than ½ of school day) <input type="checkbox"/> Special Day (more than ½ of school day) <p>What type of service was provided? _____ _____</p> <p>How Many times a week? _____</p> <p><input type="checkbox"/> No</p> |

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| Does your child take prescription medication? | Name of medication _____ Frequency of medication _____ | |
| Has your child been | Suspended: <input type="checkbox"/> Yes – Please Explain <input type="checkbox"/> No | Expelled: <input type="checkbox"/> Yes – Please Explain <input type="checkbox"/> No |
| Parent Certification | <p>I hereby certify that the information contained in the New Student Interview is true and correct to the best of my knowledge. I agree to have any of the statements verified and authorize the references listed to provide the school any and all information concerning the applicant. I understand that any misrepresentation, falsification, or material omission of information concerning this student may result in dismissal of the student from school.</p> <p>Since non-public schools are not mandated or equipped to provide Special Education, this school retains the right to determine if it is able to meet the individual needs of the applicant. I understand if it is determined the student cannot be served adequately by this school, recommendations for alternative educational placement will be made and/or the student may be asked to withdraw at any time.</p> <p>_____</p> <p style="text-align: center;"><i>Parent/Guardian Signature</i> <i>Date</i></p> | |

This school received no federal funds and is therefore not subject to the IDEA, ADA, and Section 504 of the Rehabilitation Act of 1973
For more information, please refer to the REACH Resource Manual prepared by the North American Division Office of Education.



Adventist Education

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