

PERSON(S) RESPONSIBLE FOR FEES

_____ Parent/Guardian

_____ Other: Name _____

Address: _____
(Street and Number)

_____ (City, State, Zip Code)

Phone: _____

SIBLINGS

Names of Siblings

Birth Date

Current School

_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT ARE YOU HOPING TO FIND FOR YOUR CHILD AT TOWN AND COUNTRY LUTHERAN SCHOOL?

EDUCATIONAL BACKGROUND

Please list all preschools or elementary schools your child has attended, beginning with the most recent:

NAME OF SCHOOL	ADDRESS OR PHONE	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child had difficulty with any of the following:

- _____ Reading
- _____ Math
- _____ Completing Homework
- _____ Motivation for School
- _____ Social Relationships
- _____ Behavior/Self Control
- _____ Other (Comment as needed on back of page)

What has been tried to help with the difficulties listed above?

- _____ Tutoring/Special Help in _____
- _____ Retained in Grade _____
- _____ Behavior Modification System
(specify) _____
- _____ Counseling (specify) _____
- _____ Medication (specify) _____
- _____ Adaptive Program (specify) _____
- _____ Other (specify) _____

Please list two or three areas in which your child excels (not limited to academics).
What has been done to encourage and reinforce these strengths?
