



New Student Assessment Information

Date: _____

Name _____

Date of Birth _____ Place of Birth _____

Is your child presently enrolled in a school setting? Yes _____ No _____

Name of School _____

Address _____

Phone _____

Teacher's Name _____

Does your child have any special academic needs? Yes _____ No _____

Please explain _____

Does your child take any medication to help focus in the classroom?
Yes _____ No _____

Please explain (optional): _____

I give Sacred Heart School permission to contact my child's current teacher.
Yes _____ No _____

Parent Signature(s) _____ Date _____

Parent Name(s) *Please Print* _____