



HOME SCHOOL UNIVERSITY

Student Information Form – 2010/2011

Student's First Name: _____ **Last Name:** _____

Student prefers to be called: _____

Gender: M F Date of Birth: ____/____/____ Age: _____ Entering Grade: _____

Allergies or Medical Conditions: _____

1. Please describe all previous instruction that this child has received. (List most recent first)

School Name

Grade Levels

Type of Instruction

School Name	Grade Levels	Type of Instruction
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Has your son or daughter had any behavioral or disciplinary problems during their previous schooling history, whether at home or in a group setting? Y N

If yes, please explain: _____

3. Please describe this child. What are his/her strengths? Weaknesses?

4. It is important that we be informed of any learning challenges or disabilities that your child may have. Has he/she been tested and/or diagnosed with any learning disability and/or processing disorder? Please share below. (We are not looking to "label" your child, but we do want our teachers and staff fully informed so that we can best instruct and encourage your student appropriately. We will be happy to discuss this further with you at your convenience.)

5. Does this student have a personal relationship with Jesus Christ? Y N

Comments: _____
