



# Indiana Conference of Seventh-day Adventists®

## New Student Interview

<b>School</b>	
<b>Name of Student</b>	
<b>Date of Birth</b>	
<b>Name of Immediate Past School</b>	
<b>Address (Street, City, State, ZIP)</b>	
<b>Principal</b>	
<b>Most Recent Teacher</b>	
<b>How many schools has your child attended since first grade?</b>	
<b>Reason for leaving the two most recent schools</b>	1.  2.
<b>Last Grade Completed</b>	
<b>Current Grade</b>	
<b>Has your child ever been retained?</b>	<input type="checkbox"/> Yes – when and where?  <input type="checkbox"/> No
<b>Has your child ever been home schooled? If yes, what grades?</b>	<input type="checkbox"/> Yes – Grades: _____  <input type="checkbox"/> No
<b>General Achievement Level (as indicated by most recent achievement tests or grades)</b>	<input type="checkbox"/> Below Average <input type="checkbox"/> Average Above <input type="checkbox"/> Average
<b>What learning problems does this child have?</b>	

<b>Has the student been placed in special education previously?</b>	<p><input type="checkbox"/> Yes – If yes, please indicate:</p> <p>Tested by whom? _____</p> <p>Where? _____</p> <p>When? _____</p> <p>Type of special ed placement:</p> <p><input type="checkbox"/> Mainstream with accommodations / modifications</p> <p><input type="checkbox"/> Pull-out (isolated classes)</p> <p><input type="checkbox"/> Resource (less than ½ of school day)</p> <p><input type="checkbox"/> Special Day (more than ½ of school day)</p> <p><input type="checkbox"/> No</p>
<b>Does your student have an IEP?</b>	<p><input type="checkbox"/> Yes – If yes, please indicate:</p> <p>Accommodations indicated:</p>    <p>Modifications indicated:</p>    <p><input type="checkbox"/> No</p>
<b>Has your child ever been in a gifted and talented program.</b>	<p><input type="checkbox"/> Yes – If yes, please explain:</p>         <p><input type="checkbox"/> No</p>

<p><b>Does your child take prescription medication?</b></p>	<p><input type="checkbox"/> Yes – If yes, please indicate:</p> <p style="padding-left: 40px;">Name of medication:</p> <p style="padding-left: 40px;">Frequency of medication:</p> <p><input type="checkbox"/> No</p>	
<p><b>Has your child been:</b></p>	<p>Suspended:</p> <p><input type="checkbox"/> Yes – please explain:</p> <p><input type="checkbox"/> No</p>	<p>Expelled:</p> <p><input type="checkbox"/> Yes – please explain:</p> <p><input type="checkbox"/> No</p>
<p><b>Parent / Guardian Certification</b></p>	<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 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>I give permission and consent for you to receive copies of all school records, including special education records.</p> <p>_____</p> <p>Parent / Guardian's Signature <span style="float: right;">_____</span> Date</p> <p>_____</p> <p>Parent / Guardian's Signature <span style="float: right;">_____</span> Date</p>	