



(360) 352-1831

NEW STUDENT INTERVIEW FORM

This form is to be filled out for all new students requesting admission to Olympia Christian School.

Date _____

Name of Student _____ Date of Birth ____/____/____

Father's Name _____ Mother's Name _____

With whom does the child live? _____

Primary Language _____ Family Religion _____

Grade next fall _____ How many schools has your child attended since 1st grade? _____

Name of immediate past school _____

Address _____ Phone number () _____

Name of Principal _____ Most recent teacher _____

Reason for leaving the two most recent schools _____

Has your child ever been retained? Yes ___ No ___ If yes, when and where? _____

Has your child ever been home schooled? Yes ___ No ___ If yes, grade level(s) _____

Has your child been suspended? Yes ___ No ___ Dismissed? Yes ___ No ___

If yes, please explain _____

General Achievement level (as indicated by most recent Standardized Achievement test):

Below Average _____ Average _____ Above Average _____

Has the student been placed in special education previously? Yes ___ No ___

If yes, fill in the following information: Tested by _____

Where _____ When _____ Placement _____

What specific problems does this child have? _____