



Indiana Conference of Seventh-day Adventists®

New Student Interview

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

<p>Does your child take prescription medication?</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>Has your child been:</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>Parent / Guardian Certification</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 _____ Date</p> <p>_____</p> <p>Parent / Guardian's Signature _____ Date</p>	