

Additional Information

Has your child(ren) ever received special educational services? IEP 504 Plan Title 1

If so, please indicate the area(s) addressed:

Other educational concerns (speech, behavioral, learning disabilities, etc.) – if none, please write NONE.

Does your child(ren) take any regular medication? Please explain.

Does your child(ren) have any allergies, especially food allergies? Please explain.

Recent School Information

(Most Recent School Attended)	(Address)	(Phone #)
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For students in grades 1 – 6, list the name and phone number of two teachers who know your child.

Teacher: _____ Child: _____ Phone: _____

Teacher: _____ Child: _____ Phone: _____

Hope Lutheran School does not discriminate on the basis of race, color, nationality, or ethnic origin.

Hope Lutheran School does not guarantee admission to any applicant. We recognize that some students have special needs that we cannot meet. In such cases we may not be able to enroll these students.

Hope Lutheran School retains the right to suspend services or withdraw enrollment of any student whose behavior compromises or disrupts the learning environment of other students.

(Father's Signature or Legal Guardian)

(Date)

(Mother's Signature or Legal Guardian)

(Date)