

Who has legal custody over the child? _____

List any significant personal or educational accomplishments your child has had in the past three or four years :

List your child's special interests and abilities: _____

Does your child belong to any organization such as National Honor Society (NHS), Junior NHS, Boy Scouts, Student Council, a sport affiliation, other ? :

Has your child skipped or repeated any grade? yes _____ no _____

If yes, what grade and for what reason _____

Does your child have any physical limitations? yes _____ no _____

If yes, please specify: _____

Has your child ever shown any difficulty in academic areas? yes _____ no _____

If yes, which area ? : _____

Did your child have special assistance within any school in which he/she studied before? yes _____ no _____

If yes, please specify (*example: individual assistance in the classroom; small group instruction; modified testing or modified assignments; special academic planning or individual education plans*) _____

Has your child ever been recommended and received an individual evaluation (educational or psychological) within the school setting or privately ? yes _____ no _____

If yes, please state in general terms the major findings : _____

Date of evaluation _____

Has your child received or is your child presently receiving special assistance outside of school? yes _____
no _____

Please check type of assistance if applicable:

Speech Therapist ____ Learning Disabilities Specialist ____ Psychologist ____ Neurologist ____ Tutoring ____

Other (please specify) _____

Are there any unusual or personal circumstances that have affected your child's life?

Please feel free to make an appointment with the Counselor to discuss any of these issues.

I (we) declare that I (we) answered this questionnaire truthfully and completely. I (we) understand that withholding information deemed pertinent to the student's educational needs may result in termination of educational services. I also understand that completion of this form does not guarantee or hold a position for my child. I give Nido de Aguilas permission to contact any of the schools or associated professionals listed in this student's academic history.

Nido de Aguilas school reserves the right to have a student withdrawn at any time it is deemed by the administration, to be in the best interest of the student or of the school.

Date ____/____/____
month day year

Parent's Name _____

Parent's signature _____