



**Faith Lutheran Jr./Sr. High School**  
**Special Concerns**  
**2010-2011**

Student's Name: \_\_\_\_\_

Grade Applying for: \_\_\_\_\_

Please answer all of the following questions. Having a special concern will not in itself disqualify your student from attending Faith Lutheran. However, in order to make appropriate enrollment decisions and to know whether we can serve the needs of your student, please complete this form as thoroughly as possible.

Yes  No  Does your student have or has your student had an IEP (individual education plan)?  
If yes, what year was the plan written? \_\_\_\_\_  
Date of anticipated retesting: \_\_\_\_\_

Yes  No  Does your student have (or had in the past) a 504 Plan? When written? \_\_\_\_\_

Yes  No  Has your student ever received special education services? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes  No  Has your student ever been referred for special education testing? If so, please explain: \_\_\_\_\_

Yes  No  Has your student had any previous problems with attendance (extended absences, tardies, truancy, chronic illness)? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes  No  Has your student received any detentions, suspensions, or expulsions? If yes, please explain: \_\_\_\_\_

Yes  No  Has your student ever been asked to withdraw from a school? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes  No  Has your student had any history of drug or alcohol abuse? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes  No  Has your student had any prior involvement with gangs? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Yes  No  Has your student had any involvement with the justice system (juvenile or criminal)? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Yes  No  Has your student undergone counseling (pastoral or professional) for any reason? If so, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Yes  No  Does your student have a health condition that may affect his or her ability to learn? Examples would include, but are not limited to, attention deficit disorder, hearing or Vision impairments, mood disorders, etc. If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Yes  No  Does your student have a health condition that will require accommodations in the classroom? Examples would include, but are not limited to, diabetes, seizure disorders, gastrointestinal disorders, orthopedic issues? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Yes  No  Are there any other factors in your student's life about which we should know to help us provide the best possible education? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Failure to tell the truth during the admissions process or failing to disclose factors that may impact your student's education at Faith are sufficient grounds to deny admission or may subject your student to expulsion per school policy. Students utilizing the resource services are subject to fees ranging from \$100 - \$300 per semester depending on the level of services required. Please acknowledge that you have read and understand this policy by signing below.

Applicant: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Office Notes:

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