



Sierra Lutheran High School Special Concerns 2010-2011

Please answer all of the following questions. Having a special concern will not in itself disqualify your student from attending Sierra 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.

Student's Name: _____

Grade Applying for: _____

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 Is your student taking any medications on a daily, regular, ongoing basis? (medications for depression, A.D.D. etc.) If so, please explain: _____

Yes No Are there any other factors in your student's life about which we need to know to better serve you and your student? (Prior pregnancy, sexual activity, suicidal thoughts / attempts...) If so, please explain: Or write down that you would like to speak to the principal. _____

Failure to tell the truth during the admissions process or failing to disclose factors that may impact your student's education at Sierra Lutheran are sufficient grounds to deny admission or may subject your student to expulsion per school policy. Please acknowledge that you have read and understand this policy by signing below.

Applicant: _____ Parent/Guardian: _____ Date _____

Office Notes: See Attached. _____