

NEW STUDENT FORM

STUDENT'S FULL NAME _____

DATE OF BIRTH: _____ GRADE _____ ID# _____

LAST SCHOOL ATTENDED _____

DATE LEFT: _____

IN HIS/HER PREVIOUS SCHOOLÉ

DID THE STUDENT RECEIVE ANY OF THE FOLLOWING SERVICES?

___ CORRECTIVE READING

___ RESOURCE

___ CORRECTIVE MATH

___ SPECIAL EDUCATION

___ SPEECH/ LANGUAGE

___ GIFTED/TALENTED

___ ADAPTIVE PHYSICAL EDUCATION

___ ACCELERATED CLASSES

___ OTHER _____

HAS THE STUDENT EVER REPEATED A GRADE? _____ WHICH GRADE? _____

- | | | | |
|----|--|-------------|------------------------------|
| 1. | What language(s) is spoken in the student's home or residence? | ___ English | ___ Other _____
(specify) |
| 2. | What language(s) is spoken most of the time to the student in the home or residence | ___ English | ___ Other _____
(specify) |
| 3. | What language(s) does the student understand? | ___ English | ___ Other _____
(specify) |
| 4. | What language(s) does the student speak? | ___ English | ___ Other _____
(specify) |
| 5. | What language(s) does the student read? | ___ English | ___ Other _____
(specify) |
| 6. | What language(s) does the student write? | ___ English | ___ Other _____
(specify) |
| 7. | In your opinion, how well does the student understand, speak, read, and write English? | | |

Very Well

Only a little

Not at all

Signature

Date