



LA SIERRA ACADEMY JUNIOR HIGH
Courage, Excellence, Faith, Honor, Justice and Truth

NEW STUDENT INFORMATION
2009-2010

Student Name: _____ **Date:** _____

PREVIOUS SCHOOL INFORMATION

School Last Attended: _____ **School Telephone:** _____

Address of School: _____

Former Teacher's Name: _____ **Former Principal's Name:**

Reason(s) for transferring to La Sierra Academy Junior High: _____

STUDENT HISTORY

To help identify the educational needs of the students and help us better plan throughout the year, please complete the following:

1. Has your child had any special services? (Speech Therapist, Guidance Counselor, Special Education, etc.)
2. Is your child having any identified learning problems? Please explain.
3. Has your child had special testing (by a School Psychologist)? If yes, when?
4. Does your child take medication for ADD or ADHD?
5. Has your child ever been recommended or placed in a special education class? If yes, when?
6. Is there a court order or legal information we need?
7. Is there other information you feel would be helpful to our school regarding your child?