



Fourth Street School

School Enrollment Form

2012-2013

Student's Name: _____ Date of Birth: _____

Parent's Name: _____ Student's Grade 2012-2013: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ M/W: _____ F/W: _____ Alt. Numbers: _____

Mom's Place of Employment/Occupation _____

Mom's Email Address _____

Dad's Place of Employment/Occupation _____

Dad's Email Address _____

2011-2012 School: _____ 2011-2012 Grade: _____

Primary Teacher or Counselor: _____ Phone: _____

Referral Source to our school: _____ Phone: _____

Has your child received previous psychological or academic testing? _____

If so by whom: _____

Private Counseling? _____

Does your child take any medications? _____

If so, what? (Please indicate dosage): _____

Who is the prescribing physician? _____ Phone: _____ Fax: _____

Pediatrician: _____ Phone: _____ Fax: _____

Allergies: _____

Other members of your household and ages:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other adults (besides those listed above) who might pick your child up from school: (name and relationship):

_____	_____
_____	_____

Continued on back

Does your child have a particular learning difference of which you are already aware?

If so, what or in what area(s)?

Did your child receive any special services from the current school or previous schools? (i.e. Special Education, Speech Therapy, etc.)

What other strategies, if any, have already been tried for your child?

What 3 areas would you like to see addressed most intently by the Fourth Street School program for your child during the next academic year? (Please rate or check 3)

- | | |
|---|---|
| <input type="checkbox"/> Increased self-esteem | <input type="checkbox"/> Appropriate response to authority |
| <input type="checkbox"/> Motivation to learn | <input type="checkbox"/> My/ Our understanding of his/her problem |
| <input type="checkbox"/> Academic Improvement | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Social/Behavioral Skills | <input type="checkbox"/> Other Please describe _____ |

Are you interested in carpooling? Yes No Maybe

Would you like to include your names, address, and phone(s) on a roster for all school parents?

Yes No

If yes, please complete the PTO Student Roster included in this packet.

Other information you would like us to know about your child:

