

School Year: _____

STUDENT INFORMATION

Legal Name: _____ Grade Entering: _____
First Middle Last

Nickname(s): _____ DOB: _____ Male Female
Month Day Year

Address: _____
Street Address City State Zip Code

Church: _____
Name City

Copy of birth certificate required.

PREVIOUS SCHOOLS

School Name	Location (City/State)	Dates Attended

*Previous school records will be requested. An **EARLY CHILDHOOD SCREENING IS REQUIRED** for kindergarten. If homeschooled (and at least age 7 on October 1), annual standardized testing results are required.*

Has student been placed on probation, suspended, or expelled from any school? If yes, please explain.

Has student had any failing grades in the past two years? If yes, please explain.

Has student ever been recommended for an evaluation? If yes, please explain.

Does student have (now or in the past) an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), 504 Plan, or psychological evaluation?

Yes No *If yes, a copy must be included with this registration.*

OVER >>>

NEW STUDENT REGISTRATION CONT'D

Does student have any physical, mental, and/or emotional disabilities or struggles that may affect his/her activities or progress at school? If so, please explain.

Yes No

Does student have any allergies, take medication, and/or have any other health concerns of which we should be aware? If so, please explain.

Yes No

Please include anything else you feel we should know about student in order to teach and/or discipline him/her effectively.

We/I understand the importance of providing accurate information in order to determine if Hollandale Christian School will be able to meet the educational needs of my child. We/I hereby certify that the above answers are truthful and complete:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

QUESTIONS?

Contact the school office at
(507) 889-3321 or
info@hollandalechristian.org

RETURN TO:

Hollandale Christian School
203 Central Avenue South
Hollandale, MN 56045