

*Please complete one form for each student applying to Schola for the FIRST time.*

<b>Student Information:</b>		
Name	Age	Grade
<p>Schola does not have instructors trained to handle students with learning disabilities or behavioral issues, and the nature of homeschool classes (few class meetings and significant independent work) is often not a good fit for these students.</p> <p>In the best interest of your child, please answer the following questions candidly so we can discuss these issues with you to determine if Schola will be able to help your student to be successful.</p> <p><b>This information is for Schola teachers and administrators only and will be kept strictly confidential.</b>  <b>All fees will be returned if it is determined that Schola is not a good fit for your student.</b></p> <p>Indicate and explain if your child has:            ___ been referred for testing or placed in a special program: _____            ___ required special help or tutoring: _____            ___ repeated a grade: _____            ___ been suspended or expelled from school: _____            ___ been diagnosed or treated for Asperger's, dyslexia, autism, ADD, ADHD, or any learning disability: _____            ___ struggled with emotional or behavioral problems: _____</p>		
<b>Academic Background:</b>		
<p>Briefly summarize your student's previous studies and list any outside classes taken in each subject.</p> <p>English:</p>   <p>History:</p>   <p>Science:</p>   <p>Math:</p>   		
<b>Parent Goals:</b>		
<p>As parents, what are your goals for your student's participation in Schola classes?</p>       		

Office Use Only:  
 Gibson     Harger     Hart     Kilburn     Kirby     Kisiel     Nagorski     Samuelsen     Vickrey     Zimmerman