



## K-8 Student Information Form

**A note to parents: The purpose of this questionnaire is to help the School Board decide if Trinity Lutheran in Lombard can appropriately meet the needs of each applicant. All information furnished by parents/guardian will be kept in strictest confidence.**

1. How did you first learn about Trinity Lutheran and what prompts you to seek admission for your child? (Please attach separate page if needed)

---

---

---

2. Please check the quality that is most important to you in regards to your child’s education, check expectations you have for his/her school experience, and then check aspects of your child’s learning style. What is/are your child’s learning style(s)?

Course Importance

- Language Arts
- Math & Science
- Art & Music
- Social Studies

Educational Expectation

- Spiritual Growth
- Creative Growth
- Ability to Problem Solve
- Ability to work with others

What is/are your child’s learning style(s)?

- Independent
- Social
- Visual
- Logical
- Auditory
- Physical
- Verbal

3. Has your child ever skipped or repeated a grade?  Yes  No

If so, please indicate the grade(s) skipped and/or repeated. You may include additional documentation.

---

---

4. Has your child ever been suspended or expelled from school?  Yes  No If yes, please describe.

---

---

5. Has your child been tested by a learning specialist, child study team, or other trained evaluator during the past five years?  Yes  No

If yes, please furnish a copy of the testing report. Trinity Lutheran School 1165 Westmore-Meyers Road Lombard, IL

6. Has your child received any special academic support either inside or outside her/his current school program during the past three years?  Yes  No If yes, please describe. You may include additional documentation.

---

---

7. Does your child have a speech impediment or any speech-related challenges?  Yes  No

If yes, please describe.

---

---

8. Does your child take any medication(s) regularly?  Yes  No

If yes, please list each medication and the purpose for which it is taken.

---

---

9. Has your child's present school program made any special accommodations for your child?

Yes  No If yes, please describe.

---

---

10. Are there any other concerns that would affect educational performance?  Yes  No

If yes, please describe.

---

---

11. Are there any concerns in the areas listed below that may impact academic performance? Please describe on the line provided

Social

---

---

Emotional

---

---

Behavioral

---

---

Family

12. Are you enrolling all of your elementary school-age children in Trinity Lutheran School?  Yes  No If not, please explain the reason(s) for this decision.

---

---