

TEMPLE CHRISTIAN SCHOOL

Learning Support Services STUDENT ENROLLMENT



Student Name: _____

Grade _____

Mother: _____

Father: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Diagnosed disability or learning difference(s): _____

(please attach current medical or educational diagnosis documents)

Does student currently have: _____ IEP _____ 504 Plan Since: _____

Please list any accommodations your child is currently receiving, or is qualified to receive:

Please complete the following and return to Temple Christian School:

1. Enrollment Form *with signed Acknowledgement & Consent*
2. Parent Questionnaire (from both parents, *if applicable*)
3. Student Questionnaire
4. Copy of current (within 3 years) medical or educational diagnosis (*Must not contain redactions and must have diagnosis indicated on the report. This report should also contain a list of medical or academic accommodations as recommended by the medical provider.*)
5. Copy of current accommodations and/or modifications from previous school (*if applicable*)
6. Anything else you feel is important to share regarding your child's learning

TEMPLE CHRISTIAN SCHOOL

Learning Support Services ACKNOWLEDGMENT & CONSENT



Student: _____

Grade _____

We, student and parent(s), understand that:

- specific learning suggestions, accommodations, modifications, and/or an *Academic Plan for Success* may be made and are in the best interest of the student for successful learning at Temple Christian School.
- it is the student's responsibility to do his or her class work, homework and study for tests/quizzes to the best of his or her ability - possibly with help.
- the student will be supported to succeed within the established TCS curriculum.
- **HS students** meet during *activity period*; **MS students** meet during *study hall* or *after school*
- continual disruption in LSS class (study hall/activity period) may result in removal from their scheduled LSS class with other students. Removal from the scheduled LSS class period will require the student to work directly with the LSS supervisor on their own time.
- all student information will be considered as **confidential** and will only be shared with administration or teachers who have an educational "need-to-know" regarding the student's best interests.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____