



NEW HOPE-SOLEBURY SCHOOL DISTRICT
NEW STUDENT INFORMATION FORM

_____/_____/_____
Student's Name Birthdate Grade

Person Completing This Form Relationship to Child

Previous School Number of Years Attended

Street Address of Previous School City State Zip Code

List Other Elementary Schools Your Child Attended, and the City & State Where They're Located Below:

Describe your child's strengths and weaknesses and needs in each category. Be sure to include any special help/enrichment your child has received, and the duration and nature of the service.

Reading:

Writing:

Math:

Social/Behavioral/Peer Relations in the Classroom:

Social/Behavioral/Peer Relations in Other School Environments:

Nonacademic Services (Please specify in school or private)

Speech and Language Services:

Occupational Therapy:

Physical Therapy:

Adaptive Physical Therapy:

Guidance Counselor Intervention/Support:

Other:

Has your child been evaluated by the school psychologist, an outside psychologist, or therapist? Please explain.

If yes, please indicate: I have attached the results Evaluation results will be forwarded with my child's other school records.

Any additional information you would like us to know about your child:

Thank you so much for your cooperation. Our goal is to help your child have the easiest transition into our school community! Please don't hesitate to contact us with your questions and/or concerns.