

# TRINITY-ST. JOHN LUTHERAN SCHOOL

680 West Walnut St. Nashville, IL 62263

Website: tsjlutheran.org Phone: 618-327-8561 E-mail: principal@tsjlutheran.org

## 1-8 Student Profile

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

			Comments, if applicable
Has your child repeated a grade?	Yes	No	
Has your child received tutoring?	Yes	No	
Has your child participated in a special learning program?	Yes	No	
Has your child participated in a talented and gifted program?	Yes	No	
Has your child received special honors or awards?	Yes	No	
Has your child experienced learning difficulties in reading?	Yes	No	
Has your child experienced learning difficulties in math?	Yes	No	
Has your child experienced discipline problems?	Yes	No	
Has your child ever been suspended or expelled from school?	Yes	No	

What are your child's academic strengths?

\_\_\_\_\_

In what academic areas may your child need some help and encouragement?

\_\_\_\_\_

Please describe your child's social maturity and personality:

\_\_\_\_\_

Have there been any situations in the student's life which the school should know about in order to meet his or her learning or developmental needs? (e.g. frequent moves, frequent changing of schools, family situation, etc.)

\_\_\_\_\_

List your child's hobbies, interests and extra-curricular abilities outside of school (include any awards):

\_\_\_\_\_

Are there any medications or limitations your child has of which we need to be made aware?

\_\_\_\_\_

Physical health (including any allergies and/or restrictions):

\_\_\_\_\_

## Medical/ Emergency Information

Student's Name: \_\_\_\_\_

Please list in order of preference the persons and phone numbers we should call if your child is sick or injured. (include yourself)

Name	Primary Phone #	Secondary Phone #	Relationship
1.	circle: home/ work/ cell	circle: home/ work/ cell	
2.	circle: home/ work/ cell	circle: home/ work/ cell	
3.	circle: home/ work/ cell	circle: home/ work/ cell	
4.	circle: home/ work/ cell	circle: home/ work/ cell	
5.	circle: home/ work/ cell	circle: home/ work/ cell	

Child's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician's Office Address: \_\_\_\_\_

Are there any allergies the school should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Please list any physical conditions of which T-SJ should be aware (asthma, diabetes, seizure disorder, previous concussion, etc.):

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name(s) of people that have permission to pick your child up from school:

1. \_\_\_\_\_ relationship: \_\_\_\_\_

2. \_\_\_\_\_ relationship: \_\_\_\_\_

3. \_\_\_\_\_ relationship: \_\_\_\_\_

Will your child need bus transportation: to school? \_\_\_ Yes \_\_\_ No from school? \_\_\_ Yes \_\_\_ No

If yes, please give direction to the house from T-SJ or write, "Sibling(s) has/have ridden bus in the past."

\_\_\_\_\_  
\_\_\_\_\_