Helendale School District
Student Background Information

1. Student Grade: _____
2. Has your child ever been expelled, dismissed, or asked to leave another school?

   Yes _____ No _____ If yes, please state the district/school _____

   Reason altercation occurred _____

   Date altercation occurred _____
3. Did your child receive any of the following special assistance at his/her last school? If not, go to question 4.

   □ Help to improve attendance

   □ Bilingual Services

   □ Title 1 Services

   □ 504 Accommodations

   □ Special Education (RSP, SDC, Speech)

   □ Help to improve behavior

   □ Counseling

   □ Tutoring

   □ Other: _____
4. Is your child under the care of a specialist? (i.e. Medical doctor, vision/hearing specialist, psychologist, psychiatrist, clinic, speech/language specialist, etc.)

   Yes _____ No _____ If yes, please state _____
5. Is your child on medication?

   Yes _____ No _____ If yes, please state _____
6. Has your child ever been retained (held back)?

   Yes _____ No _____ If yes, state grade _____

Print Student's Name

_____

Parents signature

_____

Date

_____