

STUDENT'S PERSONAL INFORMATION

Please complete the following information regarding the schools the student has attended:

<u>Name of school</u>	<u>Address</u>	<u>Dates attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician _____ Phone # _____

Does the student take any medication? YES NO
Please explain _____

Has this student ever had disciplinary difficulties in school? YES NO
Please explain: _____

Has this student ever been expelled or suspended from school? YES NO
Please explain: _____

Has this student ever been in trouble with the law, arrested, etc.? YES NO
Please explain: _____

Has this student ever used tobacco, alcohol, or illegal drugs? YES NO
Please explain: _____

Please tell why admission to LaSalle-Peru Christian School is desired:

Father's Signature _____ Date _____
Mother's Signature _____ Date _____