



P.O. Box 430, DeMotte, IN 46310
219.987.3721 | demottechristianschools.org

STUDENT INFORMATION FORM

Date ____/____/____

This sheet must be filled out completely by the principal, counselor or homeroom teacher. *This is a confidential report about the child named below seeking to enroll at Covenant Christian High School or DeMotte Christian School. Please return this completed report to DeMotte Christian Schools, Inc.*

Name _____

Date of Birth: ____/____/____

Number of years this student has attended your school: _____

ATTENDANCE RECORD:

How many days was this student absent/tardy in the last year? ____/____

Were the absences: routine ____ unusual ____ extraordinary ____

ACADEMIC RECORD:

Rate the following categories (if applicable):

Overall Ability Superior Above Average Average Below Average Inferior

Math A B C D F Reading A B C D F

Science A B C D F Language A B C D F

Social Studies A B C D F Spelling A B C D F

Homework/daily assignment

Satisfactorily Completed Late Messy Incomplete Lost Incorrect

Are there any **diagnosed learning disabilities**? _____ If yes, does this child have an IEP? If so, what type of IEP is it (language, learning, etc.)? What services does this child receive outside the classroom? In what subject areas and for how long each day? Has this child ever repeated a grade? Please explain: _____

Any **suspected learning difficulties**? _____ If yes, has this child ever received instruction or support services outside the classroom, e.g. resource room, Title 1, reading intervention, etc.? Are there any subject areas that are particularly difficult for this child? What is their greatest academic strength? What is their weakest? Please explain: _____



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[For home school student: attach most recent standardized test results.]

SOCIAL RECORD:

Relationships with peers in classroom: (circle all that apply)

Happy
Supportive
Competitive

Helpful
Respectful
Argumentative

Strained
Productive

Comments _____

Relationships with peers outside the classroom (playground if applicable): (circle all that apply)

Happy
Supportive
Competitive

Helpful
Respectful
Argumentative

Strained
Productive

Comments _____

Relationship with teachers and other authority figures (circle all that apply)

Respectful
Disrespectful

Compliant
Rude

Polite
Argumentative

Comments _____

Were there any discipline problems, e.g. detentions, suspensions, expulsion?

Yes _____ No _____

If yes, please explain: _____

ADDITIONAL COMMENTS: (Include any information not covered above that relates to this student.)



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SCHOOL INFORMATION

Name _____

Address _____

Telephone (____) _____

Name of Person completing this form: _____

Title: _____

Phone number and time/date for when this person is available now or during summer.

Please return this completed form to:

DeMotte Christian Schools, Inc. Attention: Mr. Clarence Oudman, Superintendent
P. O. Box 430, DeMotte IN 46310
secretary@dmcs-in.org
Phone: (219) 987-7651 FAX: (219) 987-3724