



ADDITIONAL STUDENT INFORMATION (FORM D)

**ST. JOHN THE EVANGELIST CATHOLIC SCHOOL
240 ARNOLD STREET
HAPEVILLE, GA 30354
(404)767-4312**

**HAS YOUR CHILD BEEN TESTED BY ANOTHER
ARCHDIOCESAN CATHOLIC SCHOOL?**

Yes

No

If yes, where? SCHOOL NAME _____

DATE _____

Has your child ever been tested for any of the following:

Learning Disabilities: _____ Yes _____ No Place _____

Date _____

Speech/Language Disability: _____ Yes _____ No Place _____

Date _____

Attention Deficit Disorder: _____ Yes _____ No Place _____

Date _____

Hyperactivity: _____ Yes _____ No Place _____

Date _____

Has medication been recommended/or prescribed for your child related to ADD/ADHD? ____ Yes ____ No

Doctor _____ Date _____

Is your child currently taking medication for ADHD? _____ Yes _____ No

If yes to any of the above, please attach a copy of all information obtained from these evaluations.

Is your child fully potty trained? (PK – K) _____ Yes _____ No

Are there any situations or pertinent information which we should know in order to further understand your child?
Please explain:

I have truthfully answered all of the above questions.

I have included all educational testing information and results concerning my child.

Printed Parent Name

Parent's signature

Child's name