

**Emmaus Lutheran School**  
8626 Covington Road, Fort Wayne, Indiana 46804  
Phone - 260.459.7722 Fax - 260.459.7766  
emmauslutheranfw.org kmartin@emmauslutheranfw.org  
**New Student Information**

\_\_\_\_\_  
*Student Last Name,*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Grade Next School Year*

\_\_\_\_\_  
*Date of Birth*

*Parents are asked to complete this form. The information given will be used discreetly to determine if Emmaus Lutheran School can adequately meet the needs of your child and then to effectively meet those needs.*

1. How did you learn of Emmaus Lutheran School?

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

2. What convinced you to enroll your child in our school?

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

3. Has your child been diagnosed with a learning disability? \_\_\_\_\_

4. Does your child have a formal Individualized Education Plan? \_\_\_\_\_

5. Please state and explain the nature and severity of the learning disability?

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

6. Please list any medical information, including any physical disabilities, medications, eye glasses, contact lenses, and hearing aids that the staff should be aware of.

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

7. Please list any other pertinent information that the staff should be aware of.

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

8. Will the student be using the extended care program? \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date