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Pre-Enrollment and Evaluation Permission Form

School Placement Evaluation

This signed form must be accompanied with a non-refundable \$25.00 assessment fee

Student's Name _____ Date of Birth _____

Grade Level for 2022/2023: **Kindergarten** Present Health _____

Any health issues/concerns _____

Pertinent Information regarding student's development _____

As a parent of an incoming Kindergartner, how would you evaluate your child's readiness for kindergarten?

- More than ready Somewhat ready Not ready at this time but hope they will be in the fall
 Not sure.

As a parent, what concerns do you have for your student's schooling? (Check all that apply)

- Anxiety Social Struggles Emotional Struggles Learning Difficulties Discipline issues
 Desire Christian Values/Teaching Other _____ none

Check all that apply:

- Corrective Lenses Hearing Loss Autism Spectrum Disorder ADD/ADHD
 Speech/Language Delay Motor Skills Delay Central Auditory Processing Disorder
 Other (please specify) _____

I give permission for my child, _____ to be evaluated by Trinity Lutheran School. This evaluation includes developmental and academic testing.

Parent/guardian Signature

Date

For office use only:

Evaluation Fee of \$25.00 paid by: Check Number _____, Cash _____, Other _____

Date Rec'd: _____ by _____