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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 \_\_\_\_\_ Present Health \_\_\_\_\_

Any health concerns \_\_\_\_\_

Pertinent Information regarding student's development \_\_\_\_\_

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

- Gaps in learning  Low test scores  Struggles in reading  Struggles in math  
 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 \_\_\_\_\_