

Registration Form B, Page 1

Please complete this page if "yes" is checked on any of the questions on the registration form regarding diagnosed learning disabilities (undiagnosed – please use page 2).
One form per student. Attach more information as needed.

Student Name: _____

May we share this information with your student's teacher(s)? YES No*

What learning disability has your child been diagnosed with, and how do you expect it to impact their academic / behavioral performance at Arrows Academy?

Accommodation request (be specific): *For example – assistance with note taking or extra time on tests.*

Accommodations, if any, utilized in the past:

Does your student have an IEP or 504 plan? If so, please attach. YES No

Student Name: _____

School Year: _____

Registration Form B, Page 2

Please complete this page if "yes" is checked on any of the questions on the registration form directing you to this form. One form per student. Attach more information as needed.

Please explain any questions marked "yes" on the registration for pertaining to: suspensions / expulsions, repeat of any grades, behavior difficulties or involved in illegal activities, unusual / current factors in your child's life that may impact their performance / behavior at school (i.e. absence of a parent, death or divorce, disability of a parent, adoption, etc), or other educational / behavioral or emotional concerns: