

**STUDENT NEEDS INFORMATION**  
**2010-2011**  
*(TO BE FILLED OUT BY PARENT/GUARDIAN)*  
*(Please print or type all information)*

Please return this form with student application and fee to DLHS no earlier than 2/12/10, 7:30 a.m.

**Student Name** \_\_\_\_\_ **Gender** M F **Grade Entering** \_\_\_\_\_  
*Please circle.*

Please fill out this sheet completely. If you need to share more information, contact the school counselor.

**CLASSROOM NEEDS**

Has your child ever had an educational evaluation? Yes No (other than the High School Placement Test)  
*Please circle. If Yes, please attach a copy of the evaluation.*

Has your child ever been identified as having any of the following?

ADD (Attention Deficit Disorder)	Yes	No	
ADHD (Attention Deficit Hyperactivity Disorder)	Yes	No	
Emotional Impairment/Disturbance	Yes	No	
Mental Impairment	Yes	No	
Bi Polar	Yes	No	
Depression	Yes	No	
Learning Disability	Yes	No	Name of Disability _____
Behavioral Disorder	Yes	No	
Gifted/Talented	Yes	No	Area of G/T _____
Physical Disability	Yes	No	

*If you answered YES to any of the above, submit a copy of a recent IEP and/or educational report with application.*

Has your child ever been in a special education program? Yes No If Yes, please explain:  
*Please circle.*

Has your child ever repeated a grade? Yes No If Yes, please explain:  
*Please circle.*

Has your child ever been expelled or suspended from school? Yes No If Yes, please explain:  
*Please circle.*

**MEDICAL NEEDS**

Please check any and all that apply to your child's health status.

_____ Asthma (or other respiratory ailment)	Triggers/Symptoms/Intervention
_____ Food Allergies (specify)	_____
_____ Medication Allergies (specify)	_____
_____ Other Allergic Reactions (specify)	_____
_____ Diabetes	_____
_____ Physical Disabilities/Impairment	_____
_____ Vision Problems or Glasses/Contacts	_____
_____ Other (specify)	_____

Call parent(s) if \_\_\_\_\_

Call 911 if \_\_\_\_\_

Special considerations for field trips \_\_\_\_\_

## MEDICAL AUTHORIZATION

### Authorization for Emergency Medical Treatment of a Minor

I, \_\_\_\_\_, being the parent or legal guardian of the child named on the opposite page, give my consent for emergency medical and surgical treatment of this minor by a licensed Colorado physician, hospital, or rescue squad should his/her condition so require it in my absence. I acknowledge that Denver Lutheran High School does not have any licensed medical personnel on staff, but I give the employees and agents of the school my permission to act in accordance with their best judgment and ability in any emergency situation. I hereby agree to release and indemnify the Colorado Lutheran High School Association of Denver, Colorado and its employees and agents from any and all claims or their liability relating to any injuries or damages to my child as a result of actions or failure to act regarding the specific illness, condition, or injury including any form of negligence.

Parent Signature \_\_\_\_\_

### Authorization for Students to Carry/Self-Administer Medication

I authorize my child to carry/dispense the following medication: \_\_\_\_\_

I release and hold harmless the Colorado Lutheran High School Association and its employees and agents and agree to take full responsibility for any application or misapplication of this medication.

Parent Signature \_\_\_\_\_

### Policy Authorization

Dear Parents and Student:

We consider the students to be unique gift of God to us, and it is our purpose to provide them with the opportunity to grow intellectually, socially, spiritually, culturally, and physically during their years at Denver Lutheran High School.

We do operate on the premise that the school has the authority and the responsibility to reprimand and discipline students if their conduct is unacceptable and when it interferes with the purpose for which the school exists. It may be necessary to suspend or even expel a student from school if the offense is serious, or dangerous, or if the student refuses to accept the discipline and instruction offered at Denver Lutheran High School.

- Denver Lutheran High School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its policies, grant programs, and other school-administered programs.
- Students are expected to leave within one half hour after school is dismissed unless they are involved in an after school activity. Denver Lutheran High School does not provide supervised after school care.
- There are times when pictures and videos are taken of students for public relations and yearbook purposes. Your signature below indicates that you give permission for Denver Lutheran High School and The Colorado Lutheran High School Association to use pictures and/or videos of your student for such purposes.
- Report cards, transcripts and diplomas will be given only if tuition and fees are fully paid, and there are no other outstanding obligations.
- I agree that any claim or dispute arising from or related to any matter, obligation, directive, claim, or commitment set forth in the Student Handbook, shall be settled by Biblically-based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation*.

We have read and agree with the policies as stated above. (Must have both parent and student signatures.)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date