



# All Saints School Admissions Questionnaire

**Note: Please complete this form for each child.**

**Child's Full Name:** \_\_\_\_\_

**Please tell us why you would like your child to attend All Saints School.**

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**Please list three (3) strengths you see in your child.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Do you have concerns with your child's learning or peer relationships.**

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**Does your child have a diagnosed learning difference:**            No            Yes

**If yes, what supports have been helpful. \* Student's current IEP and 504 plans do not transfer to All Saints School. We work with families to develop an Individual Learning Plan to support the student.**

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**Is there anything else you would like us to know about your child and/or family?**

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**Please submit this form to [admissions@allsaintsportland.com](mailto:admissions@allsaintsportland.com).**