



Application For **ADMISSION**

----- Applicant Information -----

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Male \_\_\_\_\_  
 Female \_\_\_\_\_ Diagnosis \_\_\_\_\_ Names and purpose of medications, if any \_\_\_\_\_

Current School \_\_\_\_\_  Public  Mainstream  With Pullout

Address \_\_\_\_\_ Phone \_\_\_\_\_  Private  Special Day Class

**CURRENT GRADE LEVELS IN:**

Language Arts \_\_\_\_\_ Math: \_\_\_\_\_ Science \_\_\_\_\_ Soc. Studies \_\_\_\_\_  
(Decoding) (Comprehension) (Writing)

**SERVICES CURRENTLY RECEIVED/NEEDED:**

OT  Speech & Language  Other, please specify \_\_\_\_\_  
 Slingerland  Social Skills \_\_\_\_\_

**TESTING:** Please list most recent test administered. Attach additional pages if needed.

Type of Test \_\_\_\_\_ Given By \_\_\_\_\_ Date Given \_\_\_\_\_  
Please enclose most recent test results

**IEP:**  Yes  No

Date of Most Recent IEP \_\_\_\_\_ IEP Recommended Placement \_\_\_\_\_

----- Parent/Guardian Information -----

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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# General Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City, State, or Country of Birth \_\_\_\_\_ Primary Language Spoken at Home \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

Student lives with:  Mother  Father  Both  Other: \_\_\_\_\_

Information about brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

# Parent Profile of Student

Which situations create stress for your child?

\_\_\_\_\_  
\_\_\_\_\_

How does your child cope with stress?

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's social interaction with peers.

\_\_\_\_\_  
\_\_\_\_\_

What are his/her social strengths/deficits:

\_\_\_\_\_  
\_\_\_\_\_

Describe his/her academic challenges:

\_\_\_\_\_  
\_\_\_\_\_

Please give any other information (e.g. are there/have there been any recent major stressors in student's life – separations, losses, moves, illnesses, etc.? What are his/her strengths, interests, talents, etc.?). Attach additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Relationship to Student

Date