__________ School Year

ENROLLMENT APPLICATION

STUDENT INFO

Child's Last Name: First Name: MI

Birth date: Current Age: Gender: ❍Male ❍Female

Street Address:

City: State: Zip Code: Telephone:

Program: ❍ Standard ❍ Resource ❍ Brain Labs ❍ Summer ❍Full Time ❍ Part Time

Last School Attended: Phone: Grade:

Does student currently have an: ❍IEP ❍504 Has student previously had an: ❍ IEP ❍ 504

Has Student received additional services: ❍OT ❍PT ❍ST ❍other:

HEALTH INFO

Physician's Name: Physician's Phone

Health Concerns/Diagnosis/Allergies:

Dietary Restrictions: ❍ None ❍Dairy Free ❍Gluten Free ❍ Casein Free ❍ Other:

Current Medications: ❍None ❍ Specify:

Past Medications: ❍None ❍ Specify:

Hearing Status: ❍ Good ❍ Not Tested ❍ Impaired ❍ Aids ❍ APD Tubes: ❍ Past ❍ Present

Vision Status:❍ Good ❍ Not Tested ❍ Impaired ❍ Glasses/Contacts ❍ VPD ❍ Vision Therapy

__________ School Year

FAMILY INFO

Student Lives with: ❍Both Parents ❍Mother ❍Father ❍P/T Mother &Father ❍Other: ________

Custody Arrangements: Please attach a current copy of any joint/exclusive custody agreements for this child.

Special Custody Issues: ____________________

Mother's Last Name: ____________ First Name: ____________ MI ____

Address: (if different) ____________________

Home Phone: ____________ Cell Phone: ____________ Work Phone: ____________

Email: ____________________

Employer: ____________ Occupation: ____________

Emp. Address: ____________ City: ________ State: ________ Zip: ________

Father's Last Name: ____________ First Name: ____________ MI: ____

Address: (if different) ____________________

Home Phone: ____________ Cell Phone: ____________ Work Phone: ____________

Email: ____________________

Employer: ____________ Occupation: ____________

List Siblings and Others Living in Home

Name: ____________ Relationship: ________ Age: ____ Grade: ____ School: ________

Name: ____________ Relationship: ________ Age: ____ Grade: ____ School: ________

Name: ____________ Relationship: ________ Age: ____ Grade: ____ School: ________

Name: ____________ Relationship: ________ Age: ____ Grade: ____ School: ________

EMERGENCY CONTACTS

Please list the name and number for two people who have agreed to be contact when both parents cannot be reached.

1)Name: ____________ Relationship: ____________ Phone: ____________.

2)Name: ____________ Relationship: ____________ Phone: ____________.

__________ School Year

DEVELOPMENTAL INFO

Pregnancy: ❍ Full Term ❍ Premature: # weeks ❍ Late: # of weeks Birth Weight: lbs oz

Delivery: ❍ No Complications ❍ Complications ______________________________.

____.

Surgeries/Hospitalizations: ______________________________________.

Development Stages: Please list age or EARLY – AVERAGE – LATE if you don't remember actual age

Rolling: ________ Sitting: ________ Crawling: ________ Was it cross crawl or some variation? ________.

Walking: ________ Eating Pureed Foods: ________ Eating "Cheerio" Type Foods: ________ Self Feeding: ________.

Babble: ________ First Words: ________ Phrases: ________ Potty Trained: ________ Dry at Night: ________ Dress Self ________.

Family History: Do any family members have a history of the following? ________.

Learning Difficulty: ______________________________________.

Dyslexia or Reading Problems: ______________________________________.

Obsessive Compulsive Disorder (OCD): ______________________________________.

ADD/ADHD: ______________________________________.

Anxiety: : ______________________________________.

Addiction: : ______________________________________.

Student Diagnosis/Condition	Suspected	Diagnosed	Medicated/Treated
ADD/ADHD			
Dyslexia / Reading Issues			
Anxiety			
Autism			
Cerebral Palsy			
Seizures			
Poor Balance/Coordination			
Delayed Language/Articulation Disorders			
Perfectionism			
Strong Fears			
Snoring/ Sleep Apnea			
Other:			

_________ School Year

STUDENT INTERESTS

Favorite Book: ______________________ Favorite Movie: ______________________.

FavoriteCharacter: ______________________ Favorite Activity: ______________________.

Favorite Color: ______________________ Favorite Animal: ______________________.

Foods: Favorite: ______________________ Dislikes: ______________________.

Dreams: ____.

Unique Qualities: ____.

Why are you looking for an alternative to Public/Traditional Private Schools?

____.

____.

How does your child currently occupy their time?

____

____.

Describe your experience raising your child:

____.

____.

____.

Attach Your Favorite Photo(s) HERE

__________ School Year

FIRST AID PRODUCT RELEASE

Dear Parents,

Occasions arise where your child may require first aid during the school day. For these occasions, our school's health office maintains a limited supply of first aid products. Please complete the following form and return it to the school office with enrollment package.

Child's Name:	Phone:
Birth Date:	Grade Level (16-17 School Year):

I/we give permission for the above named student to have first aid administered when deemed necessary.

Initial any/all items your child may receive.

Note: No medication may be given without parental consent and/or a doctor's order (if applicable).

Parent must also provide the medication. A medication consent form is available in the school office.

Initial below	First Aid Products	Initial below	First Aid Products
	Bacitracin Ointment *(antibiotic ointment for abrasions)*		**Petroleum Jelly** *(for chapped or dry lips)*
	Benadryl Cream/Gel *(itching)*		**Benzalkonium Chloride or Peroxide** *(antiseptic for abrasions)*
	Sterile Eye Wash *(Purified Water)*		**Ice Pack to be applied** *(bumps, bruises and sprains)*
	Sunblock Lotion *(if a child doesn't provide his/her own lotion)*		**Other:**

I authorize the Health Aide or individual designated by the Principal to be my agent to administer to my child the above noted first aid products.

Parent's Name:		Date:
Signature:		

NOTES TO SCHOOL