Attach photo of applicant

APPLICATION FOR ADMISSION

TODAY'S DATE: ____________________

Student Information

Legal Name: *(First, Middle, Last)*		Nickname:
DOB:	Age:	Social Security Number:
Home Street Address:		Apt. No.:
City:	State:	Zip:
Current School/Contact Person/Phone Number:	Current Grade:	Mid-Year Consideration? Yes ____ No ____
Current Status of Parent(s)/Guardian(s): ☐ Married ☐ Single Parent ☐ Widowed ☐ Domestic Partners ☐ Divorced (if divorced, please indicate which parent has legal custody of child: ☐ Mother ☐ Father ☐ Both)		
If parents do not live in the same household, with whom does the child reside?		
What concerns brought you to Aaron School? **How did you hear about our school?**		

Parent/Guardian Information

Parent/Guardian 1:

Name:		Relation to student: ☐ Mother ☐ Father ☐ Guardian ☐ Other:	
Home Street Address: ☐ (Check box if same as student)			
City:	State:	Zip:	Apt. No.:
Home Phone:	Work Phone:	Parent's Profession and Workplace:	
Cellular Phone:	Email Address:		

Parent/Guardian 2:

Name:		Relation to student: ☐ Mother ☐ Father ☐ Guardian ☐ Other:	
Home Street Address: ☐ (Check box if same as student)			
City:	State:	Zip:	Apt. No.:
Home Phone:	Work Phone:	Parent's Profession and Workplace:	
Cellular Phone:	Email Address:		

Persons in Household

Name:	Relation to student: □ Mother □ Father □ Guardian □ Step Parent □ Caretaker □ Other: □ Sibling (if sibling please provide Age:_____ School:_______________)
Name:	Relation to student: □ Mother □ Father □ Guardian □ Step Parent □ Caretaker □ Other: □ Sibling (if sibling please provide Age:_____ School:_______________)
Name:	Relation to student: □ Mother □ Father □ Guardian □ Step Parent □ Caretaker □ Other: □ Sibling (if sibling please provide Age:_____ School:_______________)
Name:	Relation to student: □ Mother □ Father □ Guardian □ Step Parent □ Caretaker □ Other: □ Sibling (if sibling please provide Age:_____ School:_______________)

Developmental and Medical History

Pediatrician____Phone_______________
____

Is your child adopted? ____________ Country of Birth _______________ Age at adoption____________

(If your child was adopted, please include as much developmental history as is known to you on a separate sheet.)

Were there any complications during pregnancy or birth or after?__________________________________ Was your child full term? Yes ☐ No ☐ If No, in what week was he/she born?_____ Weight ____________

Describe your child as an infant *(Check all that apply)*: Active ☐ Colicky ☐ Content ☐ Unresponsive ☐ Fussy ☐

At what age did your child?: Sit ____________ Walk ____________ Say first words ____________

At what age did you suspect your child had a developmental delay?
____
____

Does your child experience sleeping problems? Yes ☐ No ☐

If yes, explain____
__

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_____

Is your child toilet trained (**for K applicants only**)? _________ If no, please explain

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Describe your child's general health, including any recent illness, special medical problems, allergies or dietary restrictions.

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Is your child on medication? Yes ☐ No ☐

If so, name of medication? _______________________ Prescribing Physician__________________________

Does your child wear glasses? Yes ☐ No ☐ If yes, for what purpose?
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Does your child have frequent ear infections? Yes ☐ No ☐

Has your child had any surgical or medical procedures, i.e. adenoids or tonsils removed? Yes ☐ No ☐

If yes, explain

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Intervention History

Has your child received the following intervention services? (please check all that apply, past or present)

Psychiatric/Psychological Services ___ Academic Support __

Audiological/Hearing Service ___

Occupational Therapy ___

Physical Therapy ___

SEIT Services ____

Speech/Language Therapy ___

OTHER ___

PROMPT Therapy ___

Therapeutic Listening ___

Counseling Services ___

Peer/Social Skills Group ____

Cognitive Behavioral Therapy ___

Please list the therapists, frequency of treatment (including private and school sessions) and contact information:

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Has your child been evaluated/diagnosed? Yes ☐ No ☐

By whom and when?

____

Diagnosis____
____

I give representatives of Aaron School permission to speak to the professionals named above regarding my child's learning styles and progress.

Your name ____________________________________ Relationship to applicant __________________

Signature_____________________________________ Date____________________________________

School History *(Please list all schools attended)*

Name of School *Dates Attended*

Early Intervention ____________________________________

____

Preschool/Nursery ____________________________________

____

Kindergarten ____________________________________

____

Elementary ___________________________________

____

Middle School ____________________________________

____

High School ____________________________________

____

Did your child repeat a grade? Yes ☐ No ☐ Grade Repeated ____ Please explain

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Social and Emotional Development

How does your child respond to new situations?

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What is your child like at home? (Include activity level and relation to siblings)

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____

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Does your child have difficulty with transitions from one activity to another? Yes ☐ No ☐

Explain____

____

____

Does your child have frequent tantrums? Yes ☐ No ☐ How long do tantrums last?______________

Explain____

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Briefly describe your child's personality? What activities does he or she like best? What activities does he or she avoid? Please include his/her strengths, interests, talents and future goals for your child. Please feel free to elaborate beyond these qualities.

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Why are you applying to Aaron School for your child?

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If you are applying to the High School, what are your desired outcomes for your child following High School graduation?

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Who filled out this form? ______________________ Relationship to the applicant?

____

Thank you for taking the time to complete this application