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/Phone Number:	Current Grade:	Contact at Current School:	
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____

____

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

____

____

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

____

_____

_____

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? _____

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

_____

Intervention History

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

Psychiatric/Psychological Services ___

Audiological/Hearing Service ___

Occupational Therapy ___

Physical Therapy ___

SEIT Services ____

Speech/Language Therapy ___

Academic Support __

PROMPT Therapy ___

Therapeutic Listening ___

Counseling Services ___

Peer/Social Skills Group ____

Cognitive Behavioral Therapy ___

OTHER ___

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

_____

_____

_____

_____

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

_____

_____

Social and Emotional Development

How does your child respond to new situations?

_____

_____

_____

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

_____

_____

_____

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_____

_____

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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Why are you applying to Aaron School for your child?

_____

_____

_____

_____

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

_____

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

Thank you for taking the time to complete this application