



Elementary, Middle and High School Student

Application for Admission

PLEASE WRITE IN YOUR STUDENT'S GRADE. IF YOUR STUDENT IS NOT AT GRADE LEVEL, WRITE THEIR FUNCTIONING GRADE LEVEL IN THE SPACE PROVIDED.

Kindergarten _____ Elementary (1-5) _____ Middle (Grades 6-8) _____ High School (Grades 9-12) _____ Functioning Grade _____

For which school year are you seeking admittance? _____

Which academic program would benefit your student the most? (This will be reviewed with CEO for final determination)

_____ Gifted Program _____ Typical Program _____ Initial Bridges _____ Supportive Bridges _____ Intensive Bridges

STUDENT INFORMATION:

Child's Full Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____

Home Phone#1 _____ (Mother) Cell Phone #2 _____ (Father) Cell Phone #3 _____

Date of Birth _____ Age _____ Place of Birth _____

Social Security Number _____ Male Female

FAMILY INFORMATION:

Mother's Name _____

Mother's Email Address _____

Business Phone # _____ Mother's place of employment _____

Mother's level of education _____ Name of Degree (if applicable) _____

Father's Name _____

Father's Email Address _____

Business Phone # _____ Father's place of employment _____

Father's level of education _____ Name of Degree (if applicable) _____

Student lives with Both Parents Mother Father Other

Check any that apply Father is deceased Mother is deceased Parents are divorced/separated

Name(s) of stepparent(s) _____

Other children living in home:

Name

Age

School Attending

Please indicate name and address of anyone who should receive report cards if different from above address:

LEARNING AND BEHAVIORAL SURVEY:

Has your child ever been tested for learning and/or behavioral difficulties in the classroom?

Has your child been in a program that serves one of the following: If so, explain.

ADD _____

ADHD _____

BEH _____

LD _____

EMH _____

AG _____

AUTISM _____

Is your child being helped by a tutor or has been helped by a tutor in the past? _____

Has your child had any behavior problems in school? If yes, please explain. _____

Has your child ever been suspended, expelled, or held in detention? If yes, please explain. _____

Has your child ever used tobacco, alcohol or drugs? _____ Yes _____ No

MEDICAL AND EMERGENCY CARE INFORMATION:

Is child allergic to anything? No _____ Yes _____ If yes, what? _____

Is child currently under a doctor's care? No _____ Yes _____ If yes, for what reason? _____

Is the child on any continuous medication? No _____ Yes _____ If yes, what? _____

Any previous hospitalizations or operations? No _____ Yes _____ If yes, when and for what?

Any history of:

Significant Previous Diseases? No _____ Yes _____

Recurrent Illness? No _____ Yes _____

Diabetes? No _____ Yes _____

Convulsions? No _____ Yes _____

Heart Trouble? No _____ Yes _____

If others, what and when? _____

Is there anything significant we should know that might affect your child's physical or emotional well-being?
