



OFFICE USE ONLY

Reg Fee	_____
Date	_____
Check #	_____

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www.stellaracademy.org

APPLICATION FOR ADMISSION

SLINGERLAND SCREENING: DATE GIVEN _____

LAST NAME		FIRST		MIDDLE INITIAL	
				CITY/STATE	
HOME PHONE		BIRTHDATE		AGE-YRS MONTHS	

FATHER/GUARDIAN'S LEGAL NAME (LAST, FIRST, MIDDLE)			OCCUPATION		
EMPLOYER		EMPLOYER'S ADDRESS		CITY/STATE ZIP	
WORK PHONE/CELL PHONE		EMAIL ADDRESS			
MOTHER/GUARDIAN'S LEGAL NAME (LAST, FIRST, MIDDLE)			OCCUPATION		
EMPLOYER		EMPLOYER'S ADDRESS		CITY/STATE ZIP	
WORK PHONE/CELL PHONE		EMAIL ADDRESS			

# OF BROTHERS		AGES		# OF SISTERS		AGES	
IF THE CHILD DOES NOT LIVE WITH PARENTS WHO DOES HE/SHE LIVE WITH					TO WHOM SHOULD REPORTS BE SENT		

SCHOOLS ATTENDED			GRADES/YEARS		
SCHOOL PRESENTLY ATTENDING			PRINCIPAL		
GRADE		PHONE		TEACHER	
HAS YOUR CHILD BEEN PREVIOUSLY DIAGNOSED AS HAVING SPECIFIC LANGUAGE DISABILITY, DYSLEXIA, LEARNING DISABILITY?					
IF YES, BY WHOM?	NAME:	POSITION:		ADDRESS:	
HAS YOUR CHILD BEEN PLACED IN A SPECIAL ED CLASS?					
HAS YOUR CHILD BEEN PLACED IN A LEARNING DISABILITY GROUP?				ALL DAY?	HOURS PER WEEK?
WHO RECOMMENDED THAT YOU CONTACT THE STELLAR ACADEMY FOR DYSLEXICS?					
PLEASE STATE BRIEFLY YOUR REASONS FOR WISHING YOUR CHILD TO ATTEND THIS SCHOOL FOR SPECIFIC LANGUAGE DIABILITY CHILDREN.					

**DEVELOPMENT INFORMATION
 \ ABOUT THE CHILD TO BE SUPPLIED
 BY THE PARENT**

HAS YOUR CHILD EVER HAD ANY SERIOUS ILLNESS OR ACCIDENT?			
DID/DOES YOUR CHILD HAVE ANY DIFFICULTY PRONOUNCING WORDS?		EXAMPLE:	
IS YOUR CHILD BILINGUAL?		IF SO, WHAT LANGUAGE DID THE CHILD SPEAK FIRST?	
DOES YOUR CHILD HAVE SOME DIFFICULTY IN EXPRESSING HIS/HER SELF IN WORDS?			
DOES YOUR CHLD FOLLOW DIRECTIONS WELL?			
DOES YOUR CHILD APPEAR SLOW TO COMPREHEND DIRECTIONS?			
DOES YOUR CHILD APPEAR SLOW TO CARRY OUT DIRECTIONS?			
DOES YOUR CHILD ENJOY LISTENING TO STORIES?			
IS DISINTEREST AND/OR LACK OF ATTENTION SHOWN?			
APPROXIMATELY WHEN DID YOUR CHILD BEGIN TO WALK?			
IS YOUR CHILD CLUMSY OR AGILE?			
DOES YOUR CHILD PREFER VIGOROUS PLAY?			
HAS YOUR CHILD ALWAYS SHOWN HAND PREFERENCE?			
IF NOT, WHEN DID HAND PREFERENCE BEGIN TO SHOW?			
WHICH HAND IS USED NOW?		FOR EATING?	THROWING BALLS? FOR WRITING?
WHAT ACTIVITIES DOES THE CHILD PREFER?			
WHAT ACTIVITIES DOES THE CHILD AVOID?			
WHAT GRADE DID YOU BECOME AWARE OF YOUR CHILD'S DIFFICULTIES IN SCHOOL?			
IN WHAT AREAS OF ACHIEVEMENT DID YOUR CHILD HAVE DIFFICULTIES? (PLEASE CIRCLE)			
READING?	HANDWRITING?	SPELLING?	WRITTEN EXPRESSION? MATH?
IS THERE ANY LEFT-HANDEDNESS OR AMBIDEXTERITY IN RELATIVES OF THE CHILD?			
WHICH RELATED MEMBERS OF THE CHILD'S FAMILY, IF ANY, HAVE HAD DIFFICULTIES IN THE AREAS OF READING, HANDWRITING, SPELLING, OR WRITTEN WORK?			
MOTHER	FATHER	GRANDPARENTS	AUNTS
HAS YOUR CHILD REACTED TO UNDERACHIEVEMENT? IF SO, HOW?			