



# ADMISSION APPLICATION

## Applicant Information

First Name	Last Name	Date of Birth	Current Grade Level
<input type="checkbox"/> Male <input type="checkbox"/> Female		Diagnosis _____	
Current School _____		Names and purpose of medications, if any _____	
School Address _____		School Phone _____	
		<input type="checkbox"/> Public <input type="checkbox"/> Mainstream <input type="checkbox"/> With Pullout <input type="checkbox"/> Private <input type="checkbox"/> Special Day Class	

### CURRENT GRADE LEVELS IN:

Language \_\_\_\_\_

Arts \_\_\_\_\_ (Decoding)    \_\_\_\_\_ (Comprehension)    \_\_\_\_\_ (Writing)    Math: \_\_\_\_\_    Science \_\_\_\_\_    Soc. Studies \_\_\_\_\_

### SERVICES CURRENTLY RECEIVED/NEEDED:

OT     Speech & Language     Other, please specify \_\_\_\_\_  
 Slingerland     Social Skills \_\_\_\_\_  
 Placement with Stellar Academy per School District Agreement/Settlement

**TESTING:** Please list the most recent test administered. Attach additional pages if needed. (Please enclose most recent test results)

Type of Test	Given By	Date Given
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**IEP:**     Yes     No    \_\_\_\_\_  
 Date of Most Recent IEP    IEP Recommended Placement

## Parent/Guardian Information

Name	Name
Home Address	Home Address
City	City
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Relationship to Student	Relationship to Student
Email	Email

**OVER.....**

----- **General Information** -----

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City, State, or Country of Birth \_\_\_\_\_ Primary Home Language \_\_\_\_\_ Additional Language(s) Spoken In Home \_\_\_\_\_

Annual Household Income (optional) \_\_\_\_\_ Highest Education Level Completed by Parents (optional) \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

Student lives with:  Mother  Father  Both  Other: \_\_\_\_\_

Information about brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

----- **Parent Profile of Student** -----

Which situations create stress for your child? \_\_\_\_\_  
\_\_\_\_\_

How does your child cope with stress? \_\_\_\_\_  
\_\_\_\_\_

Describe your child's social interaction with peers. \_\_\_\_\_  
\_\_\_\_\_

What are his/her social strengths/deficits: \_\_\_\_\_  
\_\_\_\_\_

Describe his/her academic challenges: \_\_\_\_\_  
\_\_\_\_\_

Please give any other information (e.g. are there/have there been any recent major stressors in student's life – separations, losses, moves, illnesses, etc.? What are his/her strengths, interests, talents, etc.?). Attach additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Signature**

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**Relationship to Student**

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**Date**