STEM³ ACADEMY

OUT OF THE BOX STUDENTS. LEARNING. RESULTS.

ADMISSIONS APPLICATION

STUDENT INFORMATION

Last Name__________________________ First/Middle Name_____________________________

Date of Birth____ / ____ / _____ Age_________

Place of Birth____

City_______________________________________ State__________________________________

Zip/Post Code____________________________ Country_________________________________

Current School of Attendance____

Grade Level__________

Current Residence: ☐ Parent's Home ☐ Relative/Guardian ☐ Other

If OTHER, please specify____

Current Residence Address____

City_______________________________________ State__________________________________

Zip/Post Code____________________________

Home Phone Number______________________ Social Security Number___________________

Medi-cal or Insurance Policy Number____

PARENT INFO

Parent's Name 1____

Address (if different than student's)____

City_______________________________________ State__________________________________

Zip/Post Code____________________________ Home Phone Number______________________

Cellular ____________________________ Email____

Parent's Name 2____

Address (if different than student's)____________________________________

City____________________________ State____________________________

Zip/Post Code__________________ Home Phone Number__________________

Cellular ________________________ Email______________________

Preferred Method of Contact ☐ Phone ☐ Email ☐ Either

PARENT WORK INFO

Parent 1: Name of Business____

Job Title/Position____

Work Address____

City____________________________ State____________________________

Zip/Post Code__________________ Work Phone__________________________

Parent 2: Name of Business____

Job Title/Position____

Work Address____

City____________________________ State____________________________

Zip/Post Code__________________ Work Phone__________________________

FAMILY HISTORY

Family Members/ Siblings

Name	Age	Relationship

Other Family Members

Name	Age	Relationship

Is your child adopted? ☐ Yes ☐ No

If yes, what age?__________

Primary Language____

Languages spoken in the home____

Parents separated or divorced ☐ Yes ☐ No

Date of separation or divorce________________ Child's age at time of divorce________________

Curent Custody Arrangement____

MEDICAL

Does the applicant have any chronic or serious health problems? ☐ Yes ☐ No

If yes, please describe____

Does the applicant have any health restrictions or limitations? ☐ Yes ☐ No

If yes, please describe____

Does the applicant have any allergies? ☐ Yes ☐ No

If yes, please describe____

Is there a history of the applicant taking medications? ☐ Yes ☐ No

Current Medications

Current Medications	Dates	Dosage/times	Prescribing Doctor	Purpose

List other current medications please include: dates, dosage/times, prescribing Dr., purpose:

____

____

____

____

____

____

Past Medications

Past Medications	Dates	Dosage/times	Prescribing Doctor	Purpose

Has your child been hospitalized? ☐ Yes ☐ No

If yes, please explain below (include reason, age, and DX)______________________________

____

Beginning July 1, 2011, California Law (SB 354) requires all students entering 7th through 12th grade to provide proof of a Tdap booster shot against pertussis (Whooping Cough) before starting school.

My child has already had the Tdap booster shot. (Documentation will be needed)

My child has not yet had this booster but I understand that this will be needed prior to admission to these grades.

SCHOOL HISTORY

Name of Current School____

Grade__________ Current Teacher's Name______________________________________

School Address____

City_______________________________________ State_________________________________

Zip/Post Code______________________ School Phone________________________________

Date started_________________ Ending Date___________________

Type of School____

Current type of Program____

Specify____

Please check any current educational concerns

☐ Difficulty with reading

☐ Difficulty with spelling

☐ Difficulty with school attendance

☐ Difficulty with abstract concepts

☐ Difficulty with handwriting

☐ Difficulty with arithmetic

☐ Difficulty with maintaining attention

☐ Difficulty with organization (forgets homework, misses assignments)

Other (specify)____

SCHOOL LIST

Please list all schools in which your child was placed prior to his/her current school. Also indicate if it was a special education program and the reason for discontinuation.

Name of School____

Grade(s)________________ ☐ Education ☐ Regular education ☐ Special Education

Reason for discontinuation____

List any other schools include grades, specify if regular or special education, and reason for discontinuation

____

____

____

Have you ever applied to any other Help Group school? ☐ Yes ☐ No

If yes, which school, and what was the outcome?________________________________

HISTORY OF INTERVENTIONS

Does your child currently have a diagnosis? (if so, what?)________________________

Who diagnosed your child?____

Name____________________________ Agency_________________________________

Agency Phone______________________ Date of diagnosis_______________________

What prompted you to seek an evaluation?____________________________________

Please reply only if your child has received services in any of the following areas:

1. Speech and Language

Name of Service Provider__________________________ Service Provider Phone______________

When was your child last assessed for these services?__________________________

What are the goals of this intervention? ______________________________________

____

2. Counseling

Name of Service Provider__________________________ Service Provider Phone______________

When was your child last assessed for these services?__________________________

What are the goals of this intervention? ______________________________________

____

3. Occupational Therapy

Name of Service Provider__________________________ Service Provider Phone______________

When was your child last assessed for these services?__________________________

What are the goals of this intervention? ______________________________________

____

4. Educational Therapy or Tutoring

Name of Service Provider__________________________ Service Provider Phone______________

When was your child last assessed for these services?__________________________

What are the goals of this intervention? ______________________________________

____

Additional Information

Describe your child's strengths____

What are your child's favorite activities_______________________________________

Is your child involved in any extracurricular activities_____________________________

If yes, please list____

____

Please describe any behavioral or attentional problems that have been brought to your attention

by the school staff.____

____

IEP INFORMATION AND FUNDING SOURCE

Please be able to provide a copy of your child's two most recent annual IEPs, and all subsequent addenda. If your child does not have a current IEP, please state where you are in the IEP process. Do you currently have:

Valid I.E.P. with Non Public School designation ☐ Yes ☐ No

I.E.P. meeting with district to receive NPS funding ☐ Yes ☐ No
If IEP meeting set, please indicate date__________________

Mediation Agreement ☐ Yes ☐ No ☐ N/A
If Mediation Agreement meeting set, please indicate date__________________

Fair Hearing ☐ Yes ☐ No ☐ N/A
If Mediation Agreement meeting set, please indicate date__________________

Will fund privately ☐ Yes ☐ No

Assisted/Represented By: ☐ Self ☐ Advocate ☐ Attorney

Name____

Seeking placement for: ☐ ASAP ☐ FALL ☐ SPRING ☐ SUMMER

REFERRAL SOURCE

Name 1____

Type of Referral_________________________ Agency_________________________

Address____

City_______________________________ State______________________________

Zip/Post Code____________________

Phone Number______________________ Email________________________

Name 2____

Type of Referral_________________________ Agency_________________________

Address____

City_______________________________ State______________________________

Zip/Post Code____________________

Phone Number______________________ Email________________________

Please Scan and Email Completed Application to: tdecambra@stem3academy.org