



outside 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 \_\_\_\_\_

Current 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

- |  |  |
|--|--|
| <input type="checkbox"/> Difficulty with reading           | <input type="checkbox"/> Difficulty with handwriting   |
| <input type="checkbox"/> Difficulty with spelling          | <input type="checkbox"/> Difficulty with arithmetic  |
| <input type="checkbox"/> Difficulty with school attendance | <input type="checkbox"/> Difficulty with maintaining attention                               |
| <input type="checkbox"/> Difficulty with abstract concepts | <input type="checkbox"/> 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](mailto:tdecambra@stem3academy.org)**