



## Student Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

Middle Initial \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Primary Diagnosis \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home number \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

What is preference for contact? \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last Day \_\_\_\_\_

School Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Last Grade Level \_\_\_\_\_ Dates attended \_\_\_\_\_

Credits Earned \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Mark if your child has had or currently has the following:

Individualized Education plan (IEP)	504 Accommodation Plan	Speech Pathology			
Physical Therapy	Occupation Therapy	ABA therapy	Picture Exchange		
Communication	ABLLS-R	VB-Mapp	ASL	Pivotal Response Training	Music
Early Intervention	Social Skills	Play Therapy	Therapy	Sensory Therapy	

Other: \_\_\_\_\_



Parent/Guardian Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### Family Information

Family Member

Relation

Age

Do all family members live in the home?

Does student currently receive assistance for tuition?

if yes through which organization

\_\_\_\_\_

Does Student Receive services in home?

Is your family available for monthly trainings regarding Students Education and Needs?