

Lafayette School

Application for Admission

Student Name:	Date:
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Address:	
DOB:	SSN:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Was your child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mother/Guardian's Name:	
Does this person have custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, a copy of the custody agreement may be required if offered admission to the program	
Address:	
Phone:	Work Phone:
Email:	

Father/Guardian's Name:	
Does this person have custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, a copy of the custody agreement may be required if offered admission to the program	
Address:	
Phone:	Work Phone:
Email:	

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Education

Last school attended:	
Does the child have an IEP or receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Grade:	Estimated IQ:

Medical History

Please describe the applicant's general health:	
Date of last physical:	Current medications:
Allergies:	
Does the child have a history of epileptic or convulsive disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child have any medical problems and/or handicaps that might interfere with full participation in our program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Legal History

Has the child been involved with juvenile authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
Is the child currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Substance Abuse History

Has the child used controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list types and frequency of use:	

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Presenting Problem

What recent events or behaviors brought about your request for enrollment?

Please describe what you hope Lafayette School can accomplish for the child:

Family Therapy

If offered a placement, do you consent to monthly therapy sessions? Yes No

If offered a placement, how would you like to participate in the monthly family therapy sessions?

- In-person
- Virtually: Zoom, GoogleMeet, WebEx, etc)
- Over the phone
- Other:

Referral

How did you find out about Lafayette School?

Why are you looking for a new school?

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Treatment History

Facility:
Dates of treatment:
Name of treating professional:
Type of treatment: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Out-patient <input type="checkbox"/> Day treatment <input type="checkbox"/> Substance abuse <input type="checkbox"/> Under care of psychiatrist <input type="checkbox"/> Under care of psychologist <input type="checkbox"/> Other:

Facility:
Dates of treatment:
Name of treating professional:
Type of treatment: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Out-patient <input type="checkbox"/> Day treatment <input type="checkbox"/> Substance abuse <input type="checkbox"/> Under care of psychiatrist <input type="checkbox"/> Under care of psychologist <input type="checkbox"/> Other:

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Please Submit the Following:

1. All recent psychological/psychiatric diagnostic evaluations from the last 3 years
2. Previous treatment reports, including hospital admission/discharge reports
3. School reports from most recent school placement
4. IEP

Process

1. Submit application with most recent IEP, Report card, incident reports, discharge summary and any other relevant information
2. Schedule a virtual or in-person tour; Lafayette thoroughly reviews the application
3. Schedule a virtual or in-person interview with ED and therapist/teacher
4. Staff review of all information, which may include reaching out to family for clarification
5. A decision is communicated to the family as soon as possible
 - If appropriate, enrollment process begins
 - If not appropriate, recommendations will be made

Submission

Please send the completed application and accompanying information

By mail: Lafayette School
Attn: Jennifer O'Malley, Executive Director
103 Zion Station Road
Troy, VA 22974

By email: jomalley@mylafayetteschool.org

Please call the school with any questions: (434)589-2370