



Spectrum Academy
school for autism

Application for Enrollment

Student Name: _____ Today's Date: _____

Parent Name: _____ Phone: _____

Parent Email: _____

1. Does your child have a current IEP? _____ Yes _____ No
If so, with what school district? _____

2. Does your child have an Autism Diagnosis?
_____ Yes. _____ No

3. Is your child between the ages of 3 and 22?
_____ Yes _____ No

If you answered YES to all three questions above, then your child is eligible for the Autism Scholarship. Please go to www.thespectrumacademy.org to access our enrollment paperwork.

If your child does not have a current IEP, contact the Special Education Department of your local school district for an evaluation. This process can take several months. Please plan accordingly.

We have very limited space.

If we are unable to offer your child a spot, you will be put on a wait list.