



**NEW HEIGHTS
ACADEMY**

New Heights Academy Summer Program

APPLICATION 2020

(DUE by May 1, 2020 to Vivian Gesualdi, M.Ed.)

STUDENT Information: (To be completed by parent/guardian - Please PRINT)

Name of Applicant _____
First Middle Last Prefers to be called

Mailing Address _____ Email _____
Street, Route, or Box City State Zip

Gender: ___ Male ___ Female Date of Birth: _____ Current age/Grade: ____/____ T-shirt size _____
Month/Day/Year

SCHOOL Information: (To be completed by referring source at the student's school - Please PRINT)

School Division _____ Name of School _____

School Address _____
Street, Route, or Box City State Zip

Teacher Name _____ Classroom Type _____

School Phone _____ Cell (optional) _____ Email _____

PARENT/GUARDIAN Information: (To be completed by person with whom student resides - Please PRINT)

Name(s) of Parent/Guardian: _____

Cell Phone(s): _____

Email(s): _____

Primary Physician Name: _____

Primary Physician Phone: _____ Address: _____

In case of an emergency, is there a preferred hospital or the closest nearby? _____

I hereby give my permission to New Heights Academy to receive a copy of my child's student record (including grades and gifted education identification documentation) and to discuss my child with his/her school advocate. I understand this information will remain confidential.

Signature of Parent/Guardian _____ Date _____

STUDENT INFORMATION

1. Please write activities and organizations in which your student is involved, such as clubs, sports, scouts, reading, etc. Explain any special part you have in these activities.

2. Please list any academic struggles your student requires additional help with.

3. What are some words that describe your student? What makes them unique or different from most of their classmates and peers?

4. What are they good at doing? How do they enjoy spending their free time?

5. Does your student have any aggressive behaviors? To self or others, please explain.

6. If your student finds her/himself going through a difficult time, what best helps your student to calm? *Please explain.*

MEDICAL INFORMATION

What is the primary diagnosis of the child? _____

Additional Diagnosis: _____

Does child have any physical disabilities? ___Yes ___No

If yes, what are they? _____

Does child have any allergies? ___Yes ___No

If yes, what are they? _____

Is child on any medication? ___Yes ___No

If yes, what medication? _____

Does child have seizures? ___Yes ___No

If yes, what type are they? _____

When was the last seizure? _____

Current seizure Medication? _____

Dosage: _____

In case of an emergency seizure, medication must always be left at school while student is attending Summer Camp. Please label medication with name/dosage required and assure that the medication is current.

Does child have food restrictions? ___Yes ___No

If yes, what type are they?

IMPORTANT NOTE:

CHILDREN WHO REQUIRE MEDICATION MUST HAVE A MEDICATION RECORD ON FILE AT NHA.

New Heights Academy

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For more information about New Heights Academy, please visit our website www.newheightsacademyga.org