

Mobile Phone:

Email:

Mother:

Home Address: (if different from above)

City

State

Zip

County

Occupation:

Place of Employment:

Name

Address

Home Phone:

Work Phone:

Mobile Phone:

Email:

Siblings:

Name

Age

School Attending

Name

Age

School Attending

Name

Age

School Attending

Name

Age

School Attending

Medical History:

Pediatrician's Name:

Address

Phone

Has your child been seen by a Psychiatrist, Psychologist or Counselor? YES NO (Circle one)

Date of most recent psychological evaluation:

Psychiatrist Name:

Address

Phone

Psychologist Name:

Address

Phone

Has your child been seen by a developmental pediatrician or neurologist? YES NO (Circle one)

Name

Profession

Address

Phone

Does your child have a diagnosis?

Please list any other medical conditions: _____

Is your child currently taking any medication? Yes _____ No _____

Name or Medication	_____	Dose	_____
	_____	Dose	_____
	_____	Dose	_____
	_____	Dose	_____

Is your child independent in the bathroom for all his/her needs? If not, please explain.

Please list any known allergies:

Has your child ever had seizures? Yes _____ No _____ If yes, please describe:

Is your child on a special diet? Yes _____ No _____ If yes, please describe:

Therapeutic Services:

Has your child been seen by an Occupational Therapist, Speech/Language Therapist, Physical Therapist?

Occupational Therapist

Name Phone

Address

Dates of Service Frequency

Speech/Language Therapist

Name Phone

Address

Dates of Service Frequency

Does your child use any augmentative communication systems? Yes___ No___ If yes, please describe:

Education History

Name of Current School: _____

Address

Contact Person

Phone

Dates of Attendance

Type of Classroom

Grade

Reason for leaving

Do you receive or are you eligible for SB-10 Funds? _____

Do you receive the NOW Waiver? Yes___ No___

What are you looking for in a facility-based program for your child? _____

If applicable, describe your child's reading level, decoding skills, fluency, comprehension, and phonemic awareness

If applicable, describe your child's math level, understanding of basic concepts, rote skills

Social Emotional History

Please describe how your child interacts with you.

Please describe how your child interacts with siblings.

Please describe how your child interacts with peers.

What is your child's favorite activities/topics of interest?

Describe what happens when your child is upset. What do you typically see? (kicking, biting, hurts self/others, withdrawn)

What does your child do to calm him/herself? _____

How long does it take your child to “recover” when upset?

Does your child exhibit impulsive or aggressive behavior? If yes, please describe:

Is your child supported by a behavior plan? If yes, please describe.

Does your child exhibit anxiety? If yes, please describe: _____

Please describe how your child makes transitions between people, activities, or environments (include level of independence during transitions, need for transitional objects of or advance preparation about schedule changes)

Please provide any assessments made by outside professionals, school progress reports, and most current IEP. I certify that the information contained in this application is complete and accurate to the best of my knowledge.

Print Name

Signature

Date

PROCEDURES AND POLICIES FOR APPLICATION TO NEW HEIGHTS ACADEMY

NHA has a rolling admissions policy. Applications will be accepted and admission to the school will be considered when the following items listed below are complete.

1. Parent(s) of applicant have visited the school.
2. NHA has received a completed application.
3. NHA has received a non-refundable processing fee of \$100.
4. NHA has received a Psychological Evaluation (required). If there are no comprehensive psychological reports from the past three years, NHA reserves the right to ask an applicant to acquire one.
5. NHA welcomes other assessment reports from additional therapists and/or most recent school/teacher.
6. Applicant has met with the educational director.
7. NHA reserves the right to ask for additional visits before deciding regarding the applicant's admission.
8. Once all items are received from applicant, the review process will begin. NHA professionals and outside consultants will help determine if your child is an appropriate fit and whether NHA can meet your child's needs.
9. If admitted, parents are asked to commit to enrollment for the entirety of the following academic year.

NOTICE OF NONDISCRIMINATORY POLICY

New Heights Academy, Inc., admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It doesn't discriminate based on race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.