

LEARNING PREP SCHOOL

APPLICATION FOR ADMISSIONS

TODAY'S DATE: _____

STUDENT'S NAME: _____
Last First Middle Nickname (if we should use)

ADDRESS: _____
Street Town/City State Zip

HOME TEL: () _____ OR - If none, - tel. # where you may be reached.

Student's **current** school: _____

Current Grade _____ (if graded program) Student's Date of Birth: _____ Student's Sex: **M** _____ **F** _____

SCHOOL HISTORY

SCHOOL NAME

DATES

Pre-School _____

Elementary _____

Middle _____

High School _____

I/We are interested in the alternative educational programs available for students with language/learning disabilities at Learning Prep at this time:

Check all that apply: (Please use other side as necessary)

_____ Student is **not** currently in **any** school program. Tutored at home _____.

_____ I/We are seeking another program: **immediately** _____ or **next** school year _____.

_____ I/We have *rejected* our child's current I.E.P. or current placement.

_____ Child's Special Education Dept. has **recommended** outside placement.

_____ recommended that we check alternative school programs.

Referred by: _____

OTHER COMMENTS/CONCERNS: _____

If applicable:

Educational Advocate _____ Tel () _____

Lawyer _____ Tel () _____

Community's Special Ed. Director _____ Tel () _____

Community's Special Ed. Liaison _____ Tel () _____



STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

Student's Birth Information: Name of Hospital _____ Town/City, State _____

U.S. Citizen? Yes ___ No ___ (Status) _____

Student's **Primary** Language _____ 2nd Language _____

IMPORTANT: PARENTS or GUARDIANS – If you are the adoptive/step/non-biological parents but **have custody/guardianship**, please complete the information below **as parent(s)**:

Student lives with: _____ Relationship to student: _____

Mother's (Guardian) Name: _____

Last First Maiden Home Tel. (w/area code)

Home Address (if different from student's)

Occupation/Title: _____ Employer: _____

Work Address _____ Wk.Tel.() _____

Father's (Guardian) Name: _____

Last First Home Tel. (w/area code)

Home Address (if different from student's)

Occupation/Title: _____ Employer: _____

Work Address _____ Wk.Tel. () _____

Parents (above) Marital Status: (circle:) Married Separated Divorced

If separated/divorced: **Please have school communicate** with: (for daily-use)

circle one: Either Parent Both Parents Mother Only Father Only Guardian(s)

Student's Legal Guardian is: **Parent/s (Above)** Other _____

Name/Address of Legal Guardian/s: (*if not listed above*) _____

Attn: Custodial Parent – If we should send letters/reports/announcements to another parent, advocate, etc.(not above) check & complete below:

Send To: _____
Name/Address/Phone Relationship to Student (use other side if needed)

SIBLINGS

Name: _____ Age: _____ School or Job _____ Living at home _____

Name: _____ Age: _____ School or Job _____ Living at home _____

Name: _____ Age: _____ School or Job _____ Living at home _____

OTHER HOUSEHOLD MEMBERS

Name: _____ Age: _____ Relationship to student: _____

Name: _____ Age: _____ Relationship to student: _____

Name/*Signature* of Person *completing* form - *Relationship* to Student *Date*