

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_



**APPLICATION FORM**

**Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Matrix:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_

**Referred by:** \_\_\_\_\_ **Adopted:** Yes \_\_\_ No \_\_\_ **Yes, at what age:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Age:** \_\_\_ **Email address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Last grade in school:** \_\_\_ **Employer:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Age:** \_\_\_ **Email address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Last grade in school:** \_\_\_ **Employer:** \_\_\_\_\_

**Step Parent:** \_\_\_\_\_ **Age:** \_\_\_ **Email address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Last grade in school:** \_\_\_ **Employer:** \_\_\_\_\_

**Child lives with:** \_\_\_\_\_ **Family Income:** \_\_\_\_\_

**Other children in home and ages:** \_\_\_\_\_

**Scholarship:** McKay \_\_\_ PLSA \_\_\_ **Step up for Students** \_\_\_ **Other** \_\_\_\_\_

**IEP** \_\_\_ **Transfer from** \_\_\_\_\_ **New Student** \_\_\_\_\_ **Self Pay** \_\_\_\_\_

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**1. Present Needs:**

**A. What type of needs does this child have? Give as many details as you can.**

**B. What do you think are the causes? Is there a specific diagnosis?**

**C. Other earlier noticeable struggles: (list and give age at time)**

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**2. Which best describes your child?**

**Verbalization:** Talkative \_\_\_\_\_ Average \_\_\_\_\_ Non-Verbal \_\_\_\_\_

**Attention Span:** Short \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_

**Speed of Response to Questions:** Fast \_\_\_\_\_ Average \_\_\_\_\_ Slow \_\_\_\_\_

**Necessity to Repeat Directions:** Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Usually \_\_\_\_\_

Frequently \_\_\_\_\_ Always \_\_\_\_\_

**Dresses Self:** Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Usually \_\_\_\_\_ Always \_\_\_\_\_

Ties shoes \_\_\_\_\_ Trouble buttoning and/or unbuttoning clothes \_\_\_\_\_

**3. Health History**

**A. List in order of occurrence all illnesses, operations, injuries and health issues, e.g., allergies, asthma, frequent colds, etc. Give age and/or date when possible.**

**B. Present Health. Describe in detail.**

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**C. List any physical limitations: vision, hearing, speech, etc.**

**D. List any significant illness of the parents or other adult household members. Other children's health?**

**E. Is your child on medication? Yes \_\_\_ No \_\_\_ If yes, Type \_\_\_\_\_**

**Prescribed by whom: \_\_\_\_\_ Dosage: \_\_\_\_\_**

**Date first prescribed: \_\_\_\_\_**  
**Month Year**

**F. Name of Pediatrician and date of last examination.**

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**4. Emotional Adjustment**

**A. How would you describe your child? For example, is he/she:**

**Sensitive \_\_\_\_\_ Shy and Timid \_\_\_\_\_ Boastful \_\_\_\_\_**

**Rebellious \_\_\_\_\_ Aggressive \_\_\_\_\_ Affectionate \_\_\_\_\_**

**Stubborn \_\_\_\_\_ Distant \_\_\_\_\_**

**Give details or examples to make clear what you feel are important immediately.**

**B. What are your child's strengths, as you see them?**

**C. What are your child's weaknesses, as you see them?**

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**5. Additional Comments: (Check or comment on any that might be present in your child)**

- a. Hyperactive**
- b. Withdrawn or appears often to be daydreaming**
- c. Easily distracted by extraneous stimuli**
- d. Forms different associations than usual, making responses sound illogical or irrelevant**
- e. Sensitive to changes – responds with erratic behavior when faced with change**
- f. Has difficulty in remembering and following sequences**
- g. Has emotional problems that stem from years of misunderstanding, frustration and failure**

**6. Education: Pre-school \_\_\_\_\_ Primary \_\_\_\_\_**

**Elementary \_\_\_\_\_ Junior High \_\_\_\_\_**

**A. Psychological Evaluations: Date \_\_\_\_\_ By Whom \_\_\_\_\_**

**Date \_\_\_\_\_ By Whom \_\_\_\_\_**

**B. Learning Deficiencies:**

**Grades repeated \_\_\_\_\_ Reading level \_\_\_\_\_**

**Describe the above or any other special assistance needed:**

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**C. Adjustment in school. Has there been any change in adjustment? Have there been any obstacles in entering school, any fear or refusal to attend school, inability to make friends, difficulties participating in play? Discipline concerns, etc.? Special likes and/or dislikes?**

**7. List the professional person(s) or agencies with who you have discussed your child.**

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**8. Developmental Information**

- A. Mother's labor with this child? Normal \_\_\_\_ Prolonged \_\_\_\_ Induced \_\_\_\_
- B. Child was: Full term \_\_\_\_ Premature \_\_\_\_ Late \_\_\_\_
- C. Birth was: Natural \_\_\_\_ Caesarian \_\_\_\_ Instrument \_\_\_\_
- D. Condition first two weeks? Normal \_\_\_\_ Jaundice \_\_\_\_ Convulsions \_\_\_\_

Any other difficulty or abnormality? \_\_\_\_\_

Breast fed \_\_\_\_ Bottle fed \_\_\_\_ Present eating habits \_\_\_\_\_

**E. Age when the following were attempted:**

Held head up \_\_\_\_ Rolled over \_\_\_\_ Sat alone \_\_\_\_ Pulled self-up \_\_\_\_

Crawled \_\_\_\_ Stood alone \_\_\_\_ Walked assisted \_\_\_\_ Walked alone \_\_\_\_

Made sound \_\_\_\_ Babbled \_\_\_\_ Used words \_\_\_\_

**F. Handedness of Child (left or right) \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_**

**G. Child's general disposition? \_\_\_\_\_**

**H. Any unusual fears? \_\_\_\_\_**

**I. Present deficiencies noted whom? \_\_\_\_\_ When? \_\_\_\_\_**

**J. Further comments:**



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**This form is to be filled out by both parents and will constitute application for admission to New L.E.A.P.S. Academy of Wesley Chapel, FL. The information provided will be used to evaluate your child, his/hers potential and special needs and to be used to set goals. This information is entirely confidential, and will not be released to anyone other than school staff and personnel, unless requested by you.**

**A pre-admission interview will be scheduled once this application has been completed, returned and reviewed by our staff.**

**A Non-Refundable application fee of \$50.00 will be charged at the time of the interview.**

**A Non-Refundable registration fee of: \$200.00 will be charged at the time of the acceptance and enrollment.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signatures** \_\_\_\_\_

\_\_\_\_\_

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*For internal purpose only:*

*Date application received* \_\_\_\_\_

*By:* \_\_\_\_\_

**Appointment date and time set:** \_\_\_\_\_

**Contact info:** \_\_\_\_\_