

Student Application - Page 2

Custody of Child (if applicable)	
Custodial Parent: _____ / _____ Name Relationship	
Documentation _____	
Date Provided _____	

Guardianship of Child (if applicable)	
Guardian _____ / _____ Name Relationship	
Documentation _____	
Date Provided _____	

Child's Education:

Previous schools attended

Name	Address	Grades	Dates

Child has been evaluated by the district *Committee on Special Education* _____ YES _____ NO

Child has been evaluated by a private psychological or educational agency. _____ YES _____ NO

If answer to either or both statements above is YES, application must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
<i>Educational</i>			
<i>Psychological</i>			
<i>Speech</i>			
<i>Other</i>			

If child has been seen by a public district *Committee on Special Education*, applicant must complete the following:

District Name and Number	Date of most recent I.E.P.	Date of Last Psychological Evaluation	Classification/Recommended Placement

Child has a *Section 504 Accommodation Plan* _____ YES _____ NO Copy Submitted: _____
Date

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the process.

Furthermore, should my child be accepted/admitted under false or negligent information, my child will be dismissed from the school.

Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Application and Registration Fees are Non Refundable

Signature of Parent / Guardian: _____	Date: _____
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