



# Application for Admission

Logos ~ Turning Struggles into Strengths ~ Grades 6 -12  
9137 Old Bonhomme Road St. Louis, MO 63132  
Phone: (314) 997-7002 Fax: 314 997-6848 [www.logosschool.org](http://www.logosschool.org)

We appreciate your interest in LOGOS. LOGOS is a therapeutic and academic program for middle and high school students. We are dedicated to assisting students and their families with academic and emotional needs which have not been met in the traditional classroom. LOGOS believes that all students can succeed. We value each applicant and hope to get to know you better through this process. Please contact us if you need assistance in filling out any part of this application. Call **Stephanie Kolker** (Director of Admissions) at **314-997-7002 ext. 116** or email Stephanie at [skolker@logosschool.org](mailto:skolker@logosschool.org).

## Admissions Check List

- ***School transcripts have been sent to and received by the LOGOS Admissions Office at least 3 days prior to start date.***
- ***Admission application and all release forms have been completed, signed and turned into the LOGOS Admissions Office.***
- ***Contract and Fees have been arranged and finalized with LOGOS Business Office.***

*All of the above documents must be completed and turned in before your child will be allowed to start attending LOGOS school. We must have complete and accurate information in order to best serve your child and to insure your child's safety. Thank-you for your understanding and cooperation.*

***-Stephanie Kolker***  
*Director of Admissions*

***Non-Discrimination Policy:*** *LOGOS is committed to embracing diversity and to anti-discrimination practices regarding race, ethnicity, national origin, religion, gender, age, socioeconomic status, physical disabilities and mental disorders.*

*Please continue to next page to start application*



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## Part I: Student and Family Information

**Name of Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **Sex:** M F **Date of Birth:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

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

**Student lives with** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Student's most current school:** \_\_\_\_\_ **Student's grade level:** \_\_\_\_\_

**School phone number:** \_\_\_\_\_ **Home District:** \_\_\_\_\_

**Is student currently attending school?** \_\_\_yes \_\_\_no **Reason :** \_\_\_\_\_

**Student's ethnicity:** \_\_\_African American \_\_\_Asian American \_\_\_Caucasian \_\_\_Latino/Hispanic \_\_\_Multiracial  
\_\_\_Middle Eastern American \_\_\_Native American \_\_\_Pacific Islander American

**How did you find out about LOGOS?** \_\_\_Doctor \_\_\_Online search \_\_\_Radio \_\_\_Therapist \_\_\_TV  
\_\_\_Word of mouth: Other \_\_\_\_\_

**Mother/ Guardian's Name** \_\_\_\_\_

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

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

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work address:** \_\_\_\_\_

**Father/ Guardian's Name** \_\_\_\_\_

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

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

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work address:** \_\_\_\_\_

**Parents are:** \_\_\_Married \_\_\_Never married \_\_\_Separated \_\_\_Divorced \_\_\_Mom remarried \_\_\_Dad remarried

**For divorced parents, please describe custody and visitation arrangements:**

**Did you adopt any of your children?** \_\_\_yes \_\_\_no **Names and age of adoption:** \_\_\_\_\_

**Names/ages of all siblings:** \_\_\_\_\_

**Other significant adult: Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

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

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

**Other significant adult: Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

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

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



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## Part II: Academic

1. a. Does your child enjoy school?  yes  no \_\_\_\_\_
  - b. Does your child have difficulty learning in the classroom?  yes  no  
Please explain: \_\_\_\_\_
  - c. Is your child's attitude towards school:  very positive  somewhat positive  neutral  negative
  - d. Academic Strengths: \_\_\_\_\_ Weaknesses: \_\_\_\_\_
  - e. Has your child had inconsistent school attendance or excessive tardiness?  yes  no  
Please describe: \_\_\_\_\_
  - f. Has your child ever been suspended or expelled from a school?  yes  no  
Please describe: \_\_\_\_\_
  - g. Has your child received the following services:  Tutoring  Gifted program  Special Education  
Describe services: \_\_\_\_\_
  - h. Has your child ever been retained a grade?  yes  no Which grade? \_\_\_\_\_
2. Has your child been diagnosed with any of the following?
 

<input type="checkbox"/> Attention deficit disorder <i>with or without hyperactivity</i> (ADD/ADHD)	<input type="checkbox"/> Intellectual disability
<input type="checkbox"/> Behavior disorder	<input type="checkbox"/> Learning disorder (NOS)
<input type="checkbox"/> Developmental disorder	<input type="checkbox"/> Processing delay
<input type="checkbox"/> Dyscalculia (math disorder)	<input type="checkbox"/> Reading/comprehension
<input type="checkbox"/> Emotional disorder	<input type="checkbox"/> Verbal or written expression

Please provide any additional information that would be helpful in describing the checked items:

\_\_\_\_\_  
\_\_\_\_\_

## Part III: Psychiatric and Medical

3. Has your child been diagnosed with any of the following?
 

<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Obsessive compulsive disorder (OCD)
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Oppositional defiant disorder (ODD)
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Reactive attachment disorder (RAD)
<input type="checkbox"/> Chemical dependency	<input type="checkbox"/> Schizoaffective disorder
<input type="checkbox"/> Depression	<input type="checkbox"/> Tourette syndrome
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Post-traumatic stress disorder (PTSD)	_____

4.

Medications	Dosage	Prescribing Physician	Reason for medication

Does your child have any **medical** conditions or special medical needs? Please list, including diabetes, asthma, allergies, etc. \_\_\_\_\_

Current medications and dosage for medical conditions: \_\_\_\_\_

5. Has your child been hospitalized for any medical or psychiatric conditions? Please give dates and reasons for hospitalizations. \_\_\_\_\_

\_\_\_\_\_



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6. Please list names and numbers of all current physicians, psychiatrists, therapists, DJO's, etc:

Physician: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Therapist/ Social Worker \_\_\_\_\_

Other: \_\_\_\_\_

LOGOS may contact the above physicians and therapists?  yes  no

7. Has your child had any history of drug or alcohol abuse and/or substance abuse treatment?  yes  no

Substances used:  alcohol  marijuana  cocaine  LSD  ecstasy  stimulants  inhalants  
 tranquilizers  heroine  Over the counter medicine  other \_\_\_\_\_

Describe use: \_\_\_\_\_

Does your child currently abuse drugs or alcohol?  yes  no  not sure  unknown

Does your child smoke cigarettes?  yes  no  not sure

8. Has your child ever engaged in illegal activities or been in trouble with the law?  yes  no

Please describe: \_\_\_\_\_

\_\_\_\_\_

9. At home, how would you describe your child's behavior?

very cooperative  somewhat cooperative  rarely cooperative  oppositional / defiant

Explain: \_\_\_\_\_

11. Please check your child's interests, hobbies and talents:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Art               | <input type="checkbox"/> Dancing            | <input type="checkbox"/> Religious activities |
| <input type="checkbox"/> Board games _____ | <input type="checkbox"/> Drama/Theatre      | <input type="checkbox"/> Singing or rapping   |
| <input type="checkbox"/> Card Games _____  | <input type="checkbox"/> Internet           | <input type="checkbox"/> TV/videos            |
| <input type="checkbox"/> Clubs/Scouts      | <input type="checkbox"/> Instrument         | <input type="checkbox"/> Video games          |
| <input type="checkbox"/> Collecting        | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Working              |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Reading            | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Computers         | <input type="checkbox"/> Sports _____       |   |

12. What are your academic and therapeutic goals for your child, if he or she is accepted at LOGOS?

\_\_\_\_\_  
\_\_\_\_\_

13. What else would you like us to know about your child and/or family?

\_\_\_\_\_  
\_\_\_\_\_

14. Who should we contact in case of emergency? Please list names and numbers:

\_\_\_\_\_  
\_\_\_\_\_

The Application for Admission and related forms are considered confidential and will not be disclosed to anyone without parental permission.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_