



Application for Admission

Application for:

Elementary School

Summer

Middle School

Fall

High School

Immediate Placement

Child Information

Name: _____
(First) (Last)

NYC ID#: ____ - ____ - ____

D.O.B.: ____/____/____

Place of Birth: _____

Male

Female

Grade Applying To: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____

Current Diagnosis: _____

Present School: _____

Address of School: _____

Reason for Transfer (If Applicable): _____

Does your child currently receive funding from CBST for a 12 month, state-approved non-public school?
If not, is it your intention to begin the process to acquire this funding or to pay tuition privately?

Parent Information

Are Parents: Married Divorced Other (Explain): _____
 Separated Never Married _____
 One Deceased Both Deceased _____

With whom does the child live? _____

Who is financially responsible? _____

Who is the legal guardian? _____

Parent Information

Parent/Guardian 1:

Name: _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

E-mail Address; _____

Employer: _____

Employer's Address; _____

Work Telephone: _____

Title/Position: _____

Type of Business: _____

Degree(s): _____

Parent/Guardian 1:

Name: _____

Home Address: _____

Home Telephone: _____

Cell Phone: _____

E-mail Address; _____

Employer: _____

Employer's Address; _____

Work Telephone: _____

Title/Position: _____

Type of Business: _____

Degree(s): _____

Current School Information

Current School: _____

Present Grade: _____

School Director/Principal/Counselor: _____

Address of School: _____

District: _____

Please list previous schools attended, starting with pre-school:

School	City/State	Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever repeated a grade? No Yes **If yes, which grade/s?** _____

Has applicant ever been dismissed or suspended from school? If yes, state reason and date:

Please describe your child's

Chief strengths: _____

Areas of greatest needs: _____

Study and work habits: _____

Special interests and abilities (e.g. sports, art)

Has your child had any significant physical, emotional, or health problems? If yes, please explain.

In what ways would you like to see your child grow in The Child School/Legacy High School?

What are your expectations upon your son/daughter's high school graduation?

Does your child have a curfew? What time?

Does your child have household chores to complete? If so, what are they?

What behaviors does your child engage in at home before and after school that are of concern to you?

What are the consequences for your child if she/he does not follow your rules?

How does your child typically deal with stress and/or cope with difficult situations?

In what academic areas do you believe your child requires special help?

Is your child a leader or a follower? Please describe.

Has your child experimented with drugs? (In order for us to safe guard your child, it is important for us to know.)

How do you think your child's school can help him/her succeed?

What do you see as your child's greatest quality?

Developmental History

Family Overview:

Applicant's Siblings:

(Name/Age)

(Current School/Grade)

(Sibling Interaction)

Are there any important events (e.g., moving, divorce, illnesses) in your family that have affected your child? How do you fell your child has been affected?

What has your child had the most difficulty adjusting to in his/her life?

What has your child had the most difficulty adjusting to in his/her life?

Have other family members had learning problems? (Please describe how they are related to your child and the kind of problems they experienced.)

Pregnancy, Birth, and Early History:

Was your child adopted? Yes No

At what age? _____

What was the mother's age at the time of the pregnancy _____

Was there complications of pregnancy and/or delivery (e.g., toxemia, breech birth, forceps delivery, caesarean section, other)?

What was your child's condition at birth (e.g., jaundice, colic, color, Apgar Score, birth weight)? Was his/her weight gain satisfactory in the first few months?

What was your child like as a baby? (Describe activity level, sleep pattern, hearing, response to nurturing and scheduling.)

Medical History

What operations, accidents, or serious illnesses has your child had and at what ages? Please describe the circumstances (e.g., hospitalization, child's reaction and adjustment).

Does your child have a history of ear and/or upper respiratory infections? If so, please describe:

Has your child ever had high fevers and/or convulsions? If yes, please describe:

Does your child have any chronic conditions (e.g., allergies, asthma, epilepsy) that the school should know about?

Does your child take any prescribed medications or need any special medical attention? If yes, please explain.

Physical Development

At what age did your child:

Crawl- _____

Sit- _____

Stand- _____

Walk- _____

Tie shoes- _____

Ride a bicycle- _____

At what age was your child toilet trained?

What are your child's present sleeping habits? Are there any difficulties?

**What are your child's present eating habits?
Are there any difficulties?**

Language Development

When did your child say his/her first word?

When did your child begin combining two and three words together?

When did your child begin to understand spoken words?

Does your child have difficulty following 2-3 step verbal directions?

Does your child have difficulty expressing his/her ideas?

Can he/she retell a story in a logical order?

Other than English, are there any other languages spoken at home? If so, which language(s)? By whom?

Does your child speak another language?

Describe your child's reaction to his/her first school/day care experience. (e.g., ability to separate, follow routines, interact with teachers and peers)

Describe your child's maturity development.

Describe the types of issues your child has in school.

Academic _____

Social _____

Behavioral _____

Describe your child's typical response to adults.

What is your child like at home? (Include activity level, activity preferences, ability to play alone, relations with siblings, responsiveness to your directions.)

How does your child feel about his/her difficulties?

What are your feelings about your child's difficulties?

Student Questionnaire and Essay
For students in grades 7-12

Questionnaire

The Child School/Legacy High School represents a chance to achieve things you may not have thought were possible in your life. Please answer the following questions so we can determine the type of support you will require to reach your goals. You may attach an additional sheet if necessary to fully answer these questions.

In what academic areas do you require help?

What behavior gets in the way of your learning? _____

Do you have chores at home? Please explain. _____

What are the consequences fo you when you do not follow the rules at home?

Would you describe yourself as a leader or a follower? _____

Have you experimented with drugs? Are you a smoker? (Please be honest. Whatever you tell us will be kept confidential.)

What time is your curfew? _____



Release Form

Student's Name: _____

The Child School/Legacy High School has my permission to contact the following, listed below, to discuss my child and/or to request the release of any other information.

Current School: _____

Address: _____

Phone: _____

Classroom Teacher: _____

Phone: _____

Psychologist: _____

Address: _____

Phone: _____

Neurologist: _____

Address: _____

Phone: _____

Additional Services: _____

Speech & Language Therapist:

Address: _____

Phone: _____

Occupational Therapist: _____

Address: _____

Phone: _____

Educational Therapist: _____

Address: _____

Phone: _____

Parent's Signature: _____ **Date:** _____