

Attach current photo
of applicant

(Optional)

Application for Admission

Applicant's Name

Name _____
Last First Middle Preferred

Home Address _____
Street

(City, State, Zip)

___ Male ___ Female Age ____ Date of Birth _____

Social Security No. _____ Telephone _____

Current School _____ Present Grade _____

(City, State, Zip)

Telephone

Grade Placement Expected _____ For Year Beginning August _____

School Use Only

For Academic Year _____

Date Application Received _____

___ Application Fee

Applicant's Father

Mr. _____
Dr. _____

Preferred Name _____

Home Address _____
Street

City State Zip

Home Telephone () _____

Nature of Business _____

Position _____

Employer _____

Business Address _____

Education Background

Secondary School _____

College(s) _____

Parents Status: Married _____ Separated _____ Divorced _____

If separated or divorced, which parent has custody of applicant? _____

With whom does the applicant live? _____

Who will be responsible for tuition? _____

Is applicant applying for financial aid? ____ Yes ____ No

Siblings:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____

Applicant's Mother

Ms. _____
Mrs. _____
Dr. _____

Preferred Name _____

Home Address _____
Street

City State Zip

Home Telephone () _____

Nature of Business _____

Position _____

Employer _____

Business Address _____

Education Background

Secondary School _____

College(s) _____

Parents Status: Married _____ Separated _____ Divorced _____

If separated or divorced, which parent has custody of applicant? _____

With whom does the applicant live? _____

Who will be responsible for tuition? _____

Is applicant applying for financial aid? ____ Yes ____ No

Siblings:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____

Through what source(s) did you become interested in New Vistas?

Educational Information:

School last attended _____ Grade _____

Public school district or system _____

Address _____ Phone () _____

Has this child received any special education or tutoring? Yes () No ()

If yes, please describe:

School History

Grade	Dates	School	Grade	Dates	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

When were you first aware of your child's problems in school? Please explain.

Please list the clinics or private practitioners who have evaluated your child and the dates of the evaluations:

Have you been given a diagnosis for your child's learning difficulties?

PARENT'S PERCEPTIONS:

Write a brief description of your child.

How do your child's difficulties affect his/her functioning in the home?

What are your child's hobbies or interests?

What are your child's major strengths?

What are your child's areas of greatest need?

How do you expect New Vistas School to help your child?

An application must be accompanied by a non-refundable \$150.00 application fee. With this application we request that you submit copies of the following records for your child and all available assessments:

- Official administrative record
- Group and individual intelligence, achievement and aptitude test scores
- Teacher and counselor observations and ratings
- Individual psychological reports/data
- Speech and language reports/data
- Education reports (report cards)
- Current IEP (including eligibility deliberations)
- Disciplinary records
- Sociocultural report

Services of New Vistas School are provided on a non-discriminating basis without regard to race, color, creed, sex or national origin in compliance with Title VI of the Civil Rights Act of 1964.

Signed _____

Date _____

