

The person financially responsible is: _____

Correspondence should be sent to: _____

The student lives with: _____

Is your child adopted? _____

Sibling (s):

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please explain any special learning difficulties that siblings may have: _____

Please describe the child's relationship with:

Parent 1:

Parent 2:

Siblings:

Peers:

Teachers: _____

Language (s) spoken at home: _____

Medical History

Please describe any medical conditions, previous or current: _____

How do these medical conditions impact your child's day? _____

Is your child taking any medications? Please list _____

Does your child have any allergies?

Does your child have any physical limitations?

Pediatrician:

Address and Phone:

Date of last medical exam: _____ Significant Findings:

Date of last hearing test: _____ Significant Findings:

Date of last vision test: _____ Significant Findings:

Does your child wear glasses? When?

Describe your child's eating habits:

Describe your child's sleeping habits:

Education

Please list the schools your child has attended:

School/Location	Dates Attended	Grades
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Has your child repeated any grade? If so, which one?

Does your child receive Special Education services?
classification?

What is the disability
Number of hours monthly

Does your child have difficulty in any of the following areas at school?

reading _____ math _____ writing _____ spelling _____ speech _____
gross motor _____ fine motor _____ attention _____ organization _____
memory _____ behavior _____ peer relationships _____ anxiety _____

What are your child's academics strengths?

What areas are most difficult for your child academically?

What does your child like and not like about school? Please describe:

Has your child ever been subject to any type of disciplinary action at school? If yes, please describe:

Diagnostic Testing and Therapy

Please list the testing your child has had and the dates (Please include educational, psychological, speech/language, OT and any other):

Type of Test	Provider	Date
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Please provide specific tests results with the application if less than two years old.

Please list current professionals working with your child:

Type of Service	Provider	Dates
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Please list previous professionals who have worked with your child:

Type of Service	Provider	Dates
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Child's Behavior and Interests

Does your child show any of the following behaviors at home or school?

Poor attention _____	Tantrums _____	Obsessiveness _____
Hyperactivity _____	Daydreams _____	Aggressiveness _____
Anxiety _____	Shyness _____	Low energy _____
Defiance _____	Unengaged _____	Distractedness _____

Please describe your child's interests: .

Please describe any organizations, clubs, sports teams, etc. that your child participates in:

Please describe your child's social relationships with peers:

Please describe your child's social relationships with adults:

Please tell us why you would like your child to attend The Newton School:

Please make any other comments that you feel would be helpful to us in knowing and working with your child. Please feel free to use a separate sheet if necessary.

This form has been completed by: _____ Relationship: _____

The information included on this application is complete and accurate to the best of my/our knowledge. I/We understand that any incomplete or misleading information provided as part of this application process may lead to a denial of this application, or possible dismissal of a student, if already accepted.

Signature

Date