



45965 Nokes. Blvd Suite 120  
Sterling, VA 20166  
703-772-0480

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## Application for The Newton School

Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

First Middle Last Nickname  
Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about The Newton School? \_\_\_\_\_

### Family Information

Parent's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ \*\* Work or Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ \*\* Work or Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_ Position \_\_\_\_\_

Occupation \_\_\_\_\_ Position \_\_\_\_\_

Education \_\_\_\_\_

Education \_\_\_\_\_

\*\*Please provide the phone number (work or cell) where you prefer to be reached.

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:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child repeated any grade? If so, which one? \_\_\_\_\_

\_\_\_\_\_

Does your child receive Special Education services? \_\_\_\_\_ What is the disability classification? \_\_\_\_\_ 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list previous professionals who have worked with your child:

Type of Service	Provider	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.**

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Signature

Date