



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

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recent photo here

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:

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

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.

Signature

Date