

## APPLICATION *for* ADMISSION //

### NAME OF APPLICANT

LAST

FIRST

MIDDLE INITIAL

APPLYING FOR GRADE

CURRENT GRADE

GENDER  M  F

We/I confirm that the information in this application is accurate and complete. We/I grant permission to The Empower School to obtain any information deemed necessary to complete the application process. This includes, but is not limited to, information from previous schools, service providers or any other individuals that may have knowledge useful to the admissions process. We/I understand that false, misleading, or omitted information provided in this application may result in a denial of admission, or dismissal in the event of admission.

SIGNATURE OF PARENT/GUARDIAN #1

DATE

SIGNATURE OF PARENT/GUARDIAN #2

DATE

### ADMISSIONS POLICY

It is our intention to accept students who can be well served by our program. The Empower School applies all policies and procedures, including admissions, equally to all students and does not discriminate on the basis of race, religion, socio-economic status, sexual orientation, or national or ethnic origin. Application review will begin when the application is complete.

### VISITS AND INTERVIEW

The Empower School requires a parent and student visit. If you have not already arranged for a parent visit, please call or e-mail us to schedule an appointment.

*admissions@empowerschool.com*

# The Empower School

## APPLICANT INFO

AGE DATE OF BIRTH BIRTHPLACE

ADDRESS

CITY STATE ZIP

ATTACH RECENT  
PHOTOGRAPH  
(OPTIONAL)

## OPTIONAL INFORMATION

The following information is optional. Providing this information helps us to complete various statistical surveys and to better understand our admissions patterns regarding diversity. Please indicate your child's racial/ethnic affiliation, if desired.

- AFRICAN-AMERICAN    CAUCASIAN    HAWAIIAN/PACIFIC ISLANDER    MULTI-RACIAL    OTHER: .....
- ASIAN-AMERICAN    HISPANIC/LATINO    MIDDLE EASTERN    NATIVE AMERICAN

## PARENT/GUARDIAN #1

NAME RELATIONSHIP

ADDRESS

CITY STATE ZIP

EMAIL

HOME PHONE

WORK CELL

PROFESSION

EMPLOYER

CITY STATE ZIP

PHONE

EDUCATION

## PARENT/GUARDIAN #2

NAME RELATIONSHIP

ADDRESS

CITY STATE ZIP

EMAIL

HOME PHONE

WORK CELL

PROFESSION

EMPLOYER

CITY STATE ZIP

PHONE

EDUCATION

# The Empower School

## FAMILY

THE APPLICANT'S PARENTS ARE:  MARRIED  PARTNERED  DIVORCED  SEPARATED  OTHER: .....

Please provide any additional information that may be helpful to understand the child's family or living arrangements.

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The applicant is child # of ..... children in the family. If your child was adopted, at what age? .....

Does the family speak a language other than English at home? If so, please list:

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PLEASE LIST ANY SIBLINGS OF THE APPLICANT:

NAME	AGE	SCHOOL
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NAME	AGE	SCHOOL
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NAME	AGE	SCHOOL
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## SCHOOL HISTORY

CURRENT SCHOOL

PRINCIPAL PHONE

ADDRESS	CITY	STATE	ZIP
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PRIOR SCHOOLS ATTENDED:

SCHOOL GRADE/S	ADDRESS	DATES ATTENDED
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SCHOOL GRADE/S	ADDRESS	DATES ATTENDED
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SCHOOL GRADE/S	ADDRESS	DATES ATTENDED
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## EDUCATIONAL HISTORY

Please describe your child's learning and social difficulties and/or any diagnoses made.

Please provide as much detail as possible, including when and how any specific diagnoses were made.

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# The Empower School

Please describe your child's areas of academic strength.

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Has your child ever repeated a grade? If so, please describe the reasons and which grade(s).

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Please describe any concerns you have regarding your child's social, emotional or behavioral functioning, or any past history of difficulties in these areas.

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Has your child been subject to any disciplinary actions at their current or prior schools? If so, please describe.

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## TESTING HISTORY

Please provide information on all professional assessments or evaluations that your child has received.

**For each assessment listed below, please submit a complete copy of the written report with this application.**

EVALUATION	DATE	EVALUATOR	PHONE
PSYCHO-EDUCATIONAL			
SPEECH/LANGUAGE			
OCCUPATIONAL THERAPY			
OTHER			
OTHER			

Does your child have an Individualized Education Program (IEP) or "504" plan? ..... If so, please attach a copy.

## SERVICE HISTORY

Please list all tutors, therapists, counselors or other professionals that have worked with your child in the last four years, either inside or outside of school. List the services provided, including the frequency. Provide a copy of the Information Release Form to each provider listed below. (Attach additional information if necessary.)

PROVIDER NAME // PHONE	SERVICES PROVIDED // FREQUENCY	EVALUATOR

# The Empower School

## MEDICAL HISTORY

Please briefly describe any current or prior medical conditions affecting your child, including allergies, vision and hearing.

Please list any medications your child is currently taking and the conditions for which they were prescribed.

MEDICATION

CONDITION

MEDICATION

CONDITION

MEDICATION

CONDITION

## STUDENT INFORMATION

What are your child's key personal strengths?

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What organized activities, clubs, sports, lessons or other groups does your child participate in at school or in the community?

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What are your child's hobbies, activities or interests, outside of the above?

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FOR EACH QUESTION BELOW, PLEASE MARK WHAT DESCRIPTION MOST ACCURATELY CAPTURES YOUR CHILD.

	OFTEN	SOMETIMES	RARELY	NEVER
1 // My child prefers to do things on his / her own, rather than with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 // My child prefers to do things the same way over and over again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 // My child reacts to small sounds, movements and touch, when others would not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 // In a social group, my child has difficulty keeping track of several different people's conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 // My child finds social situations difficult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 // When my child talks, it is difficult for others to get a word in edgewise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 // My child finds it hard to make new friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 // It upsets my child if the daily routine is disturbed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 // My child finds it hard to "read between the lines" when someone is talking to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 // New situations make my child anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# The Empower School

What are your expectations for your child at the Empower School?

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Please provide any additional information that you feel may be helpful in understanding your child.

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## REFERRALS

Please List the names of source(s) through which you heard about the Empower School?

PROFESSIONAL REFERRALS (DOCTORS, PSYCHOLOGISTS, CONSULTANTS, TUTORS, ETC.)

MEDIA (NEWSPAPERS, MAGAZINES, ETC.)

INTERNET

FRIENDS

AUBURN WEBSITE

OTHER

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# INSURANCE INFORMATION

## MEDICAL INSURANCE INFORMATION

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance company name: \_\_\_\_\_

Certificate / policy number: \_\_\_\_\_

Group name / plan: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance company address: \_\_\_\_\_  
Street City State Zip

Subscriber's name: \_\_\_\_\_

Subscriber's address: \_\_\_\_\_  
Street City State Zip

Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to subscriber (*check*):      \_\_\_\_ Self      \_\_\_\_ Spouse      \_\_\_\_ Dependent child

Does your insurance company require referrals:      \_\_\_\_ Yes      \_\_\_\_ No

Name of primary care provider (PCP): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_-\_\_\_\_-\_\_\_\_