

Student Name _____

School Year _____

Date _____

The School at McGuire Memorial School-Age Admission Application

FAMILY INFORMATION:

Parents' Names: _____

Address: _____

County of Residence: _____

Family Contact Info:

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Day phone: _____

Day phone: _____

Home phone: _____

Home phone: _____

Cell phone: _____

Cell phone: _____

Email: _____

Email: _____

Name of adults living in household: _____

Name and ages of children living in household: _____

STUDENT INFORMATION:

Date of Birth: _____

Race: _____

Sex: _____

Primary Diagnosis: _____ Date of Diagnosis: _____

Age at Diagnosis: _____ Diagnosed by: _____

Secondary diagnosis: _____

Medical conditions: _____

Allergies: _____

Communication System: _____

Ambulatory: Yes No

Toilet-Trained: Yes No

Safety Risk Factors: _____

Eating Issues: _____

Sensory Issues: _____

Vision and Hearing Issues: _____

Orthotics and adaptive equipment: _____

Behavior concerns: _____

Fears/Obsessions/Rituals: _____

Favorite activity: _____

Other information: _____

CURRENT MEDICATION:

Name	Dosage	Administration Time	Used for:	Side Effects

Student Name _____

School Year _____

Date _____

SCHOOL DISTRICT INFORMATION

Home School District: _____

Special Education Contact Person Name: _____

Special Education Contact Person Phone Number: _____ Email: _____

Student's Current School: _____ Grade: _____

Special Education Primary Disability Category: (as identified on Re-Evaluation Report)

- | | |
|--------------------------------------|-------------------------------------|
| _____ Mental Retardation | _____ Autism |
| _____ Deafness or Hearing Impairment | _____ Speech or Language Impairment |
| _____ Visual Impairment | _____ Serious Emotional Disturbance |
| _____ Orthopedic Impairment | _____ Traumatic Brain Injury |
| _____ Specific Learning Disability | |

Type of Special Education Support (as identified in IEP)

- | | |
|---------------------------------------|-------------------------------------|
| _____ Autistic support | _____ Life Skills Support |
| _____ Learning Support | _____ Multiple Disabilities Support |
| _____ Blind/Visually Impaired Support | _____ Deaf/Hearing Impaired Support |
| _____ Physical Support | _____ Emotional Support |
| _____ Speech and Language Support | |

AGENCY INFORMATION

Supports Coordination Unit: _____

Address: _____

Supports Coordinator: _____

Wrap-around Agency: _____

Address: _____

BSC: _____

Authorized Services: _____

Name of Person Completing Form: _____

Relationship to Student: _____

Student Name _____

School Year _____

Date _____

ADMISSION DOCUMENTATION REQUIREMENTS FOR SCHOOL-AGE STUDENTS

- Birth Certificate
- Current IEP
- Current Re-Evaluation
- Admission Packet
 - Application
 - Emergency Contact Form
 - School Lunch Forms
 - Photo Release
 - Community Based Instruction Permission
 - Release of Records Form
 - Permission to Observe Form
 - Medical Forms
 - Prescriptions for therapies and specialized feedings
 - Seizure Protocols
 - Prescriptions for medications to be dispensed at school
 - Forms sent by school nurse