



Student Application and Intake Information

There is a \$150 application and evaluation fee which is non-refundable and non-transferable.

General Information:

Form completed by: _____ Relationship to student: _____

Student's name: _____ Date: _____

Address: _____ Birth date: _____

City/State/Zip: _____ Phone: _____

Language(s) spoken: _____ Add. Phone: _____

The student lives with: _____

Medical History:

- Please list any significant information regarding the child's gestation and delivery, including complications:

- Please list any of the child's diagnoses and the dates they were made. Please include health-related as well as developmental diagnoses. _____

- Please list any significant past injuries, surgeries, or recent illnesses:

Date: _____ Occurrence: _____

Date: _____ Occurrence: _____

Date: _____ Occurrence: _____

- Please list any allergies to medications, food, or environmental: _____

Medications: Please list name, reason for taking, dosage, and times of administration:

<u>Medication</u>	<u>Reason</u>	<u>Dose</u>	<u>Time of Day/Night</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

