**APPLICATION FOR ADMISSION | 2022-2023** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENROLLING FOR: FALL 2022 \_\_\_\_\_ SPRING 2023 \_\_\_\_\_

**STUDENT INFORMATION:**

**information sur les étudiants / información del estudiante**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_ Gender: M F

Race:American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Ethnicity: Hispanic or Latino Not Hispanic or Latino Biracial Multiracial Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Languagespoken at home: **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary language spoken by child (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Immigrant Country of Origin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If new immigrant, what year did you move to the United States? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child lives with:  both parents father mother other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background:**

Grade entering The Freedom School \_\_\_\_\_\_ Last grade completed \_\_\_\_\_\_ Neighborhood Elementary School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schools previously attended:

School Name State/ZIP Phone Grades Completed There/Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child ever been evaluated by Special School District? Yes \_\_\_\_ No \_\_\_\_ Did the evaluation result in your child receiving services? Yes \_\_\_\_ No \_\_\_\_

Does your child have a current: IEP? ISP? If so, please include a copy of the most current evaluation report with the admission packet.

Has your child been diagnosed with: Autism or being on the spectrum? Yes \_\_\_\_ No \_\_\_\_

Has your child been diagnosed with Lead Poisoning or high lead levels? Yes \_\_\_\_ No \_\_\_\_

Has your child been diagnosed with any sensory issues? Yes \_\_\_\_ No \_\_\_\_ Sensory Processing Disorder? Yes \_\_\_\_ No \_\_\_\_

Has your child ever been suspended? Yes \_\_\_\_ No \_\_\_\_ How many times? \_\_\_\_\_\_\_\_\_ Has your child ever been expelled? Yes \_\_\_\_ No \_\_\_\_

Has your child ever been retained? Yes \_\_\_\_ No \_\_\_\_ What grade? \_\_\_\_\_ Reason for the retention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Background:**

Does your child have any serious food allergies?  Yes No If yes, please provide documentation from their physician after admission to the school.

Does your child have any physical limitations that would prevent them from fully participating in school activities?  Yes No If yes, please explain: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical conditions that would require care during school hours?  Yes No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Note: for medical conditions that require medication/treatment during school hours, please provide documentation and treatment plan from your physician**

How did you hear about The Freedom School? New City Fellowship  TFS Family  Relative  Friend  Community  Website Other