



**ADMISSIONS APPLICATION**  
2007-08 ACADEMIC YEAR

_____		_____
Student's name		Date
_____		_____
Prefers to be called		Grade, 07-08
_____		_____
Current School	Date of Birth	Gender
_____	_____	_____
		Age
		_____

**CONTACT INFORMATION OF PARENT(S)/ GUARDIAN(S)**

_____		_____	
Parent Name		Parent Name	
_____		_____	
Street		Street	
_____		_____	
City, State, Zip Code		City, State, Zip Code	
_____		_____	
Home Phone	Cell Phone	Home Phone	Cell Phone
_____	_____	_____	_____
Work Phone	email	Work Phone	email
_____	_____	_____	_____
Profession	Employer	Profession	Employer
_____	_____	_____	_____
Custodial arrangement, if applicable		Child's primary residence	
_____		_____	

Has applicant applied to Raskob Day School in the past? \_\_\_\_\_ If so, when? \_\_\_\_\_

Brothers and sisters (ages) \_\_\_\_\_

If your child is adopted, at what age did he or she join your family? \_\_\_\_\_

## SCHOOL HISTORY

Present school	Previous school
Address	Address
Telephone	Telephone
Grades attended	Grades attended
Reason for leaving	Reason for Leaving

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Please list all other schools student has attended

Describe the applicant's current difficulties and/or dissatisfactions with current placement:

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Please indicate if your child is receiving/has received the following interventions and provide relevant details (e.g., frequency, setting,):

Tutoring \_\_\_\_\_

Classroom Aide \_\_\_\_\_

Counseling/psychology \_\_\_\_\_

Speech and language \_\_\_\_\_

Occupational therapy \_\_\_\_\_

## HEALTH

General health (check one): \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Please list any special health issues \_\_\_\_\_

Describe the applicant's diagnosis with regard to learning difficulties and school placement (for example, language delays, ADHD, behavioral concerns, social/emotional difficulties, mood disorder) Please be specific.

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Is your child currently taking any medications? \_\_\_\_\_

Please list frequency and dose: \_\_\_\_\_

Does your child have a current IEP? Are you expecting/requesting that the public school district in which you live assumes responsibility for a Raskob placement?

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Would your child require a scholarship or financial aid to enroll at Raskob?

yes       no

How did you hear about Raskob Learning Institute and Day School? \_\_\_\_\_

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It would be helpful to us if you would attach a photograph of your child here:

**Which of the following apply to your child? (CHECK ALL THAT APPLY)**

**Follows simple directions well?**

- Yes
- No

**Follows complex directions well?**

- Yes
- No

**Knows left from right:**

- Yes
- No

**Establishes relationships:**

- With ease
- Some difficulty
- Great difficulty

**Maintains relationships:**

- With ease
- Some difficulty
- Great difficulty

**My child is:**

- Well coordinated
- Awkward
- Very clumsy

**Plays with children who are:**

- Younger
- Older
- Same age
- Prefers to play with one child
- A few
- A group

**Timing is off when:**

- Moving
- Gesturing
- Talking
- Reacting

**Listens to:**

- CDs
- Radio
- Doesn't like to listen
- Likes TV
- Doesn't like TV

***Elementary applicants only***

**Socially my child is:**

- Sociable
- Not sociable
- Withdrawn
- Shy
- Very aggressive
- Slightly aggressive
- Considerate
- A leader
- A follower
- A loner
- Easily upset
- A dreamer
- Excellent sense of humor
- Fair sense of humor
- Very little sense of humor
- Very practical
- Not very practical

**Can be described as:**

- Easily frustrated
- Rigid
- Immature for age
- Unpredictable
- Listless
- Restless
- Falls apart easily
- Well organized
- Poorly organized
- Flexible
- Is good at:**
- Sports
- Dancing
- Swimming
- Running

**Hand preference:**

- Left  Right

**My child can:**

- Tie shoes
- Dress on own
- Jump
- Skip
- Ride a bike
- Jump rope
- Bounce a ball
- Use a computer
- Tell time by the hour
- Tell time by half hours
- Tell exact time
- Say address and phone number
- My child knows the order of:**
- Months
- Days of week
- Seasons