

Applicant Information



Student Information

Last Name	First Name	Middle Name	School Year
Date of Birth	Gender	Home Phone	
Home address			
Name & address of previous school			
Dates attended	Current Grade or Last Grade Completed		
Does the student live full time with both parents?	If not, please describe custody arrangement & provide documentation.		
Siblings (list name, date of birth and current school)			

Parent/Guardian Information

Name	Relationship to student	
Home address		
Mobile phone	Work phone	Home phone
Email	Driver license # and state	
Employer name & address		

Name	Relationship to student	
Home address		
Mobile phone	Work phone	Home phone
Email	Driver license # and state	
Employer name & address		

Applicant Information

Emergency Contacts & Pickup Authorization

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name			
Authorized to pick up?			
Relationship			
Address			
Phone			
Alt. phone or e-mail address			

Medical Information

Name of Child's Physician	
Physician Address	Physician Phone
List any allergies	

Additional Information

Please use this space for any additional information you wish to share.

Parent/Guardian Signature

_____	_____	_____	_____
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Office Use Only

School # 4401	Tour Date	Start Date	Grade & Diploma Track	McKay
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STUDENT PROFILE

This document is used to help better understand the challenges that have been observed with your student prior to their possible enrollment in our school community.

STUDENT'S NAME: _____ **GRADE:** _____

CURRENT SCHOOL: _____

- What do you perceive to be your child's strengths, abilities and talents?

- What do you perceive to be your child's greatest areas of need?

- What do you consider to be your child's outstanding difficulties in school?


- Is your child motivated to learn? Have they been willing to work in order to achieve?

- Has your child ever repeated a grade? Please explain.

- How would you characterize your child's memory?

- What does your child do in their leisure time? What are their hobbies? Interests? Typical afternoon?

- What is your expectation for your child as part of our school community?



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- How does your child feel about themselves in general? About their academic progress?

- Has your child had any extended periods of being absent from school? If so, please explain.

- Has your child displayed behavior problems in school? At home? If so, please explain.

- Please describe your child's previous experiences at school. Including with teachers and students.

- Please describe your child's current experiences at home. How is their relationship with family?

Please complete the below section by circling or checking the answer that best describes the student.

Relationship To Other Children

- A. Works well with others.
- B. Generally does not get along well.
- C. Is happier alone.

Need For Attention

- A. Satisfied with reasonable amount.
- B. Tends to need constant attention.

Independent Skills

- A. May need assistance.
- B. May need to be reminded.
- C. Usually takes initiative.

Stability

- A. Generally under control.
- B. Occasionally loses control.
- C. Frequently loses control, outbursts.

Social Participation

- A. Shy, withdrawn, won't participate.
- B. Active participant, needs encouragement.
- C. Will participate, needs encouragement.

Self-Confidence

- A. Lacks confident, needs encouragement.
- B. Usually confident.
- C. Falsely confident or over confident.

Adjusts to new situations	Excellent	Good	Fair	Work Needed
Relationships with Peers	Excellent	Good	Fair	Work Needed
General conduct	Excellent	Good	Fair	Work Needed
Shows respect for adults	Excellent	Good	Fair	Work Needed
Shows verbal self-control	Excellent	Good	Fair	Work Needed
Shows physical self-control	Excellent	Good	Fair	Work Needed
Accepts authority	Excellent	Good	Fair	Work Needed
Follows classroom rules	Excellent	Good	Fair	Work Needed
Shows self-confidence	Excellent	Good	Fair	Work Needed
General conduct	Excellent	Good	Fair	Work Needed

Parent/Guardian Signature

Date