



# Application Form

<b>PERSONAL INFORMATION</b>
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Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

MOTHER'S INFORMATION	FATHER'S INFORMATION
Name: _____	Name: _____
Contact Number _____	Contact Number _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____

<b>ACADEMIC INFORMATION</b>
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1. Primary Exceptionality \_\_\_\_\_
2. Does your child receive any of the following therapies?   Speech   OT   ABA
3. Please circle if your child has any of the following:   Medicaid Waiver   Insurance Carrier
4. Date of Last Evaluation \_\_\_\_\_
5. Present School \_\_\_\_\_
6. Last Public School Attended: \_\_\_\_\_
7. Is student eligible for the McKay Scholarship?       YES       NO
8. If yes, what is the matrix number or the amount of the scholarship? \_\_\_\_\_

(Continued on back)

**HEALTH INFORMATION**

9. Does the child have any chronic health problems (i.e. seizures)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

10. Please indicate any prescription medication your child presently takes and the dosage:

\_\_\_\_\_

**PERSONAL INFORMATION**

11. Describe your child's strengths and weaknesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Date received \_\_\_\_\_

Appl. Fee paid \_\_\_\_\_

Tested on \_\_\_\_\_

Interviewed \_\_\_\_\_

Status \_\_\_\_\_