



APPLICATION

STUDENT INFORMATION

Last Name: First Name:

Preferred Name:

Birth Date: Sex: Male Female

Address:

City: County: State: Zip:

MEDICAL INFORMATION

Please note that the student's immunization records, or immunization waiver, and medical diagnosis form must be on file at the school before the child can be admitted to class.

Doctor's Name: Phone:

Medical Diagnosis: Code:

Secondary Medical Diagnosis: Code:

Allergies:

Medications:

Concerns/Comments:

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STUDENT INFORMATION

To be answered by the student:

What do you like to do the most?

What is your favorite thing to learn?

What do you like to talk about when you are with kids?

What do you like to do get exercise?

Do you like video games?

Do you like animals (dogs, cats, horses, goats)?

Have you ever ridden a horse?

What bothers you at school?

What do you like at school?

Do you know how to use the internet to find information and play games?

What would you like to do for a job someday?

PARENT INFORMATION

PARENT / GUARDIAN (RESPONSIBLE FOR THE TUITION):

Last Name: First Name:

Preferred Name:

Relationship to the student:

Address:

City: County: State: Zip:

Main Contact Phone #: Secondary Phone # (if any):

E-mail address:

Occupation:

Your special talent that you could share with our students:

PARENT / GUARDIAN #2:

Last Name: First Name:

Preferred Name:

Relationship to the student:

Address:

City: County: State: Zip:

Main Contact Phone #: Secondary Phone # (if any):

E-mail address:

Occupation:

Your special talent that you could share with our students:

CONTACTS IN CASE OF EMERGENCY:

Name: Phone Number

Relationship to the student:

Name: Phone Number

Relationship to the student:

OTHER FAMILY MEMBERS UNDER 21:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

OTHER FAMILY MEMBERS / KEY PEOPLE IN THE STUDENT'S LIFE:

Name: Relation:

Name: Relation:

Name: Relation:

PETS:

Name: Type:

Name: Type:

AGREEMENT OF PARTIES:

The Asperger Connection School admits students of all races, colors, national and ethnic origin to all the rights, privileges, programs and activities generally accorded, or made available to students at the school. It does not discriminate on the basis of sex, race, color, national or ethnic origin.

The Asperger Connection School intends to:

- Develop critical thinking skills for the student's learning
- Foster increased social skills with measured results
- Build self-confidence in each student through positive reinforcement of their strengths
- Prepare the student for today's world through digital learning
- Enhance the child's physical well being
- Conduct all discussions with the child and parent(s) in a respectful tone

The parent(s) agrees to the following:

- The student is medically diagnosed with Asperger
- The parent will participate as a partner in the child's continuum of education
- The parent(s) will attend monthly symposiums to further understand and enhance the child's learning experience
- ALL communication for the child's learning experience should be directed first to the Teacher, then to the Principal if necessary, then to the Executive Director, as needed. We are all to be involved in any of your concerns.
- Concerns for the child's learning experience will be voiced in a respectful tone
- The parent(s) will practice positive reinforcement of the student's strengths and use mis-steps as a basis for a learning experience

As partners in the learning experience for _____

we sign our names on this day _____.

Nancy Black

Executive Director

Please Print

Parent/Legal Guardian

Please Print

Parent/Legal Guardian