



# RADCLIFFE CREEK SCHOOL

## APPLICATION FOR ENROLLMENT

\_\_\_\_\_  
Name of Applicant (First, Middle and Last Name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Male/Female

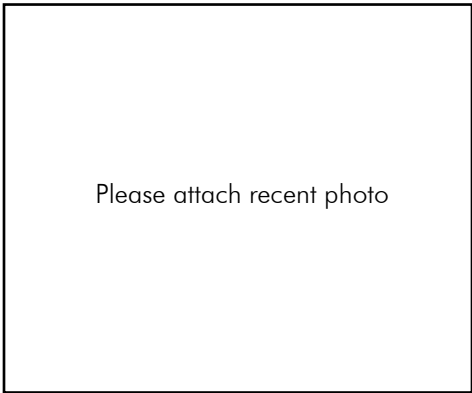
\_\_\_\_\_  
Present Grade

\_\_\_\_\_  
Applying for Grade

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Home Email



### FAMILY INFORMATION

Married  Separated  Divorced  Widowed  Other

If separated or divorced, with whom does your child reside? \_\_\_\_\_

To whom should financial correspondence be sent? \_\_\_\_\_

Does your child have any siblings?  Yes  No

If yes, please list their names and ages: \_\_\_\_\_

\_\_\_\_\_

### Parent/Guardian #1 Information

### Parent/Guardian #2 Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

## PRESENT & PAST SCHOOL INFORMATION

Present School	
Principal	
School Address	
City/State/Zip	
Previous School	Dates Attended
Previous School	Dates Attended

## ALTERNATIVE FUNDING

Are you seeking tuition assistance through the school scholarship service (SSS)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you in the process of working with your school system for non-public placement?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you working with an Attorney? \_\_\_\_\_

If so, whom? \_\_\_\_\_

If funding is denied or postponed, are you prepared to place the student at Radcliffe Creek School yourself?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL INFORMATION

What diagnoses have been given for your child's learning/educational difficulties? By whom? Please explain any medical conditions significant to your child's well being.

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Is your child currently taking medication?  yes  no

If yes, please list all medications and describe the condition (s) for which they are prescribed.

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Does your child have any allergies? If yes, please list all allergies.

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Your child's Pediatrician

Telephone

Address

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## DESCRIPTION OF YOUR CHILD

What are your child's chief strengths, both personal and academic?

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What are your child's greatest needs?

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What are your child's hobbies and interests?

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How do you expect Radcliffe to help your child?

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Is there any history of behavioral difficulty, either in relationship to family, peers, or academic setting? If so, has any evaluation or treatment been conducted in relationship to these problems?

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## TESTING INFORMATION REQUIREMENTS

Parents: When submitting your application for admission, please be sure to submit the following with the application (or indicate when evaluations have been scheduled):

Please check all that you are enclosing.

- Psycho educational Evaluation which includes:

Intelligence Battery (WISC-IV or equivalent) and report **within the last 2 years**

Results Pending  Scheduled on \_\_\_\_\_

Achievement Battery which includes reading, math and written language sections with updated norms (Woodcock Reading Mastery, Woodcock Johnson Mathematics: Calculation and Applied Problems, Test of Written Spelling, or equivalent)

Results Pending  Scheduled on \_\_\_\_\_

School Records (IEP's and school progress report – **only most recent**)

Speech and Oral Language, and Occupational Therapy Evaluations (if applicable)

Results Pending  Scheduled on \_\_\_\_\_

## APPLICATION FEE

A processing fee of **\$75.00** (checks made payable to Radcliffe Creek School) is to be submitted with the application. The fee is used to defray expenses connected with processing the application. We cannot begin to process your application until we receive this fee.

I understand that I am required to submit all relevant psychological, educational and medical information. Any information withheld may jeopardize my child's eligibility.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

If you would like to make any other statement regarding your child, please feel free to do so on a separate piece of paper.



CONSENT FORM

Radcliffe Creek School has my consent to contact those persons who have worked with and, or have evaluated my child, to discuss in complete detail any and all test results that are relevant to my child's admission into the school.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Educational

\_\_\_\_\_  
Present School Principal

\_\_\_\_\_  
Speech/Language Pathologist

\_\_\_\_\_  
Classroom Teacher

\_\_\_\_\_  
Occupational Therapist

\_\_\_\_\_  
Physical Therapist

\_\_\_\_\_  
Other

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date