



Pre-Admission Form

Student Information

This section covers information about your child.

Today's Date _____

Student's Legal Name _____ Preferred Name _____

Gender

Female

I prefer not to answer.

Male

Hispanic or Latino?

Yes

I prefer not to answer.

No

Race (Choose al that apply):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

I prefer not to answer.

Address Where Child Resides:

Street Address

City, State, Zip Code

Home Phone Number: (____) _____

Date Of Birth _____ Current Age _____

Parent/Guardian Information

Guardian 1 Name _____ **Email** _____

Address _____ **City, ST, ZIP** _____

Cell Phone # (____) _____ **Work Phone # (____)** _____

Occupation _____ **Employer** _____

Guardian 2 Name _____ **Email** _____

Address _____ **City, ST, ZIP** _____

Cell Phone # (____) _____ **Work Phone # (____)** _____

Occupation _____ **Employer** _____

Is your child an Empowering Families Scholarship recipient?

Yes

No

Has your child ever been asked to leave a school?

Yes

No

If you answered yes, why was your child asked to leave?

Is your child currently enrolled in a school?

Yes

No

If you answered yes, please provide the name of current school: _____

Current Grade: _____

Do you have an IEP (Individual Education Plan) for your child?

Yes

No

Communication:

Check all that are true.

Has no verbal language

Has limited verbal language

Can answer basic questions

Is conversational

Communicates in full sentences

Is difficult to understand

Uses PECs to communicate

Uses device to communicate

Uses sign language

Points to what he/she wants

Uses gestures (head shake)

Does not voluntarily speak

Medical Information

Please include all medical issues your child has now or has ever had.

Allergies: _____ Asthma: _____ Diabetes: _____ Heart Condition: _____ Seizures: _____

Please list any **FOOD allergies** that your child has:

Please list any **NON-FOOD allergies** your child has:

Does the child have an Epi-Pen in case of severe allergic reaction?

Yes

No

Any other medical conditions or health concerns:

Is your child on a special or limited diet, or does your child have specific feeding needs?

Yes

No

If yes, please describe:

Please let us know which services and/or therapies your child currently receives.

Service

Hours per Week

ABA Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Occupational Therapy (OT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Physical Therapy (PT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Speech/Language Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Additional Information

- | | |
|---|--|
| <input type="checkbox"/> Difficulty with Comprehension. | <input type="checkbox"/> Academically below peers. |
| <input type="checkbox"/> Can copy from the board. | <input type="checkbox"/> Can interact in a group setting. |
| <input type="checkbox"/> Is able to follow direction(s). | <input type="checkbox"/> Functions independently - Eating, using the rest room, etc. |
| <input type="checkbox"/> Displays Physical Aggression. | <input type="checkbox"/> Displays Verbal Aggression. |
| <input type="checkbox"/> Frequent or infrequent Elopement. | <input type="checkbox"/> Struggles with Social Interaction. |
| <input type="checkbox"/> Does your child have any other diagnoses other than Autism?
If yes, please provide us with details. | |

Please use this section to enter any other pertinent information about your child, and his or her needs.

Required Documentation:

In addition to the application form, please provide us with the following documentation:

- Documentation of an autism spectrum disorder diagnosis.
- Copy of last IEP (Individualized Education Plan)
- Copy of Behavior Intervention Plan, if available
- Copy of most recent psychological evaluation
- Copy of last year's report card
- Copy of most recent standardized test score, if applicable

Notice of Nondiscriminatory Policy

Thrive Academy admits students of any race, color, 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 race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.