



APPLICATION FOR ADMISSION
School Year 2011- 2012

Name _____ Grade _____

Nationality _____ Age _____ Sex _____

Date of Birth _____ Place of Birth _____

Home Address _____

First Language of Student _____ Emergency Phone _____

Name of organization financing school _____ Percentage _____

Last school attended (Address) _____

Phone: _____ E-mail: _____

Parents Data:

Name of Father _____ E-mail _____

Nationality _____ Profession _____

Place of Work _____ Phone _____ BB PIN# _____

Native Language _____ Mobile phone _____

License Plate Numbers of all Vehicles _____

Name of Mother _____ E-mail _____

Nationality _____ Profession _____

Place of Work _____ Phone _____ BB PIN# _____

Native Language _____ Mobile Phone _____

Languages spoken at home _____

License Plate Numbers of all Vehicles _____

Date: _____

Parent's Signature

STUDENT HEALTH RECORD AND EMERGENCY INFORMATION

Student's Name _____ Grade _____

Father's Name _____ Mother's Name _____

Home Phone _____ Home Phone _____

Office Phone _____ Office Phone _____

Mobile Phone _____ Mobile Phone _____

Persons to call in case of emergency (if parent cannot be contacted)

1) _____ Office Phone _____

Home Phone _____ Mobile Phone _____

2) _____ Office Phone _____

Home Phone _____ Mobile Phone _____

Family Doctor _____ Phone _____

Hospital/Clinic Name _____ Phone _____

Please specify any allergic reactions: (Including bee stings)

Does Child have asthma? _____

Any sport activity restriction: _____

It is our school policy not to administer medications to students without written parental permission. If your child requires medication, please bring it to the school in the original container with a parent's/doctor's note and instructions.

I hereby authorize the school to take my child to the nearest medical center in case of emergency when none of the above persons can be reached. Yes ____ No ____

Please state if your child has been diagnosed with or treated for any educational or emotional problems. Be specific so we can discuss any special arrangement that may be needed. It is the responsibility of the parent to fully disclose any such diagnoses and provide professional reports and recommendations. Withholding such information may result in non-admission, suspension or dismissal of the student.

Please give a brief medical history of childhood diseases and ongoing medical needs:

Parent's Signature

Note: This information is confidential and utilized for administrative and educational purposes.



PERMISSION SLIP
SCHOOL YEAR 2011 – 2012

As part of our curriculum, the children will have opportunities to go on field trips that are designed to amplify what they are studying in their classrooms. Notification will be sent home prior to any trip. It will include information about the destination, date and time.

Frequently students forget to return their permission slip. Because of liability issues, we are unable to allow a student to leave the school grounds without parental permission. Verbal permission by phone cannot be accepted.

Therefore, we have designed a “generic” field trip permission slip. If signed, this form permits your child to go on all school sponsored field trips for the 2011-2012 school year unless otherwise denied in writing. The permission form includes regular classroom excursions, as well as special events that may be organized by Specials Teachers (Art, Music, P.E., Computers, Spanish, etc.)

You are under no obligation to sign this form; however, in its absence it will be your responsibility to furnish the school with written permission for each class trip. Additional forms will not be provided.

Please read the information below and if you have any questions do not hesitate to call.

My child _____, grade _____ has my permission to take part in all the Discovery School “field trips” for the 2011 -2012 school year. I understand that I will have advance notice of all school/classroom field trips and may deny permission for my child to participate in any given trip by a written notification to the office and/or classroom teacher.

Date: _____

Parent’s Name (please print)

Parent’s Signature



Student Background

Information Sheet

Student's Name _____
(last) (first) (Middle)

Date of Birth _____ Country of Birth _____ Requested Grade _____
Day / Month / Year

Your child's development and school progress are important to the staff at the Discovery School. Please share our mission by completing this questionnaire. The responses will remain confidential and shared only with the appropriate school personnel.

1. FAMILY HISTORY

A. Parents' Names _____

B. Relationship to child (If not parent) _____

C. Student is living with: Both Parents _____ Mother _____
Father _____ Guardian _____ Step-Father _____
Step-Mother _____

D. Names of brothers and / or sisters attending or applying at Discovery School

Name	Age	Grade	Place of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Languages spoken at home: _____

Is English spoken at home? Yes ____ No ____

F. Proficiency in English as a Second Language (please circle the appropriate term)

Written English None Very Little Some English proficient

Spoken English None Very Little Some English proficient

Reading English None Very Little Some English proficient

2. PHYSICAL HISTORY

A. Please check the items that describe your child:

Very Active ___ Very Quiet ___ Average ___ Shy ___

Aggressive ___ Stubborn ___ Social ___ Other ___

B. Medical / Hearing / Vision

Has your child ever had hearing difficulty? Yes ___ No ___

Has your child ever had vision problems? Yes ___ No ___

Has your child ever been hospitalized? Yes ___ No ___

Does your child have allergies or asthma?
(Including bee stings) Yes ___ No ___

Has your child ever had a seizure? Yes ___ No ___

Does your child have a medical condition the school should know about? Yes ___ No ___

Please describe: _____

Is your child currently taking medication? Yes ___ No ___

Please indicate the type and purpose _____

Do you authorize the school to give your child Tylenol, Pepto-Bismol or
throat lozenges?

Yes ___ No ___

3. SCHOOL HISTORY

Please fill in the following:

Name of School	Location	Grade Level Attended	Years Attended	Language of Instruct.
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Please indicate the contact number of the most recent school attended.

PHONE _____

FAX # _____

Please circle the appropriate answer:

Has your child ever received a double promotion (skipped a grade) Yes No
Indicate grade skipped_____

Has your child ever been identified as gifted or talented? Yes No

Has your child ever been retained? Grade _____ Yes No

Has your child received English as a Second Language assistance? Yes No
Grade_____

Has your child ever been in a speech therapy program? Yes No
Grade_____

Has your child ever been identified as having a learning disability? Yes No

Please indicate learning disability area:
Reading_____ Language_____ Mathematics_____

Has your child ever received academic assistance during the school day? Yes No
Please indicate area of assistance_____

Has your child been diagnosed as ADD or ADHD? Yes No
(If the answered Yes to any of the above questions, please provide test results, reports, recommendation, phone number of professional)

Has your child ever received remedial assistance? Yes No
Please indicate the area of assistance:_____

Has your child ever received tutoring outside of the school day? Yes No
Please indicate the area of assistance _____

Has your child ever been denied admission to a school? Yes No
Please describe: _____

Has your child ever experienced social, emotional or behavioral difficulties? If Yes, Please explain_____ Yes No

Has your child ever been suspended from school? Yes No
Please explain_____

4. SOCIAL HISTORY (Please check the appropriate descriptions)

- Has difficulty adjusting to new situations.
- Adjusts to new situations with ease.
- Has never had to adjust to a new situation
- Has many friends
- Has a small group of friends
- Likes to be active in school

Please list your child's favorite hobbies or interests:

Is there any other information you feel would be useful for those educating your child?

Name- Relationship to Child (please print)

Signature of person completing this form

Date

Note: I/We have completed and signed this questionnaire in the belief that all answers are as accurate as possible.