



Application for Admission

Child's Name _____ Date of Birth _____

Parents' Names _____

Siblings' names _____ Age _____

Address _____

Home Phone _____ Work Phone _____

Mobile _____ Other _____

Emergency
Contact _____

Does your child have allergies or dietary restrictions? _____

Please list any medications your child is currently taking: _____

How did you hear about us? _____

Please tell us about your child: _____

Why do you feel TAS is a good match for your child? _____

Describe ways in which you can contribute to our community: _____

SCHOOL EXPERIENCE

Current School _____

Former Schools _____

Report card or evaluations attached: yes___no___

Has your child ever been expelled or suspended? yes___no___

Has your child ever been recommended for special services?

Tutoring _____ Speech _____ Testing _____

Describe circumstances and outcomes: _____

ACADEMIC DEVELOPMENT (IF APPLICABLE)

	<u>Grade</u>	<u>Below level</u>	<u>At Level</u>	<u>Above Level</u>
Reading	_____	_____	_____	_____
Writing	_____	_____	_____	_____
Math	_____	_____	_____	_____

Please check those terms that are typical:

SOCIAL DEVELOPMENT

Plays with others	Plays alone	Takes the lead
Initiates activity	Stands up for rights	Follows
Exhibits independence	Follows Rules	Shares
Responds positively to correction		

Comments: _____

EMOTIONAL DEVELOPMENT

Controlled	Content	Withdrawn
Confident	Aggressive	Nervous
Shy	Angry	Receptive
Hostile	Even tempered	Adaptable
Flexible	Happy	

Comments: _____

Is there anything else you would like for us to know? _____

