



St. Michael Special School

DATE RCVD	
\$30 PD	
SCP	

Application for Admission

Please submit a picture of student and \$30 application fee with application

Today's Date ____/____/____

Student Name _____ Sex _____
First Middle Last Suffix

This application is filled out by _____ Relation to student _____

Date of Birth _____ Social Security Number _____

Place of Birth _____ Civil Parish/Public School District _____

FAMILY INFORMATION Student lives with (Please circle one)

Both Parents Father Mother Guardian

Father/Guardian Information

Name _____ Home Phone _____

Address _____ Cell Phone _____

City/State/Zip _____ Work Phone _____

Employer _____ Occupation _____

Father E-mail Address _____

Mother/Guardian Information

Name _____ Home Phone _____

Address _____ Cell Phone _____

City/State/Zip _____ Work Phone _____

Employer _____ Occupation _____

Mother E-mail Address _____

SIBLINGS

Name	Date of Birth
_____	_____
_____	_____
_____	_____

Student Ethnicity

_____ American Indian/Native Alaskan _____ White
_____ Asian _____ Native Hawaiian/Pacific Islander
_____ Black _____ Multi-Racial

Please check one

Student is : _____ Hispanic _____ Non-Hispanic

ADDITIONAL INFORMATION

Religion _____ If Catholic, please fill out questions below.

Archdiocesan (Catholic) Parish Church _____

Name of Pastor _____

Baptism Date _____ Church _____

Holy Communion Date _____ Church _____

Confirmation Date _____ Church _____

PREVIOUS SCHOOL(S) ATTENDED

School Name	Address	Dates attended
_____	_____	_____
_____	_____	_____

PSYCHOLOGICAL EVALUATION

Completed by _____

Child's Classification _____

MEDICAL HISTORY

Is child on Medication? Yes / No Type and frequency _____

Is child subject to seizures? Yes / No Type and frequency _____

Date of Last Tetanus _____

Does the child wear / use:

Yes

No

Glasses

Hearing Aid

Leg Braces, Crutches, wheelchair

Other medical or psychological concerns: _____

BEHAVIORS

Does your child exhibit or has he/she ever exhibited:

Self-injurious behavior (head banging, cutting, biting, etc.) Yes No If yes, please describe:

Aggression towards others: (biting, kicking, spitting, hitting, etc.) Yes No If yes, please describe:

Difficulty transitioning from place to place or from task to task? Yes No If yes, please describe:

Obsessive compulsive behaviors (the need for things to be done in a certain way, pattern or time)?

Yes No If yes, please describe:

Does your child flee/run away? Yes No If yes, please describe:

Does your child have sleeping or eating problems? Yes No If yes, please describe:

Does your child show sensitivity to sensory input? (touch, sound, light, motion, etc.)

Yes No If yes, please describe:

Does your child respond to their name when called? Yes No

How does your child respond to discipline? What form(s) work best?

Is child fully toilet trained (no pull ups)? _____

Describe your child's self-care and toileting habits? Does your child ask to use the bathroom? Does your child independently use the restroom? Yes No

Does your daughter manage her menstrual cycle independently? Yes No (describe assistance needed)

LANGUAGE/COMMUNICATION and THERAPY

Mother's native language _____

Father's native language _____

What language is spoken in the home? _____

Is your child verbal? (Does he express his needs? Does he answer social questions? ...)

Yes No Describe verbal skills:

Describe your child's receptive listening skills. (Will he follow verbal directions? ...)

Does your child receive Speech Therapy?

Yes No If yes, how often per week? Indicate name of therapist.

Does your child receive Occupational Therapy or Physical Therapy?

Yes No If yes, how often per week? Indicate name of therapist.

Does your child receive Behavior Therapy or ABA (applied behavior analysis) Therapy:

Yes No If yes, how often per week? Indicate name of therapist/agency.

Please indicate any other therapies, clubs or classes your child attends regularly? (music, movement, sports)

Describe a typical day for your child. Please include time spent watching TV and playing with electronics.

Describe your child's previous school/classroom environment? What is the student/teacher ratio?

SOCIAL and PLAY SKILLS

- | | | | | |
|---|---------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Does your child prefer to be alone? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child enjoy social interaction with individual peers? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child enjoy social interaction with groups of peers? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child prefer to be on the fringe of groups of peers? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child prefer social interaction with adults? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child play appropriately by himself? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child play appropriately with peers? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child demonstrate repetitive play? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child engage in activity when undirected? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child ignore the presence of others? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child make eye contact with others? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child anticipate upcoming events with excitement? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child enjoy simple adult led games? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child participate in partner games with other children? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child understand games with rules? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child tolerate changes to activities and schedules? | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |
| Does your child engage in creative play? (use imagination, etc.) | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Rarely | <input type="checkbox"/> Never |

Please describe your child's preferred activities, interests, hobbies, and reinforcements:

Please describe activities that your child dislikes:

List any particular object(s) or situation(s) which your child finds distressing? (crowds, unfamiliar people/places, noises ...)

Is there anything else you would like for us to know about your child?



St. Michael Special School

1522 Chippewa Street

New Orleans, LA 70130

504-524-7285

AUTHORIZATION AND RELEASE OF RECORDS

I/we, parents of _____ [legal name of student], hereby authorize any school previously attended by our child, _____, including but not limited to any school denominated as a Catholic School by and/or under the vigilance of the Archbishop of the Archdiocese of New Orleans pursuant to Canon Law of the Roman Catholic Church and which our child has attended in the past, to send a copy of any and all school records, including but not limited to any and all transcripts, standardized test scores, attendance records, special-education records, disciplinary records and/or any and all other educational and/or social or informational records, of

_____ [legal name of student] to

St. Michael Special School. Further, in consideration of the sending and receipt of such records any related consideration, I hereby agree to release, defend, indemnify and hold harmless the owners of and/or any such schools that send and/or receive the aforementioned records, The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans, from any and all claims, demands and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such records.

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date