



**APPLICATION FOR ENROLLMENT
Lower School
2012-2013**

Parent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Child's Name: _____ Age: _____ Grade: _____
Present School: _____ District: _____

I understand that I must pay a \$100.00 nonrefundable fee to begin the initial Application process at New Way Academy. This fee does not guarantee admittance into New Way Academy, but does ensure consideration for enrollment by the Admissions Committee.

Parent Signature

Date

Form of Payment: Cash Check Visa Master Card American Express Discover Card

Credit Card #: _____ Expiration Date: _____

New Way Academy seeks and accepts students for admission with no discrimination against any person because of race color, religion, national origin, disability, or gender in violation of existing state or federal laws or regulations. New Way is a 501(c)(3) not-for-profit organization.



1300 N. 77th Street Scottsdale, AZ 85257
Tel: (480) 946-9112 Fax: (480) 946-2657

Please fill out the application **completely**. Your answers will greatly help us understand your child. If the question does not apply or you are unsure of the answer mark "NA" (not applicable) or "DK" (don't know). Please remember to attach a photo of your child.

2012-2013 CASE HISTORY

Date: _____

Child's Last Name: _____ First Name: _____ MI: _____

Birth date: _____ Gender: _____ Current Age: ____ Years: ____ Months: ____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Current Grade: _____ If summer, grade in the fall: _____

Mother's Last Name: _____ First: _____ MI: _____

Address (if different): _____

Telephone: Home: _____ Work: _____ Cell: _____

Home Fax #: _____ Email: _____

Employer: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Father's Last Name: _____ First: _____ MI: _____

Address (if different): _____

Telephone: Home: _____ Work: _____ Cell: _____

Home Fax #: _____ Email: _____

Employer: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Form completed by: _____

Relationship to Child: _____

Referred to NWA by	
Agency / Address	

List Siblings and Others living in Home	Relationship	Sex	Age	Grade

Primary Language of Home	
Other Languages Spoken	

Developmental Information

Parent: Birth Parent Adoptive Parent Foster Parent

If parent is adoptive or foster, at what age did the child enter the home? _____

Describe the pregnancy _____

Was the child born at term? _____ If no, how early? _____ How late? _____

Describe the delivery (vaginal, breech, cesarean, complications, etc.) _____

Child's weight at birth _____ Child's condition at birth _____

Describe your child's sleeping, crying, feeding, and behavior during infancy _____

Describe any atypical conditions or difficulties in caring for your child during infancy _____

Describe your child's early language development _____

Ages of Development (If you don't recall exact **ages**, designate early, average, or late)

Sitting		Spoke single words	
Crawling		Used sentences	
Walking		Daytime toilet training	
Quality of attachment (clingy, average, or aloof)		Dry at night	

Family History

Do any family members have a history of the following conditions?

CONDITION	RELATIONSHIP TO CHILD	DESCRIBE
Learning disability or difficulties		
Dyslexia or reading problems		
ADD or ADHD		
Bipolar		
Depression		
Speech problems (describe)		
Alcoholism		
Drug or substance abuse (What kind?)		
Suicide		
Incarceration		
Obsessive Compulsive Disorder (OCD)		
Anxiety or strong fears (describe)		

Medications

Current Prescription Medications	Prescribing Physician	For What and Dates Used (e.g. for depression from 6/03 to present)
Nonprescription Medication, Vitamins	When Used	For What

List medications *previously* used for attention, depression, anxiety, or behavioral/emotional concerns:

Medical Information

Please complete the following medical chart. If your child has no symptoms of the listed condition or behavior, mark NO.

BEHAVIOR OR CONDITION	No	Suspected	Diagnosed	Medicated
Reading disability or dyslexia				
ADD/ADHD (hyperactivity / inattention)				
Depression				
Bipolar				
Anger disorder				
Oppositional or defiant disorder				
Serious acting out(neighborhood/police)				
School refusal or significant avoidance				
Anxiety				
Lying				
Stealing				
Self-control challenges				
Impulsiveness				
Autism				
Pervasive Developmental Disorder (PDD)				
Asperger's Syndrome				
Tourette's Syndrome or Tic Disorder				
Cerebral Palsy				
Seizures or convulsions				
Cleft lip or palate				
Hearing Impairment / Hearing Aids				
Visual Impairment / Glasses or Contacts				
Allergies				
Frequent nasal congestion				
Mouth breathing				
Snoring				
Thumb or finger sucking (until when?)				
Bed wetting (until when?)				
Articulation disorder (errors of speech sounds)				
Delayed language development				
Poor coordination				
Obsessive Compulsive Disorder (OCD)				
Perfectionism				
Strong Fears (describe)				

History of Evaluations and Special Service

Please complete this chart even if you provide reports for us to review. If you do not recall the date of a consultation, state the child's approximate age. For example, "At age 4, child saw Mary Smith for evaluation and 6 months of speech therapy to learn the sounds of k, g, and sh."

Yes	No	Has you child ever:	When	Who did you see?	Why? Comments/Findings
		Been evaluated or seen by a <i>Psychologist?</i>			
		Been evaluated or seen by a <i>Speech Pathologist?</i>			
		Been evaluated or seen by a learning <i>Disability Specialist?</i>			
		Been evaluated or seen by an <i>OT</i> or <i>PT?</i>			
		Worked with a <i>private tutor?</i>			
		Been seen or evaluated by a <i>physician</i> for learning, neurological, or emotional concerns?			
		Had <i>vision or hearing testing?</i>			
		Been evaluated or treated by another professional not specified above? (Describe)			

Educational History

Where does your child currently attend school? _____

Is this a private or public school? _____

School district _____

Please list the special services your child currently receives at school

Service (resource, speech therapy, etc.)	Frequency

What other schools has your child attended?

Name of School	Dates of Attendance	Grade

Parent Concerns

Describe your concerns for your child _____

When was the problem first noticed? _____

What strategies have you used to help your child? _____

What are your long-term expectations for your child? _____

Behavioral Profile

Describe your child's personality and behavioral traits _____

Describe your child's thinking and reasoning skills _____

What are your child's interests and how does your child occupy his or her time? _____

What frustrations do you have in raising or disciplining you child? _____

Has your child used alcohol or recreational drugs? No Yes Suspected

If yes, describe the type and degree of involvement _____

Please attach a photo of your child here.