



Southern Raised Learning Enrollment Application

Date: _____

STUDENT INFORMATION

Full Name: _____
(First) (Middle) (Last) (Nickname)

Date of Birth: ___/___/___ Male Female Phone Number(s): _____

Home Address: _____
(Street / Apt No) (City) (State) (Zip Code)

SCHOOL INFORMATION

Current School: _____ Grade: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Contact Person: _____
(Name) (Email) (Phone)

Please list previous schools your child has attended . Please continue on back if needed.

Previous School: _____ Grade: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Contact Person: _____
(Name) (Email) (Phone)

Previous School: _____ Grade: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Contact Person: _____
(Name) (Email) (Phone)

Have you ever been asked to pick up your child from school due to a behavior issue?

Has your child's school, past or present, ever filed an incident report related to inappropriate behavior displayed at school?

Has your child ever been suspended from school?

FAMILY INFORMATION

Parent's/Guardian's Name: _____

Home Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Best Contact Number(s): _____ Email: _____
(daytime) (evening)

Marital Status: Married Single Separated Divorced Widowed

Employer: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Phone: _____

If child does not reside with 2 parents, please include contact information for both parents:

Parent's/Guardian's Name: _____

Home Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Best Contact Number(s): _____ Email: _____
(daytime) (evening)

Marital Status: Married Single Separated Divorced Widowed

Employer: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Phone: _____

SIBLINGS:

(Name) (Date of Birth) (School)

(Name) (Date of Birth) (School)

(Name) (Date of Birth) (School)

(Name) (Date of Birth) (School)

MEDICAL INFORMATION

Pediatrician Name: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Phone: _____ Email: _____

Psychiatrist/Psychologist Name: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Phone: _____ Email: _____

Counselor/Therapist Name: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Phone: _____ Email: _____

Neurologist Name: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Phone: _____ Email: _____

Other Medical/Wellness Professional: _____

Address: _____
(Street / Apt No) (City) (State) (Zip Code)

Phone: _____ Email: _____

What other services is your child currently receiving during the school day? (speech therapy, occupational therapy, physical therapy, etc.)

Does your child take medication? If so, please list the name and dosage of each one.

How did you hear about Southern Raised Learning?
(If it was a referral, please list the name, phone number and relationship of the person who referred you.)

What attracted you to Southern Raised Learning? (If you visited the website, what 'peaked' your interest?)

Are there areas of your child's education or well being that you are particularly concerned with?

In your opinion, what do you see as strengths in your son/daughter? Please list weaknesses, as well.

What signs/things will you be looking for that will tell you that you've made the right decision in sending your precious learner to Southern Raised Learning?

REFERENCES

Please list the name/email of two professionals that have worked with your child.
(teacher, paraprofessional, therapist, counselor.etc) I will be sending them a recommendation form to fill out.

(Name) (Professional Specialty) (Email)

(Name) (Professional Specialty) (Email)

Please bring this application along with the following items to your initial meeting with the director:

- Most recent psychological report
- Most recent speech/language, occupational therapy or physical therapy report
- Most recent report card
- Most recent IEP, 504 Plan, or any other plans relevant to his/her school day
- Work Samples

SIGNATURE OF PARENTS/ GUARDIAN

(Name)	(Signature)	(Date)
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(Name)	(Signature)	(Date)
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