



# 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) (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) (City) (State) (Zip Code)

Contact Person: \_\_\_\_\_  
(Name) (Email) (Phone)

Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (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) (City) (State) (Zip Code)

Phone: \_\_\_\_\_

*If child does not reside with two 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) (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) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Psychiatrist/Psychologist Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Counselor/Therapist Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Neurologist Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Other Medical/Wellness Professional: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What other services is your child currently receiving during the school day? Such as 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 'piqued' 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 and weaknesses in your son/daughter?

What will you be looking for that indicates you've made the right decision in sending your child to Southern Raised Learning?

## REFERENCES

Please list the name and email of two professionals who have worked with your child. Such as teacher, paraprofessional, therapist, counselor, etc. A recommendation form will be sent to each one.

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(Name) (Professional Specialty) (Email)

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(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**

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