



2019-2020 Admissions Application

PLEASE RETURN YOUR APPLICATION AND ALL DOCUMENTS TO:

Our World School Administration: 2680 Highway 42 N, McDonough, GA 30253

PLEASE CHECK EACH BOX TO MAKE SURE THAT ALL OF THE FOLLOWING ARE INCLUDED. IF NOT APPLICABLE, PLEASE MARK N/A.

- Completed Application
- Most recent annual IEP
- Birth Certificate
- Release of Records Form (Please submit to current school. Do NOT return to Our World.)
- Georgia "Certificate of Immunization, or exemption from immunization for medical reasons from a doctor, or "State of Georgia Certificate of Religious Exemption from Immunization".

RECENT DOCUMENTATION AS TO THE NATURE OF YOUR CHILD'S NEEDS INCLUDING BUT NOT LIMITED TO:

- Educational Evaluations
- Psychological Evaluation
- Speech and Language Evaluations
- OT/PT Evaluations
- Relevant Medical or Genetic Testing
- Autism/Diagnostic Evaluations
- Other Evaluations (please list)

Date of Application: _____

I. Child's Information

Child's Last Name First Middle Date of Birth

(____)

Street Address City State/Zip Home Phone

Please specify:
Age: _____ Male Female

Child's Place of Birth State Country

Mother's Name Father's Name
Street Address (if different than student's) Street Address (if different than student's)

(____) _____ (____) _____ (____) _____ (____) _____
Home Phone Cell Home Phone Cell

Preferred E-mail address Preferred E-mail address

Mother's Work Information- Job Title/Position Father's Work Information- Job Title/Position

Name of Business Name of Business

City/State/Zip City/State/Zip

Street Address Street Address

2. School History

Name of Current School

Current Grade or Class

Street Address

City

State

Zip

Phone Number

Date Started

Current Type of School Program

Private Public Other: Define _____

Full Inclusion Classroom

Inclusion Classroom with resource: Pull-out Subject(s) _____

Special Day Class

Special Day Class with some mainstreaming: Mainstream Subject(s) _____

Early Intervention Services (In-home or preschool program)

Preschool Program

Please check all current developmental or educational concerns:

___ Language deficit or delay ___ Difficulty with handwriting/fine motor skills

___ Difficulty with reading/pre-reading skills ___ Difficulty with arithmetic

___ Difficulty with spelling/pre-writing skills ___ Difficulty with maintaining attention

___ Difficulty with school attendance ___ Difficulty with organization

___ Difficulty in social situations

___ Challenging behavior(s)-Define: _____

Other: _____

3. History of Interventions

Please reply only if your child has received services in any of the following areas:

I. Speech and Language

Therapist/Service Provider

Phone Number

When was your child last assessed for these services?

What are the goals for this intervention?

II. Counseling

Name of Service Provider and/or Agency Name

Phone Number

When was your child last assessed for these services?

What are the goals for this intervention?

III. Occupational Therapy

Name of Service Provider and/or Agency Name

Phone Number

When was your child last assessed for these services?

What are the goals for this intervention?

IV. ABA Therapy

Name of Service Provider and/or Agency Name

Phone Number

When was your child last assessed for these services?

What are the goals for this intervention?

4. Additional Information

Describe your child's strengths.

Please describe any behavioral problems that have been brought to your attention by service providers or school staff.

What are your child's favorite activities or items?

Is your child involved in any extracurricular activities? Yes No (if yes, please list)

Is there any additional information that you feel would be helpful to know about your child?

Release of Records Request

Student's Name: _____

*Note to Parents/Guardians: Please fill out this form and send it directly to the last school attended by your child. Do **Not** return this form to Our World School.

I hereby authorize

Name of School _____

to release information from the record of (Student's full name) _____

to Our World School. It is understood that the information released will remain confidential.

Student's Residence Address: _____

Parent/Guardian Signature _____

Date _____

Note to Previous School: Please accept this document as formal approval for the release of all official school records. We would appreciate having from your files all material that might be helpful in working with this student. Mail documents to Our World School Administration: 2680 Highway 42 N, McDonough, GA 30253

School Information Requested:

1. Transcript/Grade Record
2. A copy of all psychological evaluations, including the following test scores:
 - a. Group and individual Intelligence Tests (including Profile Sheets).
 - b. Achievement Tests: Reading, Spelling, and Arithmetic
 - c. Any other tests given.
3. Individual Education Plan /School Accommodations Plan
4. Teacher, Guidance Counselor, and/or other staff comments
5. Discipline Records
6. Health Record
7. Attendance Record
8. Transfer Records