



## 2018-2019 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

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Name of Current School

Current Grade or Class

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Street Address

City

State

Zip

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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?

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### III. Occupational Therapy

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Name of Service Provider and/or Agency Name

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Phone Number

When was your child last assessed for these services?

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What are the goals for this intervention?

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### IV. ABA Therapy

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Name of Service Provider and/or Agency Name

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Phone Number

When was your child last assessed for these services?

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What are the goals for this intervention?

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## 4. Additional Information

Describe your child's strengths.

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

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What are your child's favorite activities or items?

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

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

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# 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 ABLE Christian 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