

The Learning Advantage Application

Student Information

Last Name First Name Middle Name Preferred Name

Date of Birth _____ Current Grade _____ Applying for Grade _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Social Security # _____

Parent/Guardian Information

Marital Status: Married _____ Separated _____ Divorced _____

With whom does the applicant live? _____

Legal Relationship? _____

Father's or legal guardian Name: _____

Home address _____

Phone: (home) _____ (work) _____ (cell) _____

Email _____ Fax _____

Occupation _____ Place of employment _____

Mother's name or legal guardian _____

Home address (if different) _____

Telephone (home) _____ (work) _____ (cell) _____

Email _____ Fax _____

Occupation _____ Place of employment _____

Siblings:

Name _____ Grade/Age _____ School _____

Name _____ Grade/Age _____ School _____

Name _____ Grade/Age _____ School _____

Who referred you to The Learning Center?

_____ Friends _____ Current Parent _____ Former Parent _____ Advertisement

School Information

Present School _____

Address _____

Name of Principal _____ Phone _____

Contact Teacher _____

Previous Schools attended:

Name	Grade	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever repeated a grade? Yes _____ No _____ Grade _____

Check any services your child has received? Counseling _____ Vision _____

Occupational Therapy _____ Physical Therapy _____ Resource _____

Speech/Language Therapy _____ Other _____

PSYCHOLOGICAL AND MEDICAL INFORMATION

Psychologist who most recently evaluated student:

Name _____ Date _____

Address _____

Telephone _____

Names of other psychologists who have evaluated the student:

Name	Address	Phone	Date
_____	_____	_____	_____
_____	_____	_____	_____

What diagnoses have been given for your child's learning/educational difficulties? By whom?

Please explain any medical conditions significant to your child's well being?

Is your child currently taking medication? _____ Yes _____ No

If yes, please list all medications and describe the conditions for which they are prescribed.

Does your child have any allergies? _____ No _____ Yes List allergies and treatment.

Your child's pediatrician? _____ Phone _____

DESCRIPTION OF YOUR CHILD

What are your child's strengths, both personal and academic?

What are your child's greatest needs?

What are your child's interests and hobbies?

How do you expect our learning center to help your child?

Learning Differences: Difficulties with spelling, reading, writing, and/or recall of math facts, tend to run in families. Please elaborate on any learning difficulties in your family.

I have provided accurate and complete information as requested by *The Learning Advantage*.

PARENT SIGNATURE:

DATE:
