CENTER: _____

ADMISSION APPLICATION
Page 1 of 2

Date _____

Child's Name _____ ❏ Male ❏ Female

    Date of Birth _____ Grade _____

    Parent(s) Name _____

    Address _____

    City _____ State _____ Zip _____-_____

    Telephone: Home (____)_____ Work (____)_____

    Email _____

Name of School _____

    Address _____

    City _____ State _____ Zip _____-_____

    Telephone (____)_____ Fax (____)_____

Has child been evaluated? ❏ Yes ❏ No   If yes, please send copy of evaluation. ❏

    Evaluator's Name _____ Telephone (____)_____

    Authorization to check reference: *(Parent's Signature)* _____

Is there a history of learning problems in the family?   ❏ Yes ❏ No

    If yes, what are they? _____

    _____

Describe your child's learning problem(s) _____

_____

_____

_____

Does your child know the alphabet? *(If 5 or 6 years old)*   ❏ Yes ❏ No

Can your child write his name? ❏ Yes ❏ No   Handedness: ❏ Left ❏ Right

Does your child understand words? ❏ Yes ❏ No   Questions? ❏ Yes ❏ No

                Directions? ❏ Yes ❏ No

How well do other people understand your child's speech? _____

Do you know of any other problems, including medical? ❑ Yes ❑ No

    If yes, what are they? _____

_____

Most recent eye exam date _____   Results _____

    Hearing exam date _____   Results _____

Does your child have behavioral problems in school? ❑ Yes ❑ No

    If yes, what are they? _____

_____

Is English the child's primary language? ❑ Yes ❑ No If no, what is? _____

Has your child applied to or received services at any other 32° Masonic Learning Center?

    ❑ Yes ❑ No If yes, Center(s)_____ Child's ID#_____

How did you hear of us? _____

Siblings/Ages _____

Interests _____

Release of Information for Research

I understand that information provided to the Center as part of the application process may be used in research and hereby give my consent. It is my understanding that my child's last name will not be used, and that data will be confidential. I further understand that this consent will not affect the Center's decision on my child's acceptance into the program.

_____   _____
(Parent Signature)   (Date)

*CHILD ID#:*_____

*CENTER:*_____