



**New
Horizon
School**
& Learning
Center

Day School Application

Date of Admission: _____
Last Day of Attendance: _____
School / District: _____

Student's Name _____
Last First Middle

Soc Sec# _____ Sex: M () F () Date of Birth _____ Current Grade _____

Address _____
City ZIP

Home Phone _____ **Student Cell Phone** _____

Parent/Guardian _____ Occupation _____ Wk # _____

Address, if different _____

Home phone _____ Cell Phone _____ E-mail _____

Parent/Guardian _____ Occupation _____ Wk # _____

Address, if different _____

Home phone _____ Cell Phone _____ E-mail _____

Student resides with Mother () Father () Other ()

How were you referred to New Horizon School? _____

List any medical conditions significant to your child's well-being: _____

Is your child currently receiving any medication? Yes () No () Doctor prescribing: _____

Name of medication _____ Taken during school time? Yes () No ()

Is there any history of behavioral difficulty, in relationship to family, peers, or an academic setting? If so, has any evaluation or treatment been conducted regarding these problems? (Use additional page if needed.)

If you would like to make any other statement regarding your child, please feel free to do so on a separate sheet of paper and enclose it with this application.

If your child has experienced either organically or emotionally based problems which have necessitated the use of medication or therapeutic intervention, it is of the utmost importance that this be *indicated at the time of application* in order that we may more effectively plan for the best way of addressing these needs. Withholding such information can only jeopardize your child's well being and hinder the school's ability to handle problems should they arise. Information pertinent to your child's application will be held in strictest confidence.

Financial correspondence should be sent to:

Name _____ Phone _____

Address _____
City State ZIP

When we receive your completed application and copies of assessments, IEP's, etc., you will be sent a letter of acceptance or denial. If accepted, a contract, as well as other pertinent information will be sent. If you have any questions, contact Karen by leaving a voice mail message: 707-579-3723 x1.

Parent or Guardian's Signature

Date

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