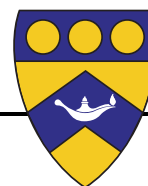


APPLICATION FOR ADMISSION

APPLICATION CHECKLIST:

- Enrollment Contract – signed and completed
- Student Handbook Acknowledgement
- Official School Transcripts
- Educational or psychological testing records
- Social Security Card (copy)
- In Case of Emergency Form
- Payment Plan – signed and completed
- \$150 Application Fee/ Deposit
- Medical Information Forms – signed and completed
- Immunization Records (copy)
- Photo Release Form – Signed

Student Name: _____ Grade: _____



Introduction

Glenforest School is a K thru 12, independent, 501(c)(3) non-profit, special mission school for students with diagnosed learning differences and/or attention difficulties. Catering to the specific needs of students who learn differently is the foundation of our school and our mission, the basis of our curriculum, and our daily priority.

Glenforest is fully accredited by the Southern Association of Colleges and Secondary Schools (SACS) and is a member of the National Association of Independent Schools (NAIS). Since 1983 over 5,000 students have passed through our doors; they typically have average to genius level I.Q, yet have struggled to find success in the public school setting due to neurological or attention deficit disorders.

Glenforest School is the only school in the greater Columbia area that accommodates students with a full spectrum of learning differences, learning styles and levels of intelligence. We work with students with a wide range of learning differences including Dyslexia, Dyscalculia, Dysgraphia, ADD/ADHD, Asperger's, Central Auditory Processing Disorders and Autism Spectrum Disorders and others. We can also accommodate students with multiple disabilities and/or various other conditions.

“If a child cannot learn the way they are taught, then we must as educators teach the way the child can learn.”

- Dr. Glenda Sternberg, Founder

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Glenforest School Admissions Process

Admission to Glenforest School is contingent upon acceptance by the Glenforest School Admissions Committee. Each prospective student will be interviewed and expected to complete a during a half-day school visit for a classroom experience at Glenforest School.

The following items are essential to initiate the official Glenforest School admission process:
(Please submit documents, and related enclosures, to Glenforest School by mail or in person)

- Educational diagnostic testing records, completed by psychologist (not more than 2 years old)
- Request for Official School Records
- Information, testing dates and results relating to any previous special academic or medical placement, including any psychological testing and additional educational diagnostic testing.
- Completed application form with application fee

- \$150.00 student application fee submission

Student Information

Applicant's (student) Name: _____
(Last) (First) (Middle)

Preferred Name (where applicable): _____

Date of Birth: _____ Current Grade: _____
(Month)/(Day)/(Year)

Male / Female (check as applies)

Social Security Number _____

Home Address: _____

(City)

(State)

(Zip Code)

Family Information

Parent/Guardian (#1)

Name: _____
(Last) (First) (Middle)

Home Address _____

(City)

(State)

(Zip Code)

Phone: _____ Cell: _____

email: _____

Occupation: _____ Title: _____

Employer Name/ Address: _____

Parent/Guardian (#2)

Name: _____
(Last) (First) (Middle)

Home Address _____

(City)

(State)

(Zip Code)

Phone: _____ Cell: _____

email: _____

Occupation: _____ Title: _____

Employer Name/ Address: _____

Is the applicant adopted? Yes No

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

If so, please describe _____

Parent/Guardian Marital Status: Married Divorced Separated Widowed Other

With whom does the applicant live? _____

Please note any special circumstances (*where applicable*)

Sibling/s Name, Age, and Current School

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational History

Name of Current School: _____

School Address: _____

_____ (City) _____ (State) _____ (Zip Code)

Telephone: _____ Fax: _____

Does your child currently receive educational support services? Yes No

If so, please describe _____

Has your child attended Glenforest School before? Yes No

List All Previous Schools Attended and Dates:

Name of School	Years Attended	Grade(s) Completed	Reason for Leaving
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Name of School	Years Attended	Grade(s) Completed	Reason for Leaving
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Name of School	Years Attended	Grade(s) Completed	Reason for Leaving
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Has your child ever repeated a grade? Yes No

If so, what were the circumstances? _____

Has all indebtedness to previous school(s) been cleared? Yes No

Has your child ever been subjected to major disciplinary action (suspension/ dismissal) in any school?

If so, please provide dates, details and briefly describe the circumstances _____

Please describe difficulties your child currently experiences with basic skills (e.g. reading, spelling, math, writing, speech) at school _____

Please list school subjects your child tends to find most difficult _____

Parent Questionnaire

The following questions must be answered *on behalf of student applicant* by a parent or guardian.

STUDENT'S FULL NAME

DATE

How did you hear about Glenforest School? _____

If by referral who can we thank? _____

When was your child first diagnosed as having a learning difference (or disability)?

Please briefly describe any previous educational diagnostic testing and/or psychological testing your child has completed _____

Name/contact information of professional/s responsible for conducting testing:

Was a diagnosis made as a result of testing? Yes No

If so, please specify: _____

What additional educational, medical and/or psychological services (or placement) has your child received either prior to or as a result of his or her diagnosis? _____

Do you feel these services have been effective? And to what extent? *(please specify)*

Does your child currently like/enjoy going to school? Yes No

How would you describe your child's current attitude toward learning?

Has your child expressed feeling outcast, rejected, ostracized or ignored by peers? Yes No

Does your child find making friends difficult? Yes No

How would you describe your child's strengths (both in and out of the classroom)?

What does your child most enjoy doing in his or her leisure time? What hobbies, interests or activities are most important to him or her? _____

What would you describe to be your child's main obstacles or challenges?

How does your child feel about the possibility of attending Glenforest School? _____

What are your expectations/hopes/goals for your child should he or she attend Glenforest School?

Do you feel that your child's visible intelligence and capabilities are being reflected by his or her school grades? Yes No

Do you ever feel your child has largely given up trying? Yes No

Is your child falling behind at school? Is keeping up with the curriculum difficult? Yes No

Does your child feel inferior to peers or perceive themselves as “dumb” or “stupid”? Yes No

Is your child socially anxious? Yes No

Do you feel your child is being under-challenged (*perhaps even bored*) by school? Yes No

Is your child disorganized, forgetful and often losing things? Yes No

Does your child “never sit still”- perpetually twitching, roaming and moving about? Yes No

Does your child have difficulty paying attention for long periods of time? Yes No

Has your child expressed feeling singled out or “picked on” by certain teachers? Yes No

Does your child have a history of emotional problems or psychological counseling? Yes No

If so, please provide brief summary of specific issues and description of treatment thereof _____

Is your child currently taking any prescription medications? Yes* No

**Please attach separate sheet listing all current prescriptions, dosages and usages in addition to your completed Medical Information and Medication Permission forms*

Has your child displayed behavioral difficulty in school or at home? Yes No / had behavioral problems in the following relationships: Family Peers Academic Setting (*check all that apply*)

If so, please briefly describe:

Does your child have any history of theft, tobacco, alcohol abuse, illicit drug use or prescription drug abuse? Yes No

If so, please provide brief summary of specific issues and description of treatment thereof

Statement of Policy

Glenforest School admits students of any race, color, gender, religion, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. Glenforest School does not discriminate on the basis of race, color, gender, religion, national or ethnic origin in administration of its educational policies and admissions. Glenforest School does not and will not accept for enrollment any student using illicit drugs or abusing alcohol. Glenforest School cannot consider students who have been expelled.

References

Please provide names, addresses and telephone numbers of three educational references. All references must have known the applicant for at least one year. Please contact these chosen references and provide permission to speak with the Glenforest School Admissions Officer in relation to your child's application.

Reference (#1): Name, Title/Position and Contact information:

Reference (#2): Name, Title/Position and Contact information:

Reference (#3): Name, Title/Position and Contact information:

GLENFOREST SCHOOL RESERVES THE RIGHT TO WITHDRAW A STUDENT'S ACCEPTANCE OR TERMINATE PLACEMENT, IF INFORMATION PERTINENT TO YOUR CHILD'S APPLICATION HAS BEEN EITHER INTENTIONALLY OR INADVERTENTLY WITHHELD OR MISREPRESENTED.

This form was completed by:

Name/s (please print)

Relationship to student

Signature

Date

Signature

Date

Student Applicant Questionnaire

The following questions should be answered by the student applicant (in their own words)

STUDENT'S FULL NAME

DATE

1. How do you think your friends would describe you?

2. If you could change anything about school, what would you change and why?

3. Describe three things that you like to do with your friends:

i) _____

ii) _____

iii) _____

4. If you could do *anything* when you grow up, what would you most like to do? Why?

5. What is the best thing a teacher has ever done for you?

6. What frustrates you the most and what do you do when you do when you get frustrated?

7. When do you feel the best about yourself?

8. Do you enjoy sports? Yes No

9. Do you enjoy creating art? Yes No

10. Do you like using computers? Yes No

11: Do you play a musical instrument? Yes: _____

12. Do you enjoy theatre, acting or singing? Yes No

13. Do you think you work well with others? Yes No

14. Do you feel you make friends easily? Yes No

15. What's your favorite school subject? Math Science History Literature
 Other _____

16. The best way I learn things is by... Seeing Listening Doing
 Other _____

17. How do you like "reading" books? Read by myself Listening to Audio Books
 Someone Reading to me I don't like books

The most recent book I read was _____

18. How often do you...

Watch TV? Every Day Some Days Never

Go online? Every Day Some Days Never

Play video games? Every Day Some Days Never

19. How are you feeling right now about joining Glenforest School? What are some of the reasons you want to come here?
