

**The Joseph Sams School**  
**280 Brandywine Boulevard**  
**Fayetteville, GA 30214**  
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Date \_\_\_\_\_

**APPLICATION**

Applicant's Name \_\_\_\_\_

(Last) (First) (Middle)  
Age \_\_\_\_\_ (as of August 1<sup>st</sup>) Date of Birth \_\_\_\_\_ (M/D/Y)

Home County \_\_\_\_\_ Gender \_\_\_\_ (M) \_\_\_\_ (F) Ethnicity \_\_\_\_\_

**I. GENERAL INFORMATION:**

Area(s) of Disability \_\_\_\_\_  
(Please List)

Home Address \_\_\_\_\_  
Street

City State Zip

Father's Name \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address: \_\_\_\_\_

Are both parents Living? \_\_\_\_\_ Divorced? \_\_\_\_\_ Separated? \_\_\_\_\_

Where does your child attend school now? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How did you hear about the Joseph Sams School? \_\_\_\_\_

Names of other children in family and name of schools currently attending:

Name Age School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Use by JSS Only

Date Application Received	_____
Date Registration Fee Received	_____
Date Placed on Waiting List	_____

**II. MEDICAL AND THERAPEUTIC INFORMATION**

Child's Pediatrician: \_\_\_\_\_  
(Name) (Phone Number)

Address: \_\_\_\_\_

Has your child been seen by a developmental or clinical psychologist? \_\_\_\_\_ If yes, please answer the following:

Name of professional: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Has your child been seen by a developmental pediatrician? \_\_\_\_\_ If yes, please answer the following:

Name of professional: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Has your child been seen by a clinical psychiatrist? \_\_\_\_\_ If yes, please answer the following:

Name of professional: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Is your child receiving any medical interventions? \_\_\_\_\_ If yes, please indicate the medicine and dosage amount: \_\_\_\_\_

\_\_\_\_\_

Is your child on a special diet? \_\_\_\_\_ If yes, please describe the diet: \_\_\_\_\_

\_\_\_\_\_

Please indicate all therapeutic or educational interventions that your child is receiving now (including name of provider and frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. ACADEMIC INFORMATION**

Please describe the type of classroom setting where your child is/was: \_\_\_\_\_

\_\_\_\_\_

Does your child enjoy art, and if so, what kind of activities? \_\_\_\_\_

\_\_\_\_\_

Does your child enjoy music, and if so, what kind of activities? \_\_\_\_\_

\_\_\_\_\_

If applicable, please provide a work sample, progress reports from school, most current educational plan, therapy notes, and most recent psychological evaluation.

**IV. SOCIAL AND EMOTIONAL**

How would you describe your child:

- |  |   |
|--|---|
| * Usually very active                    | * Active sometimes but can play quietly |
| * Usually not active, has to be prompted | * Usually happy                         |
| * Can be moody                           | * Demands excessive attention           |
| * Aggressive towards self and others     | * Short attention span                  |
| * Lacks confidence in self               | * Enjoys playing with others            |
| * Prefers motor activities               | * Prefers sit-down activities           |

Does your child have outbursts or "meltdowns" due to anger, frustration, and/or overload? If yes, please explain: \_\_\_\_\_

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**IV. SOCIAL AND EMOTIONAL (Continued)**

Does your child have strong fears or anxiety? \_\_\_\_\_ Please describe: \_\_\_\_\_

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Feel free to elaborate on any aspect of your child, including descriptions of his/her motor, attention, memory, language, mood and/or sensory profile: \_\_\_\_\_

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Skills and Interests:

What kind of play or recreational activities does your child seem to enjoy most?

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What are his/her favorite items? \_\_\_\_\_

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Does your child enjoy playing alone? \_\_\_ With younger children? \_\_\_ With similar-aged children? \_\_\_  
With Adults? \_\_\_\_\_ With group of children? \_\_\_\_\_

**V. PARENT QUESTIONNAIRE**

What are you looking for in a site based program for your child? \_\_\_\_\_

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Have you had negative experiences with programs where your child has been enrolled? \_\_\_\_\_

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Child's strengths: \_\_\_\_\_

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Child's weaknesses: \_\_\_\_\_

How does your child interact with you? \_\_\_\_\_

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How does your child interact with peers? \_\_\_\_\_

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What does your child like to talk about? \_\_\_\_\_

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Please provide any additional insight into the way your child communicates: \_\_\_\_\_

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