

**The Joseph Sams School
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Date _____

**THE JOSEPH SAMS SCHOOL APPLICATION CHECKLIST
PLEASE ENCLOSE ALL REQUESTED ITEMS WITH THE APPLICATION FORM**

_____ **APPLICATION FORM WITH APPLICATION FEE OF \$300
(CHECKS CAN BE MADE PAYABLE TO THE JOSEPH SAMS SCHOOL)**

_____ **RECENT PHOTOGRAPH OF CHILD**

_____ **PERMISSION FOR PARTICIPATION**

_____ **MEDICAL CONSENT FORM**

_____ **STUDENT INFORMATION FORM**

_____ **PERMISSION TO LEAVE SCHOOL**

_____ **COPY OF CURRENT PSYCHOLOGICAL, NEUROLOGICAL, SPEECH AND LANGUAGE
REPORTS**

_____ **IMMUNIZATION RECORDS**

IF APPLICABLE:

_____ **MOST RECENT PROGRESS REPORT**

_____ **MOST RECENT BEHAVIORAL ASSESSMENT**

_____ **CURRENT IEP**

_____ **CURRENT ELIGIBILITY FROM PUBLIC SCHOOL SYSTEM**

**AFTER RECEIPT OF REQUIRED DOCUMENTS, THE JOSEPH SAMS SCHOOL STAFF WILL
CONTACT YOU TO VERIFY RECEIPT AND SCHEDULE AN ASSESSMENT.**

WHAT TALENTS, RESOURCES, INTERESTS OR PROFESSIONAL SKILLS WOULD YOU AS A PARENT/GUARDIAN BE WILLING TO SHARE WITH THE JOSEPH SAMS SCHOOL? PLEASE DESCRIBE

FATHER'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____ **WORK PHONE** _____

EMAIL _____

EMPLOYER _____

OCCUPATION _____

EMPLOYER ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

MARITAL STATUS (PLEASE CIRCLE)

MARRIED SEPARATED DIVORCED REMARRIED WIDOWED SINGLE

WHAT TALENTS, RESOURCES, INTERESTS OR PROFESSIONAL SKILLS WOULD YOU AS A PARENT/GUARDIAN BE WILLING TO SHARE WITH THE JOSEPH SAMS SCHOOL? PLEASE DESCRIBE

FAMILY INFORMATION CONTINUED

EMERGENCY CONTACT _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____ **WORK PHONE** _____

EMAIL _____

IF THE CHILD DOES NOT LIVE WITH THE PARENTS IN ONE HOUSEHOLD, PLEASE COMPLETE THE FOLLOWING:

THE STUDENT ALSO LIVES WITH:

STEPFATHER _____ STEPMOTHER _____ OTHER (PLEASE EXPLAIN) _____
NAME _____
HOME PHONE _____
CELL PHONE _____

I GIVE THE JOSEPH SAMS SCHOOL PERMISSION TO SHARE APPLICANT'S INFORMATION WITH THE ABOVE MENTIONED PERSON (PLEASE INITIAL) _____ YES _____ NO

STEP FATHER _____ STEP MOTHER _____ OTHER (PLEASE EXPLAIN) _____
NAME _____
HOME PHONE _____
CELL PHONE _____

I GIVE THE JOSEPH SAMS SCHOOL PERMISSION TO SHARE APPLICANT'S INFORMATION WITH THE ABOVE MENTIONED PERSON (PLEASE INITIAL) _____ YES _____ NO

SIBLINGS/OTHERS IN THE HOUSEHOLD:

NAME	BIRTHDAY	RELATIONSHIP TO APPLICANT
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_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL HISTORY AND INFORMATION

BIRTH AND DEVELOPMENTAL HISTORY

PLACE OF BIRTH _____
HOSPITAL _____
CITY STATE

BIRTH WEIGHT _____

DURATION OF PREGNANCY _____ DURATION OF LABOR _____
FULL TERM/PREATURE

NUMBER OF HOURS

NATURE OF DELIVERY _____ IF APPLICANT WAS ADOPTED,
AT WHAT AGE? _____

AGE WHEN APPLICANT:

SAT _____ CRAWLED _____ WALKED _____ TALKED _____ USED FULL WORDS _____ USED FULL PHRASES _____

MEDICAL INFORMATION

DIAGNOSIS:

PLEASE LIST ALL OF THE APPLICANT'S DIAGNOSES, AND THE DATES THEY WERE MADE. PLEASE INCLUDE HEALTH RELATED AS WELL AS DEVELOPMENTAL DIAGNOSES. PLEASE ATTACH SUPPORTING DOCUMENTATION TO THE DIAGNOSIS IF AVAILABLE.

DIAGNOSIS _____ DATE _____

DIAGNOSIS _____ DATE _____

DIAGNOSIS _____ DATE _____

DIAGNOSIS _____ DATE _____

DIAGNOSIS _____ DATE _____

INJURIES/ILLNESSES:

PLEASE LIST ANY SIGNIFICANT PAST INJURIES, SURGERIES OR EXTENDED ILLNESSES, AND THE DATES THEY OCCURRED (INCLUDING TUBES AND REMOVAL OF TONSILS AND ADENOIDS).

EVENT _____ DATE _____

EVENT _____ DATE _____

EVENT _____ DATE _____

EVENT _____ DATE _____

MEDICAL HISTORY AND INFORMATION CONTINUED

IS THE APPLICANT CURRENTLY MEDICALLY STABLE? _____ YES _____ NO
IF NO, PLEASE EXPLAIN _____

IS THE APPLICANT'S VISION WITHIN NORMAL LIMITS? _____ YES _____ NO
IF NO, PLEASE EXPLAIN _____

IS THE APPLICANT'S HEARING WITHIN NORMAL LIMITS? _____ YES _____ NO
IF NO, PLEASE EXPLAIN _____