



STUDENT PROFILE AND ENROLLMENT APPLICATION

Student First Name:		MI:	Last:		
Date of Birth:		Gender:			
Race/Ethnicity:		Primary Language(s) Spoken:			
Home Address:					
City, State, Zip:			County:		
Primary Exceptionality:					
Secondary Exceptionality:					
Scholarship Matrix (check one):	251 <input type="checkbox"/>	252 <input type="checkbox"/>	253 <input type="checkbox"/>	254 <input type="checkbox"/>	255 <input type="checkbox"/>
Scholarship Type (check type):	<input type="checkbox"/> Family Empowerment Scholarship (UA) (formerly McKay and Gardiner)				
	<input type="checkbox"/> Family Empowerment Scholarship (EO)			Other:	
Parent/Guardian First Name:		MI:	Last:		
Home Phone:		Cell Phone:			
Email Address:		Work Phone:			
Address (if differs from above):					
Parent/Guardian First Name:		MI:	Last:		
Home Phone:		Cell Phone:			
Email Address:		Work Phone:			
Address (if differs from above):					
Emergency Contact Name:		Relationship to Student:			
Home Phone:		Cell Phone:			
Address:		Work Phone:			
List any medical conditions or chronic conditions:					
Allergies:					

Please list any information regarding your student's diagnosis:

Special Precautions or Conditions:

Previous Schools attended:

Student is a recipient of (check all that apply):

- APD –Agency for Persons with Disabilities
- DJJ-Dept of Juvenile Justice
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- BCBA/RBT (Behavioral services)
- Mental health services
- SSDI- Supplemental Security Disability Insurance
- SSI- Supplemental Security income
- VR- Vocational Rehabilitation Services
- Other (please list):

Notes regarding services received:

Ambulation:

Wheelchair

Walker

None (stands and walks without assistance)

Cane

Crutches

Family Doctor:

Phone Number:

Address:

Hospital of Choice:

Medication

Dosage/Amount

When given?

Medication	Dosage/Amount	When given?