

**Student Enrollment Application
REACH Center Education Program
2015 Summer Term**

Date of Application: _____

Student Information

Student's Name: First _____ Middle _____ Last _____

Gender: Male / Female Birth Date: _____

Grade level for 2014-2015 _____ Is this a repeat grade? YES _____ NO _____

Student's Street Address: _____ City: _____ State: _____

County: _____ Zip: _____

Mailing Address (if different from above) _____
Street City State Zip

School District of Residence: _____

Current School Enrollment Details

School Name: _____

Dates of Attendance: _____ Last grade completed: _____

This school was a (check one) Public School _____ Private School _____ Home School _____
 Private Preschool _____

Parent/Guardian Home Information

Check One: Mother _____ Guardian _____ Guardian Relationship: _____ Name: (Last, First) _____ Address: _____ _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email address: _____	Check One: Father _____ Guardian _____ Guardian Relationship: _____ Name: (Last, First) _____ Address: _____ _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email address: _____
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With whom does the student currently live? _____ Mother _____ Father _____ Both _____ Guardian _____ Other

Check Student's Ethnicity:

_____ African American _____ Hispanic _____ Native American _____ Caucasian _____ Asian/Pacific Islander

Student Name: _____ Date: _____

Special Services/Special Education Information

Does your child have an Individualized Education Plan (IEP) or 504? YES ____ NO ____ NOT SURE ____
If "yes", please provide a copy of the latest IEP document or 504 document with your enrollment application.

Has your child ever been evaluated for special services? YES ____ NO ____ NOT SURE ____
Is your child placed in a special education classroom? YES ____ NO ____ NOT SURE ____
Is your child placed in a general education classroom? YES ____ NO ____ NOT SURE ____

Does your child receive Physical, Occupational, Speech/Language Therapy or any other related services?
Yes ____ NO ____

If "yes", please list the types and most recent dates of therapy (school year, etc.)

Behavior/Discipline

(This section is for evaluation purposes only.)

Has your child ever had any serious behavior problems at school? YES ____ NO ____ NOT SURE ____
Does your child have a Behavior Intervention Plan? YES ____ NO ____ NOT SURE ____
Do you think that your child's behavior impedes their learning? YES ____ NO ____ NOT SURE ____

Other

Does the student have access to a computer at home? YES ____ NO ____
Does the computer have Internet access? YES ____ NO ____
Is there a place for the student to study at home? YES ____ NO ____
Are you (as a parent/guardian) able to help the student at home? YES ____ NO ____
Would you like to attend parent trainings through the center? YES ____ NO ____

What would be the best time for your child to receive services during the fall?

Monday ____ Tuesday ____ Wednesday ____ Thursday ____

Morning ____ Afternoon ____ Evening ____

Would you like for your child to receive more than one hour a week of service? YES ____ NO ____
If yes; would you be willing to pay \$35/hr for the additional hour a week? YES ____ NO ____

Student Name: _____ Date: _____

Goals

What are your personal goals for your child? (These are not IEP goals; these are what you want for your child.)

1. Please list two goals you have for your student with the REACH Education program:

2. Where do you see your child in 5 years?

3. Where do you see your child as an adult? (If an adult, what do you want for your child as an adult?)

Parent/Guardian: Please read the following requirements for the REACH Center program.

I understand that for my child to attend the REACH Center, my child and our family must agree to abide by the program's policies and rules.

I understand that my student must attend each scheduled session (at least one weekly unless otherwise agreed upon). I understand that if my child cannot attend, I must call my child's teacher or the REACH Center and cancel the session at least 2 hrs prior to the scheduled time. If for some reason, I don't cancel and my child is a "no-show" then I will be responsible for the \$35 payment of the session. I understand that if my child continues to miss sessions for un-excusable reason's; then my child may be dropped from the program.

I understand that I will need to make sure that my child completes all take-home activities.

I certify that all the answers given in this enrollment application are true, accurate and complete. I understand that if my child is enrolled, my having given false or misleading information in any of my application information may result in the discharge of my child from the REACH Center program.

I confirm that I have requested enrollment for _____ (student's name) in the REACH Center Educational Program for the 2015 summer term and that I have read and agree to the terms above.

Signature of Parent/Guardian

Date

Printed Name

(For electronic application) I confirm that I have read and agree to the terms above: YES _____ NO _____