



Lionheart Application



Personal Information

Please complete the following form in its entirety, so that we may begin your child's admission here at The Lionheart School.

			<input type="text"/>
			Date of Application
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Preferred Name	Date of Birth	Current Age	
<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
School Year Applying for			

Are both parents living?

Yes No

Divorced?

Yes No

Separated?

Yes No

<input type="text"/>
Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>
Contact Phone

Parent 1 Info

<input type="text"/>
Parent 1 Name

<input type="text"/>
Parent 1 Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>	<input type="text"/>
Occupation	Place of Employment

<input type="text"/>	<input type="text"/>
Email	Phone

What is your preferred contact?

Email Phone

Parent 2 Info

Parent 2 Name

Parent 2 Address

City

State

Zip

Occupation

Place of Employment

Email

Phone

What is your preferred contact?

Email Phone

Sibling Info

Do they have any siblings

Yes No

How many siblings

1 2 3 4 5

Sibling 1 Name

Age

School

Sibling 2 Name

Age

School

Sibling 3 Name

Age

School

Sibling 4 Name

Age

School

Sibling 5 Name

Age

School

Medical Info

Child's Pediatrician

Pediatrician's Address

Pediatrician's Phone

Child's Psychologist

Psychologist's Address

Psychologist's Phone

Child's Counselor

Counselor's Address

Counselor's Phone

Has your child been seen by a developmental pediatrician or neurologist?

Yes No

Doctor Name

Profession

Address

Phone

Date of Last Visit

Any Diagnosis?

Does your child have any medical conditions?

Is your child currently taking any medications?

Yes No

Medication

Dose

Medication

Dose

Medication

Dose

Medication

Dose

Please list any known allergies

Is your child independent in the bathroom for all his/her needs?

Yes No

If Not, please explain.

Has your child ever had seizures?

Yes No

If Yes, please explain.

Is your child on a special diet?

Yes No

If Yes, please explain.

Therapeutic Services

Has your child been seen by any Therapists?

Yes No

– Select All That Apply –

Occupational Therapist

Speech/Language Therapist

Physical Therapist

Does your child use any augmentative communication systems?

Yes No

If Yes, please describe.

Educational History

Name of Current School

Address

Contact Person

Phone Number

Occupation

Place of Employment

Dates of Attendance

Type of Classroom

Grade

Reason for Leaving?

Are you eligible for SB-10 funds?

Yes No

Are you currently receiving SB-10 funds?

Yes No

Are you eligible for HB-1133 funds?

Yes No

Do you receive the Katie Beckett Deeming Waiver?

Yes No

Do you receive the NOW Waiver?

Yes No

What are you looking for in a facility based program for your child?

If applicable, describe your child's reading level, decoding skills, fluency, comprehension, and phonemic awareness

If applicable, describe your child's math level, understanding of basic concepts, rote skills

Social Emotional History

Please describe how your child interacts with you.

Please describe how your child interacts with siblings.

Please describe how your child interacts with peers.

What are your child's favorite activities/topics of interest?

Describe what happens when your child is upset. What do you typically see? (kicking, biting, hurts self/others, withdrawn)

What does your child do to calm him/herself?

How long does it take your child to

Does your child exhibit impulsive or aggressive behavior? If yes, please describe.

Is your child supported by a behavior plan? If yes, please describe.

Does your child exhibit anxiety? If yes, please describe.

Please describe how your child makes transitions between people, activities, or environments (include level of independence during transitions, need for transitional objects, or advance preparation about schedule changes)

Procedures and Policies for application to Lionheart

Please complete the following form in its entirety, so that we may begin your child's admission here at The Lionheart School.

1. Parent(s) of applicant have visited the school.
2. Lionheart has received a completed application.
3. Lionheart has received a non-refundable processing fee of \$100.
4. Lionheart has received a Psychological Evaluation (required). If there are no comprehensive psychological reports
5. from the past three years, Lionheart reserves the right to ask an applicant to acquire one.
6. **Lionheart has received a current picture of applicant.
7. Lionheart welcomes other assessment reports from additional therapists and/or most recent school/teacher.
8. Applicant has met with the Head of School and Head of Therapeutic Services and completed a classroom visit.
9. Lionheart reserves the right to ask for additional visits before making a determination regarding the applicant's admission.

Once all items are received from applicant, the review process will begin. Lionheart professionals and outside consultants will help determine if your child is an appropriate fit for Lionheart and whether Lionheart can meet your child's needs. If admitted, parents are asked to commit to enrollment for the entirety of the following academic year.

Lionheart will notify parents of acceptance into the program. Parents will then be required to send in the tuition deposit of \$2,800 (non-refundable) within 10 days to secure their child's placement into the program.

Procedures and Policies for application to Lionheart

The Lionheart School, Inc., admits students of any race, creed, or national and ethnic origin to all the rights and privileges, programs and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, creed, color, or national and ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs.

I certify that the information contained in this application is complete and accurate to the best of my knowledge. By clicking the accept button below and typing your name, you are agreeing to a digital signature.

I Agree

Signature

Date