# 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.

Date of Application

Last Name | First Name | MI

Preferred Name | Date of Birth | Current Age

School Year Applying for

☐ Male ☐ Female

**Are both parents living?**
☐ Yes ☐ No

**Divorced?**
☐ Yes ☐ No

**Separated?**
☐ Yes ☐ No

Home Address

City | State | Zip

Contact Phone

## Parent 1 Info

Parent 1 Name

Parent 1 Address

City | State | Zip

Occupation | Place of Employment

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 Psycholgist | 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 chikd 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