



MONARCH
SCHOOL

Application for Admission
2011-2012

INFORMATION

First Name of Child	M.I.	Last Name	Date of Birth
Street Address		(Apt. #)	
City	State	Zip Code	Telephone Number

AUTHORIZATION AND REQUEST

NOTE: This release of information form is used to secure consent for our Admissions Director to release information gathered in the Intake and Admissions process to the remainder of the Admissions Team of Monarch School. Your signature on this form indicates that you give your informed consent to Monarch faculty to access and use information gathered for this evaluation for admissions and treatment planning purposes. Additional forms can be used to specify community-based parties to which you may also wish to release information from this evaluation.

initial here→ I/WE hereby authorize and request the Admissions Director to provide information about the above-named child to the Admissions Team of Monarch School, as specified below.

initial here→ I/WE give permission for all information gathered about this child's during the Admissions process to be used in guiding this child's admissions process and treatment planning at Monarch School. This information may include:

- background and history,
- current treatment-related, functional, daily living, and physiological information, and/or
- test results.

initial here→ I/WE understand that the purpose of this release of information is to guide and instruct the Monarch School Admissions Team. In the case of students considered appropriate for admission by that Team, the purpose of this release of information will also be to guide and instruct Monarch faculty in developing preliminary programming for the assessed child.

initial here→ I/WE understand that I/we have the right to inspect and copy the information to be disclosed.

initial here→ I/WE understand that this written, informed consent can be revoked at any time. I/WE may do this at any time by notifying Monarch School in writing, but revocation of your consent cannot cover any information released with your permission before Monarch School received the revocation.

initial here→ I/WE understand that unless I/we revoke this authorization, it will otherwise either expire within the time I/we have specified below (**check one, please**):

- at the end of the present school year
- after 180 days
- other condition/event for termination of release (please specify): _____

Signature of Student (Not required if under 18 years)

Date

Signature of Parent or other Legal Representative

Status of Representative Parent
 Guardian
 Other _____

Witness

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person/parent to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

JBS 8/6/2007 Ver. #3

APPLICATION 2011-2012

Name of person completing this form _____

Relationship to applicant _____ Date of application _____

Student Information

Student's First Name _____ Middle _____ Last _____

Preferred Name _____ Male/Female _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____ Unlisted (Y / N) _____

Date of Birth _____ Current Age _____ Place of Birth _____

Current School _____ School District _____ Grade Level _____

Ethnic Background (*For demographic purposes only*)

White/Caucasian Black/African American American Indian/Alaskan Native Asian
 Hispanic or Latino Native Hawaiian or Other Pacific Islander Other _____

Bilingual Yes No Language(s) spoken at home _____

Religious Affiliation _____
Mother _____ Father _____ Child _____

Place of Worship: _____

Child's Primary Physician _____ Phone _____ Fax _____

Current Psychologist _____ Phone _____ Fax _____

Current Psychiatrist _____ Phone _____ Fax _____

Financial Aid:

Do you plan to apply for financial aid? Yes No Have you received financial aid forms? Yes No

How did you hear about us? Please be specific. We want to thank our referral sources!

Name _____ Address / Phone Number _____

Family Information

Parent 1: _____
Mother Father Stepmother Stepfather Legal Guardian Other

Home Address Home Phone

Employer/Company Address

Occupation Position/Title

Business Phone Business Fax Cell Phone E-mail Address
(Preferred for school correspondence)

Parent 2: _____
Mother Father Stepmother Stepfather Legal Guardian Other

Home Address Home Phone

Employer/Company Address

Occupation Position/Title

Business Phone Business Fax Cell Phone E-mail Address
(Preferred for school correspondence)

Parent 3: _____
Mother Father Stepmother Stepfather Legal Guardian Other

Home Address Home Phone

Employer/Company Address

Occupation Position/Title

Business Phone Business Fax Cell Phone E-mail Address
(Preferred for school correspondence)

Parent 4: _____

Mother Father Stepmother Stepfather Legal Guardian Other

Home Address _____

Home Phone _____

Employer/Company _____

Address _____

Occupation _____

Position/Title _____

Business Phone _____

Business Fax _____

Cell Phone _____

E-mail Address
(Preferred for school correspondence)

Please indicate if appropriate:

Parents divorced Father remarried Mother remarried
Father deceased Mother deceased

If parents are separated or divorced, who has custody?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

With whom does the applicant reside?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

Who will be financially responsible for the applicant's tuition and fees?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

To whom should bills be addressed?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

To whom should general school correspondence be addressed?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

To whom should academic reports, teacher comments, and other reports be addressed?

Mother Father Stepmother
Stepfather Legal Guardian Other _____

1. What is your understanding of the mission of Monarch School?

2. What is the main reason you are requesting an application to Monarch School? What are you most concerned about at the present time?

3. How does the mission of Monarch School match your child's needs? Please be as specific as possible.

Educational History

1. Tell us the schools, dates and types of classes your child has been in. Discuss any special programs or modifications and services that have been provided. Start with the first school attended.

<u>Date(s)</u>	<u>School/Location/Type</u>	<u>Grade Level</u>	<u>Services/Modifications</u>
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2. At any time, was the child on an Individualized Educational Plan (IEP) overseen by a public school system? If yes, please include a copy with the application.

Yes, currently Yes, in the past No

3. What is your perception of prior environments including methods and teachers? Do you think they were a good fit for your child? Please tell us why or why not.

<u>Date</u>	<u>School</u>	<u>Opinion</u>
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4. What is your perception of the current school environment including methods and teachers? Do you think it is a good fit for your child? Please tell us why or why not. What other alternatives are you exploring besides Monarch School?

Medication History

1. Please tell us if your child is taking medications regularly.

Medication: _____	Medication: _____
Dosage: _____	Dosage: _____
Times/Daily: _____	Times/Daily: _____
Prescribed By: _____	Prescribed By: _____
Condition: _____	Condition: _____
Began On: _____	Began On: _____
Medication: _____	Medication: _____
Dosage: _____	Dosage: _____
Times/Daily: _____	Times/Daily: _____
Prescribed By: _____	Prescribed By: _____
Condition: _____	Condition: _____
Began On: _____	Began On: _____
Medication: _____	Medication: _____
Dosage: _____	Dosage: _____
Times/Daily: _____	Times/Daily: _____
Prescribed By: _____	Prescribed By: _____
Condition: _____	Condition: _____
Began On: _____	Began On: _____

2. What diagnoses have been suggested for your child?

3. Who prescribes and monitors your child’s medications?

4. What other medications have you tried and what was the result?

Current Functioning

1. Please tell us about your child's special interests, favorite activities, and accomplishments. Include any types of play, sports, special activities, and accomplishments.

<u>Activity</u>	<u>Frequency</u>	<u>Ability / Accomplishment</u>
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2. Please tell us about the support services that your child is presently receiving; e.g., academic tutoring, occupational therapy, speech therapy, group therapy, etc.

<u>Type of Support</u>	<u>Services Provided By</u>	<u>Frequency of Service</u>
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3. Please add any other comments or information that you believe are important for us to know.

Please attach a picture of your child to the front of the application

Terms and Conditions of Monarch School

- **Cancellation Policy:** Please contact the admissions office 24 hours in advance of your scheduled appointment with the Admissions Team should you need to cancel for any reason. If cancellation is not received within the requested period, you will incur a charge of \$200.00. Your attention to this policy is appreciated.
- This application is merely a request for admission. If offered a place, the applicant will receive such offer in writing, along with an enrollment contract that must be completed, signed and returned along with the \$500 enrollment fee to the school office.
- It is understood that places reserved in the school at the beginning of the year are taken for a whole year. No deduction from the year's fees can be made because of absence or for those who give up their place at any time during the year.
- Monarch reserves the right to exclude any student permanently or temporarily at any time, if the Head of School deems such action advisable, either in the interest of the pupil or for the good of the school.
- In the event that your child/ward requires a level of service more intensive than originally contracted for, additional costs will be reflected in the monthly billing after prior notification to the parents/guardians.
- In a limited number of cases, additional personnel may be assigned to a child's program if a child needs temporary 1:1 work. These are additional costs incurred after prior arrangement with the parents / guardians.
- Monarch School encourages applications from and admits students of any racial, ethnic, or religious background. Its programs and policies are applied with equal consideration to all of its applicants and students.

A parent's full obligation is outlined in the annual enrollment contract.

To the best of my knowledge, all information contained in this application is complete and accurate. I have read and I understand the Terms and Conditions of Monarch School admissions process.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date