



## **Victory Academy**

### **ADMISSIONS INFORMATION**

*Country Day School* is a community of learners, which nurtures academic excellence, personal responsibility and individual talents. Admission is based on a combination of objective and subjective criteria in order to determine that each student will benefit from and contributes to the learning environment.

All applicants for admission to *Country Day School* are considered without regard to race, gender, age, or national origin.

#### **Admissions Procedure**

■ **Submit the following via fax, scan/email or in person:**

- Completed Application for Admission
- Completed Caregiver Questionnaire
- Two previous progress reports or report cards, if applicable
- Attach all relevant medical and educational evaluations which relate to school performance
- \$100 non-refundable application fee

■ **Student Assessment:**

- Our multi-disciplinary team will review all admissions information
- A member of our team will contact you to schedule your child's 25-30 minute assessment

■ **Upon acceptance, the following must be submitted:**

- Copy of the student's birth certificate
- Notarized emergency medical release form
- Current Health Certificate of Immunization (obtained from your doctor)
- Current Physical Health Certificate (obtained from your doctor)
- Completed Enrollment Agreement form

- Due with \$750 Reservation Fee



# Victory Academy APPLICATION FOR ADMISSION

## Student Information

Today's Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Male [ ] Female [ ]

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_

Special Interests/Abilities \_\_\_\_\_

## Family Information

### **Parent/Legal Guardian 1**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

### **Parent/Legal Guardian 2**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

**Student's primary residence:** Both Parents [ ] Parent/Guardian 1 [ ] Parent/Guardian 2 [ ]

### **Siblings**

Name	Age	Current School	Grade



**Educational Information**

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

ESE Services        No    Yes    If yes, please list program \_\_\_\_\_

Previous Schools    \_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

Is your child eligible for McKay Scholarship Program?    No    Yes    Matrix Score \_\_\_\_\_

Does your child require an IEP or EP?        No    Yes    If yes, please attach documents.

Has this applicant ever been asked to withdraw from or been dismissed from any school?

No    Yes    If yes, please provide details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Therapy Information**

Yes    No    Please check any that apply:

[ ]    [ ]    Speech-Language Pathologist

Name /Company \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

[ ]    [ ]    Occupational Therapist

Name /Company \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

[ ]    [ ]    Behavioral Therapist

Name /Company \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

[ ]    [ ]    Physical Therapist

Name /Company \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

[ ]    [ ]    Other

Name /Company \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_





**Documentation**

Yes	No	Please check any that apply and attach documents to application.	
<input type="checkbox"/>	<input type="checkbox"/>	Individualized Education Plan (IEP)	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Functional Behavioral Assessment (FBA)	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Support Plan (BSP)	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	McKay Program Information	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Therapy Evaluations/Plans	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Progress Reports/Report Cards	Date: _____

**Acknowledgement** \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Name

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# Victory Academy CAREGIVER QUESTIONNAIRE

## Background Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Diagnosis & age of diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies/sensitivities: \_\_\_\_\_

Precautions (i.e., seizures): \_\_\_\_\_

Medical history (previous illnesses, injuries, surgeries): \_\_\_\_\_

Has your child had any feeding difficulties? If yes, please explain: \_\_\_\_\_

Please list all specialists who have worked with your child: \_\_\_\_\_

Birth history (mother's health, labor/complications): \_\_\_\_\_

Is there a family history of any of the following? Check each item that applies.

- |  |   |
|--|---|
| <input type="checkbox"/> Hearing Loss        | <input type="checkbox"/> Speech/Language Impairment               |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Neurological Diagnoses (i.e., ASD, ADHD) |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other                                    |

Please elaborate on above information and provide relationship to student: \_\_\_\_\_

**Educational History**

Please list the names of past schools/educational programs attended:

School Name	Student's Age	Grade	City/State
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Concerns reported by previous teachers? \_\_\_\_\_

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What are your child's biggest challenges in school? \_\_\_\_\_

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Please check any of the following skills with which your child demonstrates difficulty.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Finishing/completing work | <input type="checkbox"/> Staying in his/her seat | <input type="checkbox"/> Transitions          |
| <input type="checkbox"/> Working independently     | <input type="checkbox"/> Ignoring distractions   | <input type="checkbox"/> Following directions |

**Social/Behavior**

Check all that apply to your child.

- |   |                                    |  |                                    |
|---|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Anxiety  | <input type="checkbox"/> Isolation | <input type="checkbox"/> Oppositional          | <input type="checkbox"/> Combative |
| <input type="checkbox"/> Destructive  | <input type="checkbox"/> Tantrums  | <input type="checkbox"/> Aggression            | <input type="checkbox"/> Ignoring  |
| <input type="checkbox"/> Hyperactivity  | <input type="checkbox"/> Lethargy  | <input type="checkbox"/> Struggles with change |                                    |
| <input type="checkbox"/> Odd motor mannerisms (i.e., hand flapping, head banging, etc.) |                                    |  |                                    |

Please elaborate on above behaviors: \_\_\_\_\_

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With whom does your child prefer to play with? \_\_\_\_\_

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Approximately how long can your child focus on one activity? \_\_\_\_\_

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**Social/Behavior, cont.**

Please list preferred activities, items and/or places: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's sleep habits: \_\_\_\_\_

\_\_\_\_\_

Please describe how your child reacts when upset: \_\_\_\_\_

\_\_\_\_\_

Please check any of the following social difficulties that apply to your child.

\_\_\_\_\_ Poor eye contact

\_\_\_\_\_ Difficulty making/maintaining friends

\_\_\_\_\_ Does not understand some jokes

\_\_\_\_\_ Uninterested in others thoughts/opinions

Please list any extracurricular activities in which your child participates: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's personality strengths: \_\_\_\_\_

Areas of concern? \_\_\_\_\_

**Speech/Language & Hearing Development**

What languages are spoken at home? \_\_\_\_\_

Which language(s) does your child speak? \_\_\_\_\_

Does your child have any known hearing impairment? \_\_\_\_\_

If yes, what accommodations have been made to assist your child? \_\_\_\_\_

What is the student's primary means of communication? Check all that apply.

\_\_\_\_\_ Looking at objects

\_\_\_\_\_ Crying

\_\_\_\_\_ Single words

\_\_\_\_\_ Gestures

\_\_\_\_\_ Physical manipulation

\_\_\_\_\_ Short phrases

\_\_\_\_\_ Sentences

Comments: \_\_\_\_\_

\_\_\_\_\_





**Speech/Language & Hearing, cont.**

How effective are the student's communicative attempts? Please check all that apply.

- Easy for parents to understand       Difficult for parents to understand
- Difficult for others to understand       Almost never understood by others

Comments: \_\_\_\_\_

Which of the following best describes your child's reaction to his/her communicative attempts?  
Check all that apply.

- Easily frustrated when not understood       Does not seem aware of difficulty
- Has been teased about his/her speech       Tries to say sounds more clearly
- Is successful in saying sounds more clearly when he/she tries

Please list any speech/language diagnoses (i.e., Apraxia of Speech, etc.) & age of diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Has your child had success with speech/language therapy? Please elaborate. \_\_\_\_\_

\_\_\_\_\_

*\*\*What are your goals for your child at school?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please complete and return this form with the Application for Admission.**