



2107 North Decatur Road
Box 477
Decatur, Georgia 30033

APPLICATION FOR ADMISSION

Name of Applicant _____
Last First Middle

Nickname _____

Date of Birth _____ M ___ F ___

Student's Home Address _____
Street
City State Zip

Home Telephone _____

Family Information:

Name of Parent _____

Home Address _____
Street
City State Zip

Home Telephone _____ Cell Phone _____

Work Telephone _____ E-Mail _____

Occupation _____

Employer _____
Name
Address

HIRSCH ACADEMY

Name of Parent _____

Home Address _____

Street

City

State

Zip

Home Telephone _____ Cell Phone _____

Work Telephone _____ E-Mail _____

Occupation _____

Employer _____

Name

Address

Marital Status _____

Married

Divorced

Separated

Siblings _____

Name

Age

School Attending

Name

Age

School Attending

Name

Age

School Attending

Name

Age

School Attending

Name

Age

School Attending

Educational History:

Name of Current School _____

Name

Address

Contact Person

Telephone Number

Dates of Attendance

Reason for Leaving

HIRSCH ACADEMY

Name of Previous School _____
Name _____
Address _____
Contact Person _____ Telephone Number _____
Dates of Attendance _____
Reason for Leaving _____

Medical History:

Child's Pediatrician _____
Name _____ Phone _____
Address _____

Has your child been seen by a Psychiatrist, Psychologist or Counselor? Yes _____ No _____

Child's Psychiatrist _____
Name _____ Phone _____
Address _____

Child's Psychologist _____
Name _____ Phone _____
Address _____

Child's Counselor _____
Name _____ Phone _____
Address _____

Does your child have a diagnosis? _____

Is your child currently taking any medication? Yes _____ No _____

Name of Medication(s) _____	Dose _____
_____	Dose _____
_____	Dose _____
_____	Dose _____

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Please list any known Allergies

Is your child on a special diet? Yes _____ No _____ If yes, please describe:

Therapeutic Services:

Has your child been seen by an Occupational Therapist, Speech/Language Therapist, Physical Therapist?

Yes _____ No _____

Occupational Therapist _____

Name Phone

Address

Dates of Service

Frequency

Speech/Language Therapist _____

Name Phone

Address

Dates of Services

Frequency

Physical Therapist _____

Name Phone

Address

Dates of Service

Frequency

Social/Emotional History:

Please describe how your child interacts with you _____

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Please describe how your child interacts with siblings _____

Please describe how your child interacts with peers _____

What types of activities is your child interested in? _____

Please describe your child's typical play skills. (Include information about the ages of the people your child chooses to play with; if your child chooses to be a leader, follower or loner; how many people your child is comfortable playing with at one time; and whether your child prefers a few close friends or a lot of acquaintances. Also include favorite play "themes") _____

When your child is upset, what behavior do you typically see? (kicking, biting, screaming, hurts self/others, withdrawn, leave room/activity, refuse to talk) _____

How long does it take for your child to "recover" when upset? _____

What does your child do to calm him/herself? _____

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Does your child exhibit impulsive behavior? If yes, please describe _____

Does your child exhibit aggressive behavior? 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 and/or need for advance preparation about schedule changes) _____

Does your child need constant reminding to initiate or complete familiar tasks? If yes, please describe _____

Please describe your child sensitivity to movement. (Include information about the types of movement your child likes and dislikes, the frequency with which your child seems to seek movement and your child's behavior regarding being moved off the ground) _____

Does your child seek out tight spaces or spaces under pillows or cushions? If so, please describe _____

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Please describe a typical day for your child. (Include information regarding all activities: morning routine, transitions to and from school and behaviors that might be seen in a typical day)_____
