



# APPLICATION FOR ADMISSION

*Please attach a recent family photograph in this space.*

*Please print or type*

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Present Grade: \_\_\_\_\_ School Head: \_\_\_\_\_

Address of School: \_\_\_\_\_

District: \_\_\_\_\_

Please list all schools attended starting with the most recent:

<u>School</u>	<u>Address</u>	<u>Dates of Attendance</u>	<u>Reason for Leaving</u>

Please list the most recent summer program attended:

<u>Program</u>	<u>Address</u>	<u>Dates of Attendance</u>

## Parent Information

Ms.  Mrs.  Mr.  Dr.  Other Title: \_\_\_\_\_

Ms.  Mrs.  Mr.  Dr.  Other Title: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Name: \_\_\_\_\_  
(Last) (First) (MI)

Relationship to Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

Home Telephone: ( ) \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Position: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Position: \_\_\_\_\_

Education History:

High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Post Graduate: \_\_\_\_\_

Education History:

High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Post Graduate: \_\_\_\_\_

If the child does not live with both parents in one household, please answer the following:

Are Parents:            Separated?       Divorced?       Is separation/divorce pending?

Who is the legal guardian? \_\_\_\_\_

To whom should school notices of parent meetings & school reports be sent?

Father                       Mother                       Both

Paternal Grandparents: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Maternal Grandparents: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Siblings:

<u>Names</u>	<u>Ages</u>	<u>Current School</u>	<u>Grade</u>
_____			
_____			
_____			

**Parent Impressions**

Please tell us about your child's strengths, weaknesses, and study/work habits:

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Study and work habits: \_\_\_\_\_  
\_\_\_\_\_

Please describe your child's special interests and abilities (i.e., sports, computers, music, dancing, art):

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

What particular difficulties has your child had in school and at what age did they begin?

Academically: \_\_\_\_\_

Socially: \_\_\_\_\_

Behaviorally: \_\_\_\_\_

What interventions have you tried? Include any special programs, remediation programs, or treatments.

What is your child like at home? Include activity level, ability to play alone, relations with siblings.

What pleases you most about your child? \_\_\_\_\_

### **Pregnancy, Birth, and Early History**

Was your child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Does your child know? \_\_\_\_\_

What complications of pregnancy and/or delivery did the mother experience, if any?

What was the child's condition at birth, for example: Apgar score, birth weight, jaundice.

Was his or her weight gain satisfactory in the first few months?

At what age did you notice your child had difficulty in any of the following areas: language, learning, social, and/or emotional? \_\_\_\_\_

Please describe what you observed? \_\_\_\_\_

\_\_\_\_\_

What are your feelings about your child's difficulties? \_\_\_\_\_

\_\_\_\_\_

Have any other family members had learning, social, and/or emotional difficulties-diagnosis?  
(Please state both the relationship to your child and the kind of difficulties that they encountered.)

\_\_\_\_\_

\_\_\_\_\_

Please describe any important events (e.g. moving, divorce, accidents, illnesses, deaths) in your family that have affected your child. How do you feel they affected your child?

\_\_\_\_\_

What has been the most difficult adjustment in your child's life to date?

\_\_\_\_\_

### **Medical History**

What operations, accidents, illnesses has your child had and at what ages? Please describe the circumstances (e.g. hospitalization, child's reaction and adjustment).

\_\_\_\_\_

Does your child have a history of ear and/or upper respiratory infections? If so, please describe:

\_\_\_\_\_

Does your child have any chronic health conditions (e.g. allergies, asthma, epilepsy) that the school should know about?

\_\_\_\_\_

What are your child's sleeping habits? What difficulties do you encounter, if any?

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What are your child's present eating habits? What difficulties do you encounter, if any?

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Describe the results and recommendations of your child's evaluations:

<u>Type of Evaluation</u>	<u>Date</u>	<u>Specialist</u>	<u>Results and Recommendation</u>
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**List medications your child is currently taking:**

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>	<u>Prescribing Physician</u>	<u>Telephone Number</u>
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List medications tried in the past: \_\_\_\_\_

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## **Language Development**

Other than English, are there any other languages spoken at home? \_\_\_\_\_

If so, which language? By whom? \_\_\_\_\_

At what age did your child begin to understand spoken words? \_\_\_\_\_

Is your child able to follow verbal directions? \_\_\_\_\_

Does your child have any difficulty understanding conversational exchanges? \_\_\_\_\_

Is your child able to understand the plot of a movie? \_\_\_\_\_

At what age did your child say his or her first word? \_\_\_\_\_

At what age did your child begin combining two and three words together? \_\_\_\_\_

Did strangers understand your child's early language? \_\_\_\_\_

Does your child have any articulation problems currently? \_\_\_\_\_

Does your child have difficulty organizing and expressing his/her ideas? Can he/she retell a story in a logical sequence? \_\_\_\_\_

Describe your child's written expressive language: \_\_\_\_\_

## Social Development

Does your child have many friends? Are they the same age, older, or younger? How does he/she generally get along with them? \_\_\_\_\_

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Describe your child's understanding/acceptance of his/her learning and/or social differences:

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Describe your child's acceptance of consequences/limits: \_\_\_\_\_

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Describe your child's impulse control: \_\_\_\_\_

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Describe your child's mood stability: \_\_\_\_\_

How much time does your child spend per day watching T.V.? \_\_\_\_\_

How much time does your child spend per day using the computer/video games? \_\_\_\_\_

<u>Current Providers</u>	<u>Name</u>	<u>Phone Number</u>
<input type="checkbox"/>	Current School:	_____
<input type="checkbox"/>	Classroom Teacher:	_____
<input type="checkbox"/>	Psychologist:	_____
<input type="checkbox"/>	Neurologist:	_____
<input type="checkbox"/>	Psychiatrist:	_____
<input type="checkbox"/>	Psycho-pharmacologist:	_____
<input type="checkbox"/>	Speech and Language Therapist:	_____
<input type="checkbox"/>	Occupational Therapist:	_____
<input type="checkbox"/>	Educational Therapist:	_____
<input type="checkbox"/>	Additional services not listed above:	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

If your child is high school age, please list any Regents he/she has passed:

Regents: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ | Regents: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Regents: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ | Regents: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

How do you feel The Summit School can best contribute to your child's development?

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

What are your expectations for your child's future? \_\_\_\_\_

\_\_\_\_\_

How did you find out about Summit? \_\_\_\_\_

\_\_\_\_\_

Please add any information that might help us better understand your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied to Summit in the past? Yes  No  If yes, when? \_\_\_\_\_

\_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_

Return this application to: Nancy Morgenroth, M.S.CCC-SLP  
Director of Admissions  
The Summit School  
187-30 Grand Central Parkway  
Jamaica Estates, NY 11432

*The Summit School does not discriminate on the basis of race, color, religion, sexual orientation, national or ethnic origin in administration of its admissions policies, education policies, scholarships, athletic, and school administered programs.*