

New Leaf

SCHOOL FOR CHANGE

Application for New Student

Today's Date _____

Student Name: _____

DOB: _____

Student's Social Security #: _____ Family e-mail address: _____

Mother's Name: _____ Address _____

Phone _____ Work # _____

Father's Name: _____ Address _____

Phone _____ Work # _____

Child resides with: _____

Names & ages of siblings: _____

Emergency Contact: Name: _____

Phone Number: _____

Relationship of the emergency contact to student: _____

Name & Address (please include zip code) of last school student attended and grade level:

Reason for applying to New Leaf:

Describe your child's strengths and challenges:

What learning strategies have worked best for your child to date?

Circle the elements that best describe your child:

visual auditory kinesthetic
verbal mathematical artistic dramatic leader follower extroverted
introverted athletic logical organized problem-solver creative empathetic

Add a few of your own: _____