



ADMISSIONS APPLICATION, 2019-2020

APPLICANT INFORMATION

Applicant Name _____ Date _____
Preferred Nickname _____ Grade in September '19 _____
Address _____ Date of Birth _____
City _____ State _____ Zip _____
Male ___ Female ___ School District _____

PARENT(S)/GUARDIAN(S) INFORMATION

Parent/Guardian I

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email address _____
Occupation _____
Business Name _____
Business Phone _____

Parent/Guardian II

Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email address _____
Occupation _____
Business Name _____
Business Phone _____

Stepparent (If applicable) _____

Cell Phone _____

Applicant resides with: Both parents/guardians ___ Parent/Guardian I only ___ Parent/Guardian II only ___ Other caregiver(s) ___

If "Other", please list name(s), address, and telephone numbers:

Billing should be addressed to: Both parents/guardians ___ Parent/Guardian I only ___ Parent/Guardian II only ___ Other ___

If "other" please give name and address:

SCHOOL INFORMATION

Current School Name _____

Current Grade _____

Address _____

Years attended _____

City _____

State _____ Zip _____

Telephone _____

Principal _____

Guidance counselor _____

Past School Name _____

Last grade attended _____

Address _____

Years attended _____

City _____

State _____ Zip _____

Telephone _____

Principal _____

Guidance Counselor _____

SIBLING INFORMATION

Name _____

Date of Birth _____ School _____ Grade _____

Name _____

Date of Birth _____ School _____ Grade _____

Name _____

Date of Birth _____ School _____ Grade _____

GENERAL INFORMATION

How did you learn about The Long Island Whole Child Academy?

Are you interested in a 12 month program? Yes ___ No ___

PLEASE TELL US ABOUT YOUR CHILD:

What special qualities does your child possess?

Please indicate any services that your child has received in the past indicated by an IEP such as speech, OT, etc.

What are your child's special needs?

Please list any medications your child will require during the school day (school may not administer medications: your child will be responsible for actual taking of medications)

Dietary needs/food allergies/environmental allergies:

Allergies to medications/emergency medications:

What else should we know about your child?

IN MY OWN WORDS: I AM... (parent/guardian may scribe for child, or child may write, illustrate, or tape record the response)

(continue this response on additional paper if more room is needed)

APPLICATION FEE AND ACKNOWLEDGEMENT

I UNDERSTAND THAT THIS APPLICATION AND PROCESS WILL IN NO WAY OBLIGATE US TO THE SCHOOL OR THE SCHOOL TO US.

Admission to The Long Island Whole Child Academy is predicated upon the following:

- A visit to the school by the applicant and parent(s)/guardian(s) and an interview with the Head of School;
- Completion of an Application for Enrollment with a non-refundable \$250 application fee, Enrollment Agreement and \$150 non-refundable Enrollment Fee;
- Review of former school and neuropsychological records;
- The existence of a vacancy for which, in accordance with the plan of enrollment adopted by the Board of Trustees, the candidate is qualified.

Please make sure you have filled out this application in its entirety and enclosed the non-refundable application fee of \$250.

Please make checks made payable to **The Long Island Whole Child Academy**. Mailing address is **175 Wolf Hill Road, Melville, New York, 11747**.

Parent/Guardian Signature _____ Date _____

The Long Island Whole Child Academy Non-Discrimination Policy:

The Long Island Whole Child Academy welcomes into its full academic, business and community life persons of every race, culture, age, gender, sexual orientation, ability, economic status and faith tradition or any other classification protected under applicable law in administration of its admissions or educational policies, scholarship and financial-aid programs, other Long Island Whole Child Academy-administered programs, or in employment. The Corporation complies with the amended Family Education Rights and Privacy Act, Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973.



ACADEMIC TRANSCRIPT RELEASE

Dear Parent/Guardian,

Your child's school records are an important factor in consideration for admission to The Long Island Whole Child Academy. It is necessary for you to authorize their release to The Long Island Whole Child Academy in order for The Long Island Whole Child Academy to request and receive them from your child's school. Please complete and return this transcript authorization form to the Admissions Department.

To the Principal or Head of:

_____ (please print name of school)

Address of school:

City, State, Zip:

Phone:

I hereby authorize you to release to The Long Island Whole Child Academy a transcript of grades, most current report card, results of all standardized achievement and/or aptitude tests and all medical records for my child for use in connection with our application for his or her admission to The Long Island Whole Child Academy.

Child's Name:

Current Grade: _____ Date _____

Please mail all material to:

Admissions
The Long Island Whole Child Academy,
175 Wolf Hill Road
Melville, NY 11747



I, _____ give consent for The Long Island Whole Child Academy to contact any of the providers or heads of prior schools for information about my child for the purpose of determining fit for the School at The Long Island Whole Child Academy.

I also give permission for The Long Island Whole Child Academy to observe my child in his/her current school setting. The Long Island Whole Child Academy will provide me with advance notice of if/when the observation will take place.

Print Name: _____

Signature: _____

Date: _____



Photography/Video Permission Form

I, _____ (parent/guardian) understand that The Long Island Whole Child Academy may take photographs and/or videos of my child, _____ as s/he is involved in activities at the school. By signing this I agree to allow these photographs/videos to be used internally for instructional purposes, professional development sessions, and other in-school uses, and also for marketing materials such as use on the school's website, brochures, flyers, and like materials used for admissions and enrollment purposes.

Parent/Guardian, Please Print	Signature	Date
-------------------------------	-----------	------

Parent/Guardian, Please Print	Signature	Date
-------------------------------	-----------	------



THINKING SKILLS INVENTORY (TSI-RS-09/12)

Child _____ Date _____

Instructions: Below is a list of thinking skills required to solve problems, be flexible, and tolerate frustration. Many children with social, emotional and behavioral challenges will have deficits in some of these areas. The skills are organized into five categories.

Please rate the extent to which each skill is a strength or challenge to your child by marking an "X" in one column for each skill.

Executive Functioning Skills	Consistent Strength	Sometimes a Strength	Depends	Sometimes Difficult	Consistently Difficult
Handles transitions, shifts easily from one task to another					
Sticks with tasks requiring sustained attention					
Does things in a logical sequence or set order					
Keeps track of time; correctly assesses how much time a task will take					
Reflects on multiple thoughts or ideas at the same time					
Maintains focus during activities					
Ignores irrelevant noises, people, or other stimuli; tunes things out when necessary					
Thinks before responding; considers the likely outcomes or consequences of his/her actions					

Considers a range of solutions to a problem					
LANGUAGE PROCESSING SKILLS					
Expresses concerns, needs, or thoughts in words					
Is able to tell someone what's bothering him/her					
Understands spoken directions					
Understands and follows conversations					
EMOTIONAL REGULATION SKILLS					
Thinks rationally even when frustrated					
Manages irritability in an age-appropriate way					
Manages anxiety in an age-appropriate way					
Manages disappointment in an age-appropriate way					
COGNITIVE FLEXIBILITY SKILLS					
Is able to see "shades of gray" rather than thinking only in "black-and-white"					
Thinks hypothetically, is able to envision different possibilities					
Handles deviations from rules, routine, and original plans					
Handles unpredictability, ambiguity, uncertainty and novelty					
Takes into account situational factors that may mean a change in plans (example: "if it rains, we may need to cancel the trip")					
Interprets information accurately/avoids over-generalizing or personalizing (example: avoids saying					

“everyone’s out to get me,” “nobody likes me,” “you always blame me,” “it’s not fair,” “I’m stupid,” “things will never work out for me”)					
SOCIAL SKILLS					
Pays attention to verbal and nonverbal social cues					
Accurately interprets nonverbal social cues (like facial expressions and tone of voice)					
Starts conversations with peers, enters groups of peers appropriately					
Seeks attention in appropriate ways					
Understands how his/her behavior affects others					
Empathizes with others, appreciates others’ perspectives or points of view					
Understand how he/she is coming across or being perceived by others					



MOTIVATION and PERSONAL TRAITS INVENTORY

	Very much so	So-so	Not at All!
PEER CONNECTIONS:			
Extraverted			
Good Humored			
Dislikes being alone			
Enjoys group work, Teams			
Peer-oriented			
Sensitive to Others' Needs			
ACQUIRING KNOWLEDGE:			
Masters new material rapidly			
Very productive			
Good memory			
Enjoys independent work			
Very curious			
Extensive vocabulary			
Decisive			
Self-motivated			
APPROVAL/PRAISE			
Fears failure			
Highly sensitive to criticism			
Often requests confirmation			
Judgmental			
Needs praise			

Self-critical			
Generally compliant			
Enjoys the spotlight			
Autonomy/Self-Directing			
Has passionate interests			
Gives unique responses			
Enjoys problem solving			
Has strong opinions			
Likes responsibility			
Argumentative			
Questions			
Complains			
Persuades			
Quick tempered			
Outspoken			
Enjoys being in charge			
May engage in power struggles			
Leadership Qualities			
Self-confident			
Independent			
Competitive			
Persistent			
MASTERY/COMPLETING PROJECTS			
Industrious			
Goal driven			
Efficient			
Optimistic			
Highly competitive			
Persistent			
RECOGNITION			

Self-promoting			
Enjoys the spotlight			
Sensitive, easily disappointed			
Enjoys performing			
Seeks group identity			
Admires Role Models			
Prizes/Rewards			

CHALLENGES INVENTORY

The Long Island Whole Child Academy uses a Collaborative Problem Solving Framework to explicitly teach conflict resolution and other lagging skills that impede learning and social and emotional development. We monitor progress continually. The inventories below help us to do so.

Problems at home with:

- ___ Boredom
- ___ Cleaning room/completing household chores
- ___ Completing morning routine/getting ready for school
- ___ Food quantities/choices/preferences/timing
- ___ Going to/getting ready for bed at night
- ___ Riding in car/wearing seatbelt
- ___ Sensory hypersensitivities
- ___ Sibling interactions
- ___ Starting or completing homework or a particular academic task
- ___ Taking medicine
- ___ Time spent in front of screen (TV, video games, computer)
- ___ Waking up/getting out of bed in the morning

Other:

TK-COT

Parents Name: _____ Date: _____

Please honestly reflect on the degree to which each of the following statements **CURRENTLY** applies to you and your relationship with your child. Focus on how you have been feeling **IN THE PAST WEEK**.

1 (Strongly Agree) 2 (Agree) 3 (Agree a Little) 4 (Neutral/Not Sure) 5 (Disagree a Little) 6 (Disagree) 7 (Strongly Disagree)

1. My child and I frequently struggle with each other: 1 2 3 4 5 6 7
2. My child chooses to act out in order to get out of doing things he/she doesn't like: 1 2 3 4 5 6 7
3. My child's behavior towards me is unpredictable: 1 2 3 4 5 6 7
4. Dealing with my child drains my energy: 1 2 3 4 5 6 7
5. The struggles I have with my child are very intense: 1 2 3 4 5 6 7
6. I cannot predict my child's meltdown or tantrums: 1 2 3 4 5 6 7
7. My child intentionally pushes my buttons or manipulates me: 1 2 3 4 5 6 7
8. I am at my maximum stress level when I am with my child: 1 2 3 4 5 6 7
9. I don't understand why my child explodes or implodes: 1 2 3 4 5 6 7
10. I enjoy myself when I am with my child: 1 2 3 4 5 6 7
11. My child could behave better if he/she just worked harder at it: 1 2 3 4 5 6 7
12. My relationship with my child is likely to be positive in the long term: 1 2 3 4 5 6 7
13. My child knows I value his/her concerns and perspective: 1 2 3 4 5 6 7
14. When we disagree, my child and I are able to work thing out in a way that feels ok to both of us: 1 2 3 4 5 6 7
15. My child behaves in negative ways in order to get attention: 1 2 3 4 5 6 7



EMERGENCY CONTACT SHEET

Student Name: _____

Address: _____

Person to contact in Case of Emergency:

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact and Pick-Up Authorization Form

2019-2020

Please list, in order to be contacted, individuals to be contacted in an emergency and a non-emergency if you cannot be reached. Please note that persons listed as "Emergency Contacts" are automatically authorized to pick up your child from The Long Island Whole Child Academy, unless explicitly indicated otherwise by you on this form.

Child's Name: _____ Date of Birth _____

Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell Phone:

Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell Phone:

Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell Phone:

Parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the school is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. A license or other positive proof of identification must be shown at pick up. If you wish to change, add or delete any of these authorizations, you must do so in writing.

I have read, understand, and agree to the emergency and pick up contacts above.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date:



MEDICAL HISTORY FORM

To be filled out by Parent/Guardian:

Student's Last Name	First Name	M.I.	DOB
---------------------	------------	------	-----

Parent/Guardian (please print)	Cell Phone
--------------------------------	------------

Home Address	City	State	Zip
--------------	------	-------	-----

Student's Physician	Physician's Telephone Number
---------------------	------------------------------

Physician's Address

Student's Dentist	Dentist's Telephone Number
-------------------	----------------------------

Allergies	Reactions	Treatment

Current Medications

Emergency Medical/Dietary Information/Religious Restrictions

Other Health Concerns

MEDICAL TREATMENT CONSENT:

In the event of an emergency, I hereby authorize the school staff to have my child transported to the nearest medical facility or to _____ and to secure necessary medical treatment including, but not limited to: HOSPITALIZATION, INJECTIONS, ANAESTHESIA, AND/OR SURGERY. In the event that I cannot be reached, I hereby give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately. Any expenses incurred will be the responsibility of the parent/guardian.

Please initial here _____: I certify that a licensed physician has examined my child in the last 12 months and I have provided the Long Island Whole Child Academy with proper documentation, clearly stating the date of physical and immunization records.

I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE.

Parent/Guardian (Printed Name)

Parent/Guardian Signature

Date

Parent/Guardian (Printed Name)

HEALTH HISTORY

Check and indicate approximate dates, if applicable:

Allergies _____

Asthma _____

Bleeding/
Clotting Disorder _____

Convulsions/Epilepsy _____

Diabetes _____

Ear infections (Frequent) _____

Heart Defect/disease _____

Hypertension _____

If allergies, please list: _____

FAMILY MEDICAL HISTORY

Premature death related to cardiovascular disease _____

Disability from cardiovascular disease at under age 50 _____

Hypertrophic Cardiomyopathy, Dilated Cardiomyopathy _____

Marfan syndrome, Arrhythmias, Channelopathy _____

(ekg, long QT) _____

Operations or serious injuries & dates: _____

Disability or chronic or recurring illness: _____

Any specific activities to be limited by Physician's advice: _____

Other diseases or details of above:

Family Medical Insurer: _____

Policy or Group number: _____

Other suggestions or health-related information for staff:
