

APPLICATION FORM

Recent photo
(optional)

275 Pinnacle Rd. Rochester, NY 14623 Ph 585.334.8010 Fax 585.334.8073 www.normanhoward.org

Applicant's Name _____ Preferred Name _____
(first) (middle) (last)

Home address _____ Date of birth _____
Street address City, St, Zip

Primary Language spoken at home _____

Current grade _____ Request for Placement: ☐ Immediate ☐ September of next school year

Family Information: Parent/Guardian

Name _____
(first) (last)

Name _____
(first) (last)

Relationship to Applicant _____

Relationship to Applicant _____

Address _____

Address _____

Home/Cell # _____

Home/Cell# _____

Email _____

Email _____

Occupation _____

Occupation _____

Company _____

Company _____

Schools/Colleges Attended _____

Schools/Colleges Attended _____

Degrees Earned _____

Degrees Earned _____

Applicant lives with:

☐ Mother ☐ Father ☐ Both ☐ Other _____
(name)

(address)

Please check if appropriate:

☐ Father is deceased ☐ Parents divorced ☐ Mother remarried Name of Stepfather: _____

☐ Mother is deceased ☐ Parents separated ☐ Father remarried Name of Stepmother: _____

If parents are separated or divorced,

who has legal custody of the applicant? _____

who has physical custody of the applicant? _____

Where should school correspondence be sent?

☐ Mother ☐ Father ☐ Both ☐ Other _____
(name, address)

Where should financial correspondence be sent?

☐ Mother ☐ Father ☐ Both ☐ Other _____
(name, address)

Siblings: Name, Age, Current School

Please list any family members who have had difficulty with reading, spelling, writing or arithmetic:

Has a relative attended The Norman Howard School? ☐ Yes ☐ No If yes, relationship? _____

Medical Information

Please list any medical conditions/allergies _____

Is the applicant taking any medications? (List medicine, purpose, date started) _____

Does your child wear eye glasses for reading? ☐ Yes ☐ No

Does you child wear a hearing aid? ☐ Yes ☐ No

Adopted? ☐ Yes ☐ No If yes, at what age? _____ Birthplace: _____

Were there any difficulties during pregnancy, labor or birth of the child? Please explain. _____

Please list clinics or private evaluators who have tested your child:

(Name, address, telephone)

(Name, address, telephone)

What diagnoses have been given? _____

Has your child ever been in counseling? ☐ Yes ☐ No

For what reason, dates and with whom? _____

Please describe any behavioral difficulties encountered in school settings with peers or at home.

Educational Information

Current School and School District _____ / _____

Current Teacher/Telephone _____ May we contact him/her? ☐ Yes ☐ No

Schools previously attended _____

Has your child ever repeated a grade(s)? ☐ Yes ☐ No If yes, what grade(s)? _____

Is your child receiving tutoring? ☐ Yes ☐ No If yes, where? _____

Does your child currently have an Individual Education Plan (IEP)? ☐ Yes ☐ No

Will you be pursuing school district funding? ☐ Yes ☐ No

Will you be applying for financial aid if admitted? ☐ Yes ☐ No

Where did you hear about The Norman Howard School?

☐ Friend ☐ Teacher ☐ TV ☐ Radio ☐ Social media ☐ Starbridge
☐ Family Member ☐ Internet ☐ School District ☐ Other: _____

Additional comments _____

Parent/Guardian Perceptions
Please complete this form and mail it in with the application.

Applicant's Name: _____

Please answer the following questions about the applicant as this will support the records we receive from the school. You may use this space or feel free to attach a separate piece of paper for your responses.

1. What do you see as your child's greatest strengths? _____

2. What area(s) challenge your child? _____

3. Have there been any traumatic events in your child's life? _____

4. List a few words that describe his/her major personality traits. _____

5. What types of activities (sports, clubs, hobbies etc) does your child participate in during free time? _____

6. Describe your child's relationships with peers. (Please list ages of peers and activities.) _____

7. What is your child's present attitude towards school? _____

8. How does your child handle frustration? Please provide an example. _____

9. How does your child manage homework? _____

10. What concerns you most about your child? _____

11. How do you see your child benefiting from The Norman Howard School education? _____

The Norman Howard School Application Statement & Release

Student Name: _____

Applications must be accompanied by a non-refundable \$50.00 application processing fee.

All materials will become the property of The Norman Howard School and cannot be returned. All information is held in the strictest of confidence. Information about non-enrolled or withdrawn applicants is held for one year and then destroyed. The Norman Howard School does not discriminate in its admissions policies because of race, gender, sexual orientation, creed, age, marital status, national origin, or any other classification protected by applicable local, state or federal law.

I authorize NHS to inform my child's Special Education Office that the application process has been started. I also give the Special Education Office and the faculty and staff at my child's school my permission to speak with the Admissions Committee.

All information submitted in this application to the best of my knowledge is true. No information with regard to the profile of the applicant has been knowingly omitted.

Parent/Guardian _____ Date _____