

# KENLEY SCHOOL

## APPLICATION FOR ENROLLMENT

SCHOOL YEAR FOR WHICH APPLYING: \_\_\_\_\_

DATE: \_\_\_\_\_

### FAMILY INFORMATION:

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_ With whom does child live? \_\_\_\_\_

Legal Guardian of Child \_\_\_\_\_

Check Appropriate Line: \_\_\_\_\_ Biological \_\_\_\_\_ Adopted \_\_\_\_\_ Foster \_\_\_\_\_ Other (explain) \_\_\_\_\_

List the names and ages of brothers and sisters. Indicate by a check if sibling is living in the home \_\_\_\_\_

Have there been any traumatic events in the child's life which have had a lasting effect? \_\_\_\_\_

Do other family members have difficulties with academics, attention and/or hyperactivity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe \_\_\_\_\_

Church Preference \_\_\_\_\_

Friend or relative to contact if parents are unable be reached during school hours:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Who referred you to Kenley School? \_\_\_\_\_

Please send financial correspondence to \_\_\_\_\_

### EDUCATIONAL INFORMATION:

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

List other schools attended and grade level (s) when attended \_\_\_\_\_

Has the child repeated a grade? \_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Grade: \_\_\_\_\_ Reason: \_\_\_\_\_



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When did you suspect that your child might have learning problems? \_\_\_\_\_

Explain \_\_\_\_\_

Is your child being served or has your child been served in a special education program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child been tested for special education and determined ineligible to receive services? \_\_\_\_\_ Yes \_\_\_\_\_ No

## CHECK AND EXPLAIN THE DIFFICULTIES YOUR CHILD IS EXPERIENCING:

\_\_\_\_\_ Math \_\_\_\_\_

\_\_\_\_\_ Reading \_\_\_\_\_

\_\_\_\_\_ Spelling \_\_\_\_\_

\_\_\_\_\_ Handwriting \_\_\_\_\_

\_\_\_\_\_ Language \_\_\_\_\_

\_\_\_\_\_ Speech \_\_\_\_\_

\_\_\_\_\_ Attention \_\_\_\_\_

\_\_\_\_\_ Hyperactivity \_\_\_\_\_

\_\_\_\_\_ Relationship with Peers \_\_\_\_\_

\_\_\_\_\_ Relationship with Parents \_\_\_\_\_

\_\_\_\_\_ Relationship with Teachers \_\_\_\_\_

\_\_\_\_\_ Study Skills \_\_\_\_\_

\_\_\_\_\_ Organizational Skills \_\_\_\_\_

\_\_\_\_\_ Behavior \_\_\_\_\_

\_\_\_\_\_ Motor Control \_\_\_\_\_

\_\_\_\_\_ Hearing \_\_\_\_\_

\_\_\_\_\_ Vision \_\_\_\_\_

\_\_\_\_\_ Orthopedic \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Has your child ever been placed in a special program because of inappropriate behavior? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for placement \_\_\_\_\_

Has your child ever been suspended from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and under what circumstances? \_\_\_\_\_

Has your child ever displayed physically aggressive behavior? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when and under what circumstances? \_\_\_\_\_



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CHECK SERVICES/PLACEMENTS RECEIVED OR BEING RECEIVED. PROVIDE DATES AND DESCRIPTIONS OF SERVICES/PLACEMENTS:

Speech/Language Therapy \_\_\_\_\_  
 Occupational Therapy \_\_\_\_\_  
 Physical Therapy \_\_\_\_\_  
 Content Mastery \_\_\_\_\_  
 Resource Room \_\_\_\_\_  
 Inclusion \_\_\_\_\_  
 Counseling \_\_\_\_\_  
 Gifted & Talented \_\_\_\_\_  
 Self-Contained Classroom \_\_\_\_\_  
 Residential School \_\_\_\_\_  
 Residential Treatment Facility (Hospital, etc.) \_\_\_\_\_  
 Other \_\_\_\_\_

CHECK DIAGNOSIS (ES) RECEIVED BY CHILD:

<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Attention Deficit Disorder without Hyperactivity	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Attention Deficit Disorder with Hyperactivity	<input type="checkbox"/> Depression
<input type="checkbox"/> Speech Disorder	<input type="checkbox"/> Conduct Disorder
<input type="checkbox"/> Language Disorder	<input type="checkbox"/> Generalized Anxiety Disorder
<input type="checkbox"/> Central Auditory Processing Disorder	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Oppositional Defiant Disorder	<input type="checkbox"/> Mental Retardation
<input type="checkbox"/> Obsessive Compulsive Disorder	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Pervasive Developmental Disability	<input type="checkbox"/> Genetic Disorder (i.e. Fragile X, Turners Syndrome)
<input type="checkbox"/> Autism	
<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Other (explain) _____

PLEASE ATTACH COPIES OF DIAGNOSTIC AND ASSESSMENT REPORTS.

## MEDICAL INFORMATION:

Were there complications?

During pregnancy?  Yes  No Explain \_\_\_\_\_

During birth?  Yes  No Explain \_\_\_\_\_

After birth?  Yes  No Explain \_\_\_\_\_

Did mother smoke during pregnancy?  Yes  No  Unknown

Did mother consume alcohol during pregnancy?  Yes  No  Unknown

Did mother take any drugs/medications during pregnancy?  Yes  No  Unknown

If yes, please list drugs/medications: \_\_\_\_\_



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Birth weight of child \_\_\_\_ lbs. \_\_\_\_ ounces \_\_\_\_\_ Normal birth \_\_\_\_\_ Caesarean \_\_\_\_\_ Premature

Were developmental milestones within normal ranges (i.e. walking, talking)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no explain: \_\_\_\_\_

List childhood diseases and injuries \_\_\_\_\_

Has child had surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No Type? \_\_\_\_\_ When? \_\_\_\_\_

Has child experienced repeated ear infections? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does child have asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe severity and treatment \_\_\_\_\_

List the substances to which child is allergic and describe allergic reaction \_\_\_\_\_

Has child had a significant head injury with loss of consciousness? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has child ever had seizures or convulsions? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, type? \_\_\_\_\_

When? \_\_\_\_\_ Treatment \_\_\_\_\_

Does child have urinary and/or bowel problems? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

Describe general health \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Physicians:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is child currently on regular medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete the following:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_ When began: \_\_\_\_\_

Has child previously been on regular medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete the following:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose \_\_\_\_\_ Length of time on medication \_\_\_\_\_

When discontinued \_\_\_\_\_ Reason for discontinuing: \_\_\_\_\_



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Is there a reason child should not participate in the physical education program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Check hand preference: \_\_\_\_\_ Right handed \_\_\_\_\_ Left handed \_\_\_\_\_ Ambidextrous

Does child wear glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, should glasses be worn at all times? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **GENERAL INFORMATION:**

What are child's hobbies, interests, free time activities? \_\_\_\_\_

\_\_\_\_\_

List things child does not like to do. \_\_\_\_\_

\_\_\_\_\_

List child's greatest strengths and weaknesses. \_\_\_\_\_

\_\_\_\_\_

What is/are your greatest concern (s) for your child? \_\_\_\_\_

\_\_\_\_\_

## **PARENTAL PERMISSION:**

I represent to Kenley School that I have authority to grant permission for \_\_\_\_\_  
who is referred to as "my child" to engage in various activities while a student at Kenley School.

- A. My child has my permission to go on school sponsored field trips with Kenley School personnel. Further, I release and indemnify Kenley School and Kenley School personnel from any claims of personal injury whether caused by the negligence of Kenley School or any Kenley School personnel while my child is participating in a Kenley School sponsored field trip.

Signed \_\_\_\_\_

- B. My child has my permission to appear as a student of Kenley School in news releases for television, newspaper, newsletter, and/or promotional material.

Signed \_\_\_\_\_



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C. Kenley School has my permission to administer, through its personnel, academic testing to determine an appropriate educational program for my child.

Signed \_\_\_\_\_

D. Kenley School has permission to contact my child's previous school, current physician and/or psychologist to obtain information pertinent to his/her educational program at Kenley School or to discuss his/her progress.

Signed \_\_\_\_\_

E. Kenley School has permission to release records of my child to my child's physician and/or current psychologist and further has my permission to release my child's records to any school at which my child may be subsequently enrolled.

Signed \_\_\_\_\_

F. My child has my permission to engage in physical education classes while attending Kenley School. Further, I release and indemnify Kenley School and Kenley School personnel from any claims of personal injury whether caused by the negligence of Kenley School or any Kenley School personnel while my child is participating in Kenley School physical education classes.

Signed \_\_\_\_\_

G. The following individuals have permission to pick up my child at school. Please include older siblings, grandparents, etc. Your child will not be allowed to leave with anyone else unless you notify us.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

*Kenley School accepts students with language/learning disabilities and/or attention deficit disorders. The school is not equipped to serve students with mental, emotional, and/or severe physical disabilities or with significant behavior difficulties. Students are carefully screened to determine appropriateness of placement at Kenley School. Students are admitted to Kenley School on a trial basis. If it becomes apparent after admission that the school is unable to meet the student's needs or the student exhibits dangerous or significantly disruptive behavior, parents will be consulted regarding withdrawal of services.*

*Careful records are kept on each child's progress while at Kenley School. All student files are strictly confidential. Student records will be released only after written consent is secured, all tuition fees are paid, and books/materials are returned.*

*Admission to Kenley School is without regard to race, sex, national origin or religious belief.*

Signed \_\_\_\_\_ Date \_\_\_\_\_



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