



APPLICATION FOR ADMISSION

THIS APPLICATION IS FOR: boarding placement* day placement

This form is being completed by _____ (relationship to child) Date _____

Child's Full Name _____ Gender _____ Race _____

DOB _____ Place of Birth _____ Primary Spoken Language: _____

BIOLOGICAL Mother's Name _____ DOB: _____
 Age at the time of child's birth _____ Married
 Address, City, State, Zip code _____ Separated
 _____ Single
 Phone: _____ (H) _____ (W) _____ (C) Divorced
 FAX _____ E-Mail _____ Widowed
 Occupation _____ Remarried
 Business Name/Address _____

BIOLOGICAL Father's Name _____ DOB: _____
 Age at the time of child's birth _____ Married
 ADDRESS, City, State, Zip code _____ Separated
 _____ Single
 PHONE _____ (H) _____ (W) _____ (C) Divorced
 FAX _____ E-Mail _____ Widowed
 OCCUPATION _____ Remarried
 Business Name/Address _____

CUSTODIAL Mother's Name _____
 CHECK HERE IF SAME AS BIOLOGICAL MOTHER
 Address _____
 Phone _____ (H) _____ (W) _____ (C)
 FAX _____ E-Mail _____
 Occupation _____
 Business Name/Address _____

CUSTODIAL Father's Name _____
 CHECK HERE IF SAME AS BIOLOGICAL FATHER
 Address _____
 Phone _____ (H) _____ (W) _____ (C)
 FAX _____ E-Mail _____
 Occupation _____
 Business Name/Address _____

IMPORTANT

PLEASE PASTE

RECENT

PHOTOGRAPH

HERE!

Check here if Custodial Mother has educational rights granted through divorce settlement

Check here if Custodial Father has educational rights granted through divorce settlement

*If you are applying for boarding placement please tell some of your reasons or motivating factors:



INDIVIDUAL INFORMATION

Sex: _____ Race: _____ Ethnicity: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Religious Affiliation: _____ Primary language spoken at home: _____

Scars/ Identifying Marks: _____

CONTACT INFORMATION:

For emergencies/medical treatment: _____

	Name	Relationship
Address	Phone #	

DIAGNOSES:

Medical/Seizures: _____ Date(s): _____

_____ Date(s): _____

_____ Date(s): _____

_____ Date(s): _____

Psychiatric: _____ Date(s): _____

Allergies: _____ Date(s): _____

HOSPITALIZATIONS (Please list date(s), reason(s) for):

CHILDHOOD TO PRESENT

(a) DEVELOPMENT

1. When did you become concerned your child was not developing normally? What did you do about it?

2. Were there any periods of regression, loss of speech, etc? _____

3. What do you, as parent(s), believe to be the cause of your child's difficulties? _____



(b) COMMUNICATION

1. Describe your child's ability to speak, and/or other means of communication. _____

2. What other means are used (sign, gesture, and assistive device)? _____

(c) BEHAVIOR

1. Has your child received special behavioral treatment or therapy, such as wrap-around services, or ABA (Applied Behavioral Analysis)? no yes – provide date(s): _____

Where were the services received: (name/address) _____

2. Describe any self-stimulatory behaviors and/or aggressive behaviors, such as rocking, head-banging, and/or verbal, physical aggression, fixation or tics, etc. _____

3. Describe any behavior issues, e.g. running away, stealing, bad habits, obsessions and/or compulsions, destructiveness, self-abusive, aggression (verbally/physically toward self, younger/vulnerable population, or animals, etc.)? _____

4. When does the inappropriate behavior(s) usually occur? What conditions/situations might trigger these behaviors? _____

5. What do you do to address the negative behaviors? _____

6. How does she/he respond to redirection? _____



7. Does your child have a formal "behavior plan (PBSP)?" If so, are you willing to work with the school staff to review and modify if necessary?

8. Describe any issues or history of difficulties around sexuality. Are you open to working with the school staff in this realm?

9. Does your child have any emotional difficulties? Please explain:

(d) SELF-CARE/MOBILITY

1. Describe your child's ability to manage self-care issues (e.g. brushing hair, dressing, bathing, tooth brushing, etc)

2. Describe eating habits (use of utensils/adaptive equipment, , how your child relates to food/meal times)

3. Has the student ever had feeding or swallowing therapy? If so, when, for what purpose and how was it resolved (if at all)?

4. Is your child on a special diet (gluten-free; casein-free, pureed, thick liquids, allergies, vegan, etc)? What is the reason for the special diet?

5. Is your child toilet trained? by day? by night?

6. Describe your child' toileting habits and need for adaptive equipment (ie, grab bars, etc)

7. Describe how your child moves around his/her home, school, community environments (indoors, outdoors, stairs)

8. Does your child require assistance and/or adaptive equipment for mobility (ie, walker, braces, wheelchair, etc)?



(e) SLEEPING HABITS

1. Describe sleeping habits (bedtime, how long, how deeply)._____

2. Does your child share a room or co-sleep?_____

3. What does your child do if he/she awakens in the night (cry, make noise(s), wander, etc.)?

(f) MEDICATIONS

List all **current** medications and purposes: (seizures, anxiety, behavior, etc.), dosages and when started (approximately).

Drug	Dosage	Purpose	Date Started

List all **previous** medications and purposes: (seizures, anxiety, behavior, etc.), dosages and when started and stopped (approximately).

Drug	Dosage	Why was it discontinued?	Date Started/Stopped

(g) SOCIAL

1. How would you describe the child as a person?

Strengths and Needs _____

2. What does your child like to do? (hobbies/interests)_____



3. What things scare or worry your child? _____

4. Put a circle around any of the following things which apply to your child:

- | | |
|---------------------------------|-------------------------------------|
| 1. Bedwetting | 15. Nightmares/night terrors |
| 2. Toilet training: Day/night | 16. Temper Tantrums |
| 3. High strung or easily upset | 17. Contrary or stubborn |
| 4. Too restless | 18. Lying/Stealing |
| 5. Sad | 19. Purposely destroys things |
| 6. Overly sensitive | 20. Eating/Feeding |
| 7. Sleep Issues | 21. Harm towards others |
| 8. Self-Injury | 22. Harm towards animals |
| 9. Oppositional | 23. Compulsive behaviors/obsessions |
| 10. Inappropriate sexual issues | 24. Transitions |
| 11. Mobility | 25. Other problems or comments? |
| 12. Anxiety | _____ |
| 13. Elopement | _____ |
| 14. Aggression | _____ |

5. Please describe any other incidents or facts which might help understand your child's difficulties and what may cause/have caused them?

6. How does your child get along with mother, father, other children/family members? Does your child show normal affection? How does your child relate to peers? _____

7. Are there any family social/economic issues (ie, with housing, employment, food, etc)? Please describe:

(h) EDUCATION

1. List your child's previous school history:

School	Grade	Date(s) attended	Reason for leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Why are you considering a change of school for your child at this time? _____



3. Do you currently have a Settlement Agreement?
No _____ Yes _____ If yes, please provide a copy with completed application.
4. Do you intend to have a Settlement Agreement with your school district? No _____ Yes _____
5. Has your child needed or does need a one to one aide? No _____ Yes _____ If yes, Why?

6. Has your child needed or have -nursing or a TSS? No _____ Yes _____ If yes, Why?

7. Does your child presently receive related services? List types & frequency (e.g. Speech – 1x/week 30 min.)

8. Are you open to reassessing/adjusting the need for/frequency of related services in order to achieve the right balance for your child should he/she begin at Camphill School?

9. Has your child been prescribed or given any alternative treatments (ie, special diets, supplements, therapy, homeopathy, etc)? If yes, please describe below:
- | Therapy | Date(s) | reason for discontinuing: |
|---------|---------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
10. Has your child seen a psychologist, psychiatrist, counselor, or other mental health professional? If so, why? _____
Approximate dates seen _____
Recommendations given and your comments _____
11. If any unusual progress or regression took place during school attendance and /or transitions please describe:

12. Are you comfortable with the fact that Camphill School does not generally encourage computer use through the elementary school (below grade 9)?

13. If your child is accepted, would you continue, or plan any other programs after or during school hours? If so, please explain/describe. Camphill School offers a full educational program and services; additional programs may conflicts with our programs/practices.



14. If your child is accepted as a boarding student, might you be making on-campus visits? How often?

15. Might you be taking your child for weekend visits? How often?

16. Would you like a current parent to contact you regarding their experience at Camphill?

Yes No

Do you have remarks you wish to add? Please feel free to use additional sheets for more information on any of the previous questions, or for any information you feel important that was not asked for.

HOW DID YOU LEARN ABOUT CAMPHILL SCHOOL?

QUESTIONS FOR HIGH SCHOOL APPLICATIONS:

1. What do you envision for your child beyond 12th grade (the completion of Camphill School's program on our Beaver Run campus at age 18 or 19)?

2. We have a distinct Transition Program at our Beaver Farm campus for the 18/19- to 21-year phase of your child's education. Are you interested in this for your child?

Please return application to:

Admissions Office
The Camphill School
1784 Fairview Road
Glenmoore, PA 19343

The Camphill School does not discriminate on the basis of race, age, color, creed, gender, sexual orientation, national origin, ethnic origin, or disability.