



Photo Attached

## Application for Admission

**APPLYING FOR**      GRADES 1-12:      Boarding Placement      Day Placement      Date: \_\_\_\_\_

KINDERGARTEN:      Full-Day\*      3-Day      4-Day      5-Day

                                 Half-Day

*\*Full-Day programs include an organic lunch. Option for early drop-off at 8:30am if pre-arranged.*

This form is being completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Primary Language(s): \_\_\_\_\_

**CUSTODIAL MOTHER**      *Check here if this is child's primary residence*

**SELECT AT LEAST ONE:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- Married
- Separated
- Single
- Divorced
- Widowed
- Remarried

Street Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Household Members & Ages: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

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

**CUSTODIAL FATHER**      *Check here if this is child's primary residence*

**SELECT AT LEAST ONE:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- Married
- Separated
- Single
- Divorced
- Widowed
- Remarried

Street Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Household Members & Ages: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

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



## BIOLOGICAL MOTHER

*Same as Custodial Mother*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age at Child's Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

**SELECT AT LEAST ONE:**

City, ST, Zip: \_\_\_\_\_

- Married
- Separated
- Single
- Divorced
- Widowed
- Remarried

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

## BIOLOGICAL FATHER

*Same as Custodial Father*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age at Child's Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

**SELECT AT LEAST ONE:**

City, ST, Zip: \_\_\_\_\_

- Married
- Separated
- Single
- Divorced
- Widowed
- Remarried

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

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

## CHILD INFORMATION

Gender: _____ Ethnicity:	American Indian/Alaskan Native	Hispanic
	Asian (non-hispanic)	Multi-Racial
	Black/African American	White/Caucasian
	Native Hawaiian/Pacific Islander (non-hispanic)	Other

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Identifying Marks: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)



## DIAGNOSES

Please list all diagnosed medical conditions below:

Please list any known allergies:

## HOSPITALIZATIONS

Please list all hospitalizations, including dates and cause(s):

Please list all **CURRENT** medications and purposes (seizures, anxiety, behavior, etc.), dosage and approximate start date:

MEDICATION NAME	DOSAGE	PURPOSE	DATE STARTED

Please list all **PREVIOUS** medications and purposes (seizures, anxiety, behavior, etc.), dosage and approximate start date:

MEDICATION NAME	DOSAGE	REASON FOR DISCONTINUING	TAKEN FROM/TO



## **DEVELOPMENT**

When did you become concerned your child was not developing normally, and what were your actions?

Were there any periods of regression, loss of speech, etc?

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

## **COMMUNICATION**

Describe your child's ability to speak.

What other means are used to communicate (sign, gesture, assistive device, etc.)?

## **BEHAVIOR**

What, if any, special behavioral treatment or therapy has your child received (i.e. wrap-around services, or ABA (Applied Behavioral Analysis)?)

Where were these services received? Please list name(s) and address(es).



## BEHAVIOR *(cont'd)*

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

Describe any behavior issues such as running away, stealing, bad habits, obsessions/compulsions, destructiveness, self-abuse, and/or verbal and physical aggression towards self, younger or vulnerable individuals, or animals, etc.

When does inappropriate behavior(s) usually occur? Which conditions/situations trigger these behaviors?

What do you do to address the negative behaviors?

How does your child respond to redirection?

Does your child have a formal "behavior plan" (PBSP)?                      Yes                      No  
If yes, are you willing to work with the school staff to review and modify, if necessary?

Describe your child's issues or history of difficulties around sexuality along with your willingness to work w/ the school in this realm?



**BEHAVIOR** *(cont'd)*

Describe any emotional difficulties your child may have.

**SELF-CARE/MOBILITY**

Describe your child's ability to manage self-care issues (i.e. brushing hair, dressing, bathing, oral hygiene, etc.).

Describe your child's eating habits (i.e. use of utensils, adaptive equipment, how your child relates to food/meal times, etc.).

Has your child ever had feeding or swallowing therapy?            Yes                            No  
If yes, please list when this occurred, for what purpose and how it was resolved (if at all).

Is your child currently on a special diet (gluten-free, casein-free, pureed, thick liquids, vegan, etc.)?            Yes                            No  
If yes, please explain along with the reason for the special diet?

Is your child toilet-trained:    By Day?            Yes            No                            By Night?            Yes            No  
Describe your child's toileting habits and/or need for any adaptive equipment (i.e. grab bars, etc.).

Describe your child's need for assistance and/or adaptive equipment for mobility (i.e. walker, braces, wheelchair, etc.)?



## SELF-CARE/MOBILITY *(cont'd)*

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

## SLEEPING HABITS

Describe your child's sleeping habits (typical bedtime, how long, how deeply, etc.).

Does your child share a room or co-sleep?      Yes                              No                              Sometimes  
If yes, with whom?

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

## SOCIAL

How would you describe the child as a person?

Please list your child's strengths and needs.

STRENGTHS	NEEDS

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



**SOCIAL** (cont'd)

What things scare or worry your child?

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

Describe how your child gets along with mother, father, siblings, other family members? (i.e. Does he/she display normal affection?)

Describe how your child relates to peers?

Are there any family social/economic issues (i.e. with housing, employment, food, etc.)? Yes  No   
If yes, please describe.

Please select any of the following items below that apply to your child in some way or another:

- |                             |                                   |
|-----------------------------|-----------------------------------|
| Bedwetting                  | Elopement                         |
| Toilet Training: Day/Night  | Aggression                        |
| High Strung or Easily Upset | Nightmares / Night Terrors        |
| Too Restless                | Temper Tantrums                   |
| Sad                         | Contrary or Stubborn              |
| Overly Sensitive            | Lying / Stealing                  |
| Sleep Issues                | Purposely Destroys Things         |
| Self-Injury                 | Eating / Feeding                  |
| Oppositional                | Harm Towards Others               |
| Inappropriate Sexual Issues | Harm Towards Animals              |
| Mobility                    | Compulsive Behaviors / Obsessions |
| Anxiety                     | Transitions                       |

Additional Issues/Concerns not Shown:





## EDUCATION

List your child's previous school history:

SCHOOL NAME	GRADE(S)	DATES ATTENDED	REASON FOR LEAVING

Why are you considering a school change for your child at this time?

Do you currently have a Settlement Agreement?      Yes                      No  
 If yes, please provide a copy with your completed application.

Do you intend to have a Settlement Agreement with your school district?      Yes                      No

Has your child previously required or do they currently require a one-to-one aide?      Yes                      No  
 If yes to either, please explain the timing and motivating factors.

Has your child previously needed or do they currently need a nurse or TSS?      Yes                      No  
 If yes, please explain why.

Does your child presently receive related services (i.e. Speech Therapy, OT, etc.)?      Yes                      No  
 If yes, please list types and frequency.

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 The Camphill School?      Yes                      No



## EDUCATION *(cont'd)*

Has your child been prescribed or given any alternative treatments (i.e. special diets, supplements, therapy, homeopathy, etc.)?

Yes No

If yes, please list details below.

THERAPY	DATE(S)	REASON FOR DISCONTINUING

Has your child seen a psychologist, psychiatrist, counselor or other mental health professional? Yes No

If yes, please provide details below.

PROFESSIONAL SEEN	REASON FOR VISIT(S)	APPROXIMATE DATES	RECOMMENDATIONS GIVEN

Please provide any additional comments on any of the visits listed above.

Please describe any unusual progress or regressions that took place during school attendance and/or transitions.

Are you comfortable with the fact that The Camphill School does not generally encourage computer use through the elementary school (grades K – 8)? Yes No

If no, please list concerns.

The Camphill School offers a full educational program and services. Additional programs may conflict with our programs/practices.

If your child is accepted, would you continue or plan any other programs after or during school hours? Yes No

If yes, please explain/describe below.



EDUCATION (cont'd)

If your child is accepted as a boarding student, would you plan to make on-campus visits? Yes No
If yes, how often?

If your child is accepted as a boarding student, would you plan to take your child on weekend visits? Yes No
If yes, how often?

Would you like a current parent to contact you to share their experience with The Camphill School? Yes No

Please list any additional comments, thoughts and/or concerns relating to any of the previous questions, or information you feel important to share that was not asked for.

How did you learn about The Camphill School? Advertisement Friend/Family Internet Search Radio/TV Social Media Educational Referral RSVP to Tour Unknown

QUESTIONS FOR HIGH SCHOOL APPLICANTS

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

We have a distinct Transitional Program at our Beaver Farm campus for the 18/19 to 21-year phase of your child's education. Are you interested in this option for your child? Yes No Maybe

PLEASE SUBMIT A CURRENT PHOTO OF YOUR CHILD WITH YOUR COMPLETED APPLICATION.

Please return your completed application to:

- By email to your assigned Admissions Coordinator, or
By mail 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.