



Admissions Application

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Alpharetta, GA 30004
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www.thelionheartschool.com

Applicant's Name

Date of Application

Application

Today's Date: _____

Applicant's Name _____
Last First Middle Name Used

Date of Birth: Mo. _____ Day _____ Year _____ Current Age: M ___ F ___

School Year Applying for: _____

General information:

Are Both Parents Living? _____ Divorced? _____ Separated? _____

Home Address: _____
Street
City State Zip

Home Telephone: _____

Father's Name: _____

Home Address: _____
(if different from above) Street
City State Zip

Occupation: _____

Place of Employment: _____
Name Address

Phone Numbers: (Circle which one you prefer)

Home phone: _____ Mobile Phone: _____
Work Phone: _____ Email: _____

Mother's Name: _____

Home Address: _____
(if different from above) Street
City State Zip

Occupation: _____

Place of Employment: _____
Name Address

Phone Numbers: (Circle which one you prefer)

Home phone: _____ Mobile Phone: _____
Work Phone: _____ Email: _____

Where does your child attend school now? _____ Grade level? _____

Reason for leaving: _____

How did you hear about Lionheart? _____

Names and ages of other children in family and name of the schools currently attending:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical and Therapeutic Information

Child's Pediatrician: _____
Name Phone

Address _____

Has your child been seen by a Psychiatrist, Psychologist or Counselor? YES ___ NO ___

Child's Psychiatrist _____
Name Phone

Address _____

Child's Psychologist _____
Name Phone

Address _____

Child's Counselor _____
Name Phone

Address _____

Has your child been seen by a developmental pediatrician or neurologist? YES ___ NO ___

Name of professional: _____

Date of last visit: _____

Does your child have a diagnosis? If yes, please indicate what the diagnosis is and who gave the diagnosis. _____

Is your child on medication? _____ If yes please indicate the medicine and dosage

Is your child on a special diet? _____ If yes, please describe the diet: _____

Therapeutic Services:

Occupational Therapist _____
Name Phone

Address

Dates of Service Frequency

Speech and Language Pathologist _____
Name Phone

Address

Dates of Service Frequency

Physical Therapist _____
Name Phone

Address

Dates of Service Frequency

Other _____
Name Phone

Address

Dates of Service Frequency

Parent Questionnaire

What are you looking for in a facility based program for your child? _____

Please describe how your child interacts with you. _____

Please describe how your child interacts with peers. _____

Please describe how your child interacts with siblings. _____

What are your child's favorite activities? _____

How does your child plan for future events? _____

What topics of interest does your child most like to talk about? _____

Please describe your child's typical play skills (include information about preferred choice of playmate, whether your child is a follower or loner, how many peers your child is comfortable playing with, whether your child prefers to play with toys or engage in other activities.....)

Describe what happens when your child is upset. What do you typically see? (kicking, biting, hurts self/others, withdrawn ...) Include how your child is comforted and regulated, and how long does it take for your child to recover.

Does your child exhibit impulsive behavior?

If yes, please describe: _____

Does your child exhibit aggressive behavior?

If yes, please describe: _____

Does your child have any strong fears or anxiety?

If yes, please describe: _____

Feel free to elaborate on any aspect of your child, including descriptions of his/her motor, attention, memory, language, mood, and/or sensory profile:

Describe how your child makes transitions between people, activities and environments.

If applicable, describe your child's comprehension of reading or math materials versus rote skills.

Describe a typical day for your child (include information regarding all activities)

If applicable, please provide any assessments made by outside professionals, and school progress reports.

PROCEDURES and POLICIES FOR APPLICATION TO LIONHEART

Lionheart School has a rolling admissions policy. Applications will be accepted and admission to the school will be considered when the following items listed below are complete.

- Parent(s) of applicants have visited the school.
- Lionheart School has received a completed application with the non-refundable fee of \$100.
- Psychological Evaluation and other assessment reports from all therapists and most recent teacher (as required) received.
- Applicant has met with the Director of Education and Special Services of the school.
- Applicant has spent a morning at Lionheart

Once all items are received from applicant, the review process will begin. Lionheart professionals and outside consultants will help determine if your child is an appropriate fit for Lionheart and whether Lionheart can meet your child's needs. Except for extenuating circumstances, parents are asked to commit for the academic year.

Lionheart will notify parents of acceptance into the program. Parents will then be required to send in the tuition deposit of \$1000 (non-refundable) to secure their child's placement into the program.

NOTICE OF NONDISCRIMINATORY POLICY

Lionheart School, Inc., admits students of any race, creed, or national and ethnic origin to all the rights and privileges, programs and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, creed, color, or national and ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs.