



Admissions Application

180 Academy Street
Alpharetta, GA 30004
Tel: (770) 772-4555
Fax: (770) 751-0873
Email: lhrt@bellsouth.net
www.thelionheartschool.com

Applicant's Name

Application

Applicant's Name _____
Last First Middle Name Used

Date of Birth: Mo. _____ Day _____ Year _____ **Age** (on Sept. 1, 2004) M ___ F ___

General information:

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

Street

City State Zip

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

Street

City State Zip

Home phone: _____

Mobile Phone: _____

Work Phone: _____

Email: _____

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical and Therapeutic Information

Child's Pediatrician: _____
Name Phone

Address _____

Has your child been seen by a developmental or clinical psychologist? _____ If yes, please answer the following:

Name of professional: _____

Date of last visit: _____

Has your child been seen by a developmental pediatrician? _____ If yes, please answer the following:

Name of professional: _____

Date of last visit: _____

Has your child been seen by a clinical psychiatrist? _____ If yes, please answer the following:

Name of professional: _____

Date of last visit: _____

Is your child receiving any medical interventions? _____ If yes please indicate the medicine and dosage amount: _____

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

Please indicate all therapeutic or educational interventions that your child is receiving now (including name of provider and frequency):

Parent Questionnaire

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

Have you had negative experiences with programs where your child has been enrolled? _____

INTERACTION

How does your child relate to you? _____

How does your child relate to peers? _____

How does your child plan for future events? _____

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

Please provide any additional insight into the way your child communicates: _____

SOCIAL and EMOTIONAL

How would you describe your child:

- Usually very active
- Active sometimes, but can play quietly
- Usually not active, has to be prompted
- Usually happy
- Can be moody
- Demands excessive attention
- Aggressive towards self or others
- Short attention span
- Lacks confidence in self
- Enjoys playing with others
- Prefers motor activities
- Prefers sit-down activities

Does your child have outbursts or “meltdowns” due to anger, frustration, and/or sensory overload?

If yes, please explain: _____

Does your child have any strong fears or anxiety? _____

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:

SKILLS AND INTERESTS

What kind of play or recreational activities does your child seem to enjoy most? _____

What are his/her favorite items? _____

Does your child enjoy playing alone? _____

With younger children? _____

With similar-aged children? _____

With adults? _____

With a group of children? _____

Please describe: _____

ACADEMIC INFORMATION

Please describe the type of classroom setting your child was in:

Does your child enjoy art, and if so, what kinds of activities? _____

Does your child enjoy music, and if so, what kinds of activities? _____

If applicable, please provide a work sample and progress reports from school, including: a raw writing sample, list of recent reading material, samples of math activities and/or a list of math curriculum topics recently covered. Please also provide a brief written assessment of your child's academic strengths and weaknesses as you perceive them, and a summary from your child's current teacher.

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 and/or met with Dave Nelson or Tamara Spafford.
- 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 a representative of the school.

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.