

Telephone: (770) 772-4555
Fax: (770) 772-1871
Address: 225 Roswell Street, Alpharetta, GA 30009
Email: schooloffice@thelionheartschool.com
Website: www.thelionheartschool.com



*Where we see your children with our **hearts**
and address their needs with our **minds.****

ADMISSIONS APPLICATION

Today's Date: _____ **Date of Application** _____

Applicant's Name: _____
Last First Middle Name Used

Date of Birth: Month _____ Day _____ Year _____ Current Age: _____

School Year Applying for: _____ Gender: M ___ F ___

How did you hear about Lionheart? _____

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

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

(Please circle preferred method of contact)

Mother's Name: _____

Home Address: (if different from above) _____

_____ Street
_____ City State Zip

Occupation: _____

Place of Employment: _____

_____ Name Address

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

(Please circle preferred method of contact)

Siblings: _____

_____ Name Age School Attending

_____ Name Age School Attending

_____ Name Age School Attending

_____ Name Age School Attending

_____ Name Age School Attending

Medical History:

Child's Pediatrician: _____

_____ Address Phone

Has your child been seen by a Psychiatrist, Psychologist or Counselor? YES NO (Circle one)

Child's Psychiatrist: _____

_____ Address Phone

Child's Psychologist: _____

_____ Address Phone

Child's Counselor: _____

_____ Address Phone

Has your child been seen by a developmental pediatrician or neurologist? YES NO (Circle one)

Please provide Dr. Name, Profession, Phone and Office Address:

Name Profession

Address Phone

Date of last visit: _____

Does your child have a diagnosis? _____

Is your child currently taking any medication? Yes _____ No _____

Name or Medication _____ Dose _____

_____ Dose _____

_____ Dose _____

_____ Dose _____

Please list any known allergies: _____

Is your child on a special diet? Yes _____ No _____ If yes, please describe: _____

Therapeutic Services:

Has your child been seen by an Occupational Therapist, Speech/Language Therapist, Physical Therapist?

Yes _____ No _____

Occupational Therapist

Name Phone

Address

Dates of Service Frequency

Speech/Language Therapist

Name Phone

Address

Dates of Service Frequency

Physical Therapist

Name

Phone

Address

Dates of Service

Frequency

Does your child use any augmentative communication systems? Yes___ No___ If yes, please describe:

Educational History:

Name of Current School _____

Address

Contact Person

Phone

Dates of Attendance

Type of Classroom

Grade

Reason for leaving

Do you receive or are you eligible for SB-10 Funds: _____

Do you receive or are you eligible for HB-1133 Funds (SSO funds): _____

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

If applicable, describe your child's reading level, decoding skills, fluency, comprehension, and phonemic awareness

If applicable, describe your child's math level, understanding of basic concepts, rote skills

Social Emotional History

Please describe how your child interacts with you.

Please describe how your child interacts with siblings.

Please describe how your child interacts with peers.

What are your child's favorite activities?

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, ages of playmates, whether your child is a leader, 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. Also, include favorite play "themes")

Describe what happens when your child is upset. What do you typically see? (kicking, biting, hurts self/others, withdrawn)

How long does it take your child to “recover” when upset? _____

What does your child do to calm him/herself? _____

Does your child exhibit impulsive behavior? If yes, please describe:

Does your child exhibit aggressive behavior? If yes, please describe:

Does your child exhibit anxiety? If yes, please describe: _____

Please describe how your child makes transitions between people, activities, or environments (include level of independence during transitions, need for transitional objects or advance preparation about schedule changes)

Does your child need reminding to initiate or complete familiar tasks? If yes, please describe

Please describe your child's sensitivity to movement. (Include information about the type of movement your child likes and dislikes, the frequency with which your child seeks movement, and behavior regarding being moved off the ground.)

Does your child seek out tight spaces or spaces under pillows or cushions? If so, please describe:

How does your child communicate his/her wants and needs?

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

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 has received a completed application along with the non-refundable processing fee of \$100.
- Lionheart has received a Psychological Evaluation and other assessment reports from all therapists and most recent teacher (as required).
- Applicant has met with the Directors of Education and Special Services.
- Lionheart reserves the right to ask for additional visits before making a determination regarding the applicant's admission.

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. If admitted, parents are asked to commit to enrollment for the entirety of the following 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

The 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.