

**Telephone:** (770) 772-4555  
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**Address:** 225 Roswell Street, Alpharetta, GA 30009  
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**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 County of Residence

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.

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Please describe how your child interacts with siblings.

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Please describe how your child interacts with peers.

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What are your child's favorite activities?

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

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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")

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 (kicking, biting, hurts self/others, withdrawn )

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How long does it take your child to "recover" when upset? \_\_\_\_\_

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What does your child do to calm him/herself? \_\_\_\_\_

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

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

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

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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)

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

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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.)

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

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

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

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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.
- Lionheart may request or offer additional testing with our school psychologist at an additional cost.

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 \$2,500 (non-refundable) within 10 days 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.