



ACADEMY OF ST. LOUIS

*Providing Hope, Promise & Opportunities
For Students with Learning Challenges*

Student Application

School Year: _____

PLEASE PRINT OR TYPE

DATE: _____

Student's Legal Name: _____ Male ___ Female ___
Last First Middle

Child prefers to be called: _____ D.O.B.: _____

Address: _____
Street City State Zip

Last School Attended: _____

Grade entering: _____ School District: _____ District School: _____

Family Information

Mother/Guardian Name: _____ Place of Employment: _____

Occupation: _____ Work Phone: (_____) _____ Full Time or Part Time (*circle one*)

Home Phone Number: (_____) _____ Cell Phone: (_____) _____

Address if different from child's: _____

Mother's Email Address: _____

Religious Affiliation: _____ Church/Parish Name: _____

Father/Guardian Name: _____ Place of Employment: _____

Occupation: _____ Work Phone: (_____) _____ Full Time or Part Time (*circle one*)

Home Phone Number: (_____) _____ Cell Phone:(_____) _____

Address if different from child's: _____

Father's Email address: _____

Religious affiliation: _____ Church/Parish Name: _____

Parents are: Married Partnered Single Parent Separated Divorced

Are there step-parents in either home: Yes No
With whom is the child living? _____

Please list siblings:

Name	Sex	Age	Grade	Learning issues	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No



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Developmental & Medical History

Please indicate at what age your child attained the following stages of development.

Sat alone _____ Walked alone _____ Spoke single word _____ Complete sentence _____

Spoke clearly _____

Toilet trained (bladder): Began ____ Completed ____ Are there ongoing concerns during the: DAY NIGHT NO CONCERNS (*circle one*)

Toilet trained (bowel): Began ____ Completed ____ Are there ongoing concerns during the: DAY NIGHT NO CONCERNS (*circle one*)

Has your child ever had or does he/she currently have any of the following? Check all that apply and explain circumstances, including age, below.

- Food Allergies
- Seizures or convulsions
- Sleep Disturbances
- Trauma
- Anxiety/depression/mental health issues

At what age did you first become concerned about your child's development _____

Is your child adopted? YES NO Domestic or International? _____ Age at final adoption _____ Is the child aware? YES NO

Please share any information that may be helpful regarding the adoption as well as any known prior medical/developmental history:

Is your child currently taking any medication? YES NO

Please indicate the name, dosage/frequency, and reason for administration below.

School medication:

Home medication:



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Previous Evaluations & Treatments

Please list all previous psychological/educational testing your child has received.

Public School District/Private Organization Name	Evaluation Dates	Results/Diagnosis
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all previous medical evaluations/treatments your child has received.

Name of Professional and Phone Number	Treatment Dates	Results/Diagnosis
Psychologist _____	_____	_____
Neurologist _____	_____	_____
Psychiatrist _____	_____	_____
Speech/Language Therapist _____	_____	_____
Occupational Therapist _____	_____	_____

If your child is receiving ongoing therapy or counseling from a private organization or therapist, please list below:

Application for admissions and variable tuition are considered without regard to race, color, religion, national origin, sex, age, sexual orientation, or any other status protected by existing state or federal law or regulations. All information will be kept confidential and used solely for the purpose of admission. Applications will be considered throughout the school year once the following information has been received:

- Completed Academy of St. Louis Application
- Signed Intake Release Forms
- Current Evaluations and IEPs (Both school and private)
- Most Recent Academic Report Card
- \$50.00 Non-refundable Application Fee
- Student Photo

Mail your completed application to the Academy of St. Louis, 505 St. Joseph Lane, Manchester, MO 63021

Please describe your goals for your child during their time at the Academy of St. Louis:



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Permission to Exchange/Obtain Information

School Year _____

I, _____, (printed name of parent or guardian) give permission for Academy of St. Louis to release and obtain information pertaining to the records of my child, _____ to the board members, staff, consultants, and other persons the school deems necessary.

This information may include the following: Student’s progress reports, multi-disciplinary evaluation reports, mental health assessment reports, IEP/ISPs, Behavior Rating Scales, and medical information given with the parent’s/guardian’s permission to the Academy of St. Louis. Information exchange or obtained may be either verbal or in written form. This information will be exchanged for educational reasons.

In addition, I give my permission for my contact information, including home address, cell phone number, and home phone if applicable, to be included in the Academy Family Contact List that will be distributed to Academy families.

Print Name of Father/Guardian: _____

Signature Father/Guardian: _____ Date: _____

Print Name of Mother/Guardian: _____

Signature Mother/Guardian: _____ Date: _____

Academy of St. Louis
505 St. Joseph Lane
St. Louis, MO 63021
636-534-5099
colleen@acadstl.org