

# Admissions Application

Summit View School

## SUMMIT VIEW SCHOOL

Thank you for your interest in Summit View School. Enclosed you will find a description of our admissions procedures, along with an application. Please complete the application forms to the best of your ability, as this information will assist our admissions team in identifying your child's needs.

The admissions department will contact you, once all of the documentation has been received, in order to set up an interview with both you and your child. The interview is usually 1 to 1 ½ hours in length. Subsequent to the meeting the admissions evaluator may wish to contact professionals who have worked with your child in order to gain their perspective on your child's needs. The information collected by the evaluators is then presented to our admissions committee and we will then contact you with our decision. The entire process usually takes two to four weeks after the complete application is received.

### **PLEASE RETURN YOUR APPLICATION AND ALL DOCUMENTS TO:**

Summit View School  
13130 Burbank Blvd.  
Sherman Oaks, CA 91401  
Attention: Admissions Office

Again, thank you for your interest in our school. We sincerely appreciate your cooperation in this process.

Sincerely,

Tom Komp  
Director of Admissions

**Please check each box to make sure all of the following are included. (If not applicable, please mark N/A)**

- Completed Summit View School Application
- Recent photo of your child
- The two most recent **annual IEPs**, and all subsequent addenda
- A copy of the referral letter from your school district (LAUSD only)
- Report cards for the past two academic years
- Transcripts (for students in 7th through 12th grades)

**Documentation as to the nature of your child's needs including but not limited to:**

- Educational Evaluations
- Psychological Evaluations
- AB3632 Evaluation
- Speech and Language Evaluations
- Occupational Therapy Evaluations
- Other Evaluations (please list) \_\_\_\_\_

**AUTHORIZATION AND AGREEMENT**

“I authorize investigation of all statements contained in this Application for Admission to the educational program as may be necessary in arriving at an admission decision. In the event of admission, I agree that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission. I understand also that continued admission to the educational program requires the student to abide by all rules and regulations of the educational institution.”

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

DATE OF APPLICATION: \_\_\_\_\_

**I. STUDENT INFORMATION**

STUDENT'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE: \_\_\_\_\_ MALE [ ] [ ] FEMALE

STUDENT'S PLACE OF BIRTH: \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

CURRENT SCHOOL OF ATTENDANCE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

**CURRENT RESIDENCE:**

[ ] PARENT'S HOME [ ] RELATIVE/GUARDIAN [ ] OTHER \_\_\_\_\_  
PLEASE SPECIFY

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ ZIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ MEDI-CAL or INSURANCE POLICY NUMBER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

STREET ADDRESS (if different than student's) \_\_\_\_\_ STREET ADDRESS (if different than student's) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ PAGER/CELL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ PAGER/CELL \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PREFERRED METHOD OF CONTACT:**

PHONE [ ] E-MAIL [ ] EITHER [ ]  
( Circle: Home Cell Work )

**MOTHER'S WORK INFORMATION**

**FATHER'S WORK INFORMATION**

NAME OF BUSINESS

NAME OF BUSINESS

JOB TITLE/POSITION

JOB TITLE/POSITION

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

WORK PHONE NUMBER EXTENSION

WORK PHONE NUMBER EXTENSION

**II. FAMILY HISTORY**

**FAMILY MEMBERS / SIBLINGS:**

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

**OTHER HOUSEHOLD MEMBERS:**

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

NAME: AGE: RELATIONSHIP:

Is your child adopted? [ ] YES [ ] NO If "Yes," at what age?

Primary language: Languages spoken in the home:

*(If parents are separated or divorced):*

Date of separation or divorce: Child's age at time of divorce:

Current custody arrangement:

**III. MEDICAL HISTORY**

Does the applicant have any chronic or serious health problems? [ ] YES [ ] NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any health restrictions or limitations? [ ] YES [ ] NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any allergies? [ ] YES [ ] NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is there a history of the applicant taking medications? [ ] YES [ ] NO

If yes, please list:

<u>CURRENT MEDS</u>	<u>DATES</u>	<u>DOSAGE/TIMES</u>	<u>PRESCRIBING DR.</u>	<u>PURPOSE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>PAST MEDS</u>	<u>DATES*</u>	<u>DOSAGE/TIMES</u>	<u>PRESCRIBING DR.</u>	<u>PURPOSE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\* please indicate month/year of initiation and month/year of discontinuation (ex: 03/99-06/02)**

Has your child been hospitalized for any reason? [ ] YES [ ] NO (if yes, please explain below)

1. Reason: \_\_\_\_\_

Age: \_\_\_\_\_ DX: \_\_\_\_\_

Duration: \_\_\_\_\_

2. Reason: \_\_\_\_\_

Age: \_\_\_\_\_ DX: \_\_\_\_\_

Duration: \_\_\_\_\_  
\_\_\_\_\_

**IV. SCHOOL HISTORY**

NAME OF CURRENT SCHOOL	GRADE	CURRENT TEACHER'S NAME	
STREET ADDRESS	CITY	STATE	ZIP
( )			
PHONE NUMBER	DATE STARTED	ENDING DATE	

Reason for seeking a new school placement: \_\_\_\_\_

Current Type of School	Current Type of Program
<input type="checkbox"/> Nonpublic <input type="checkbox"/> Public School  <input type="checkbox"/> Private	<input type="checkbox"/> Full-Inclusion Classroom <input type="checkbox"/> Full-Inclusion Classroom with resource pull-out (specify subject for pull-out) <input type="checkbox"/> Special Day Class <input type="checkbox"/> Special Day Class with some mainstreaming (specify mainstreamed subjects)

Please check any current educational concerns:

- |  |  |
|--|--|
| <input type="checkbox"/> Difficulty with reading           | <input type="checkbox"/> Difficulty with handwriting   |
| <input type="checkbox"/> Difficulty with spelling          | <input type="checkbox"/> Difficulty with arithmetic  |
| <input type="checkbox"/> Difficulty with school attendance | <input type="checkbox"/> Difficulty maintaining attention                                    |
| <input type="checkbox"/> Difficulty with abstract concepts | <input type="checkbox"/> Difficulty with organization (forgets homework, misses assignments) |

Other (specify): \_\_\_\_\_

**Please list all schools in which your child was placed prior to his/her current school. Also indicate if it was a special education program and the reason for discontinuation.**

<u>Name of School</u>	<u>Grade(s)</u>	<u>Reg. Ed.</u>	<u>Special Ed.</u>	<u>Reason for Discontinuation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Have you ever applied to any other Help Group school?**  Yes  No  
**If yes, which school, and what was the outcome?** \_\_\_\_\_

**V. HISTORY OF INTERVENTIONS**

**A. Diagnosis**

Does your child currently have a diagnosis (if so, what)? \_\_\_\_\_

Who diagnosed your child? \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Agency Phone Number

Date of diagnosis: \_\_\_\_\_

What prompted you to seek an evaluation? \_\_\_\_\_

**B. Please reply only if your child has received services in any of the following areas:**

**1. Speech and Language** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Service Provider Phone Number

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention?  
\_\_\_\_\_

**2. Counseling** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Service Provider Phone Number

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention? \_\_\_\_\_

**3. Occupational Therapy** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Service Provider Phone Number

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention? \_\_\_\_\_

**4. Educational Therapy or Tutoring** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Service Provider Phone Number

When was your child last assessed for these services? \_\_\_\_\_

What are the goals of this intervention? \_\_\_\_\_

**Please provide any assessments completed by the professionals above or any other assessments you may have.**

**VI. ADDITIONAL INFORMATION**

Describe your child's strengths.

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What are your child's favorite activities?

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Is your child involved in any extracurricular activities? [  ] YES [  ] NO (if yes please list)

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Please describe your child's social relationships at home and at school.

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Please describe any behavioral or attentional problems that have been brought to your attention by the school staff.

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Is there any additional information that you feel would be helpful in evaluating your child?

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**VII. IEP INFORMATION AND FUNDING SOURCE**

Please enclose a copy of your child's **two most recent annual IEPs, and all subsequent addenda**. If your child does not have a current IEP, please state where you are in the IEP process. Do you currently have:

Valid I.E.P. with Non Public School designation  YES  NO

I.E.P. meeting with district to receive NPS funding  YES  NO

*If IEP meeting set, please indicate date:* \_\_\_\_\_

Mediation Agreement  YES  NO

*If Mediation Agreement meeting set, please indicate date:* \_\_\_\_\_

Fair Hearing  YES  NO

*If Fair Hearing meeting set, please indicate date:* \_\_\_\_\_

Will fund privately  YES  NO

ASSISTED/REPRESENTED BY:  SELF  ADVOCATE  ATTORNEY  
Name: \_\_\_\_\_

**SEEKING PLACEMENT FOR:**  ASAP  FALL  SPRING  SUMMER

**VIII. REFERRAL SOURCE**

Please provide the following information regarding the person or organization that referred you to The Help Group.

1. \_\_\_\_\_  
NAME

2. \_\_\_\_\_  
NAME

\_\_\_\_\_  
TYPE OF REFERRAL

\_\_\_\_\_  
TYPE OF REFERRAL

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER