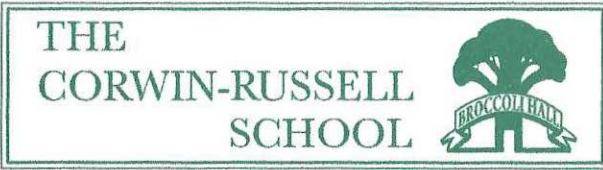


Date: \_\_\_\_\_



# Application

Student's full legal name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Gender assigned at birth:  Male  Female Preferred pronouns: \_\_\_\_\_

Check if student applicant is:  under guardianship - or -  adopted

What is your relationship to this student? \_\_\_\_\_

Student's primary language, if other than English: \_\_\_\_\_

Primary address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applying for school year/term: \_\_\_\_\_ Entering Grade Level: \_\_\_\_\_

Names and ages of any siblings: \_\_\_\_\_

Parent or guardian to whom school correspondence should be sent: \_\_\_\_\_

Custody arrangement, if applicable: \_\_\_\_\_

Who referred you to The Corwin-Russell School? \_\_\_\_\_

When did you expect that your student might require a small school environment, and why?

## **Parent 1 Information:**

Name: \_\_\_\_\_

Home address *if different from student's*: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Business phone: \_\_\_\_\_ Preferred contact number: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

**Parent 2 Information:**

Name: \_\_\_\_\_

Home address *if different from student's*: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Business phone: \_\_\_\_\_ Preferred contact number: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

**Educational Information**

Current or most recent school attended: \_\_\_\_\_  Public  Independent

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this student ever received, or is now receiving any special education or tutoring?  Yes  No

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

If you are involved in, or are in the process of receiving special education services, please describe the status:

Please list the clinics, agencies, or private practitioners who have evaluated your student:

Name/Agency: \_\_\_\_\_ Dates of evaluation: \_\_\_\_\_

## Pertinent Medical Information

Please describe any known difficulties or illnesses during pregnancy, labor, or student's birth:

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Please list and briefly describe any allergies, diseases, illnesses, accidents, or other health difficulties the student has had, or currently experiences, that could influence school life or performance in any way:

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Please list any prescription medications the student is currently taking: \_\_\_\_\_

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Monitoring physician: \_\_\_\_\_

Practice/City: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any past medications the student has taken, with dates:

Past medication: \_\_\_\_\_ Dates taken: \_\_\_\_\_

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## Impressions

*Please feel free to include a separate piece of paper if necessary.*

What do you regard as your student's strengths: \_\_\_\_\_

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How have these strengths been addressed in previous academic settings? \_\_\_\_\_

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What do you regard as your student's areas of greatest need? \_\_\_\_\_

How have these challenges been addressed in previous academic settings? \_\_\_\_\_

How supportive do you feel you've been of your student's previous educational settings, programs and routines?

Please describe: \_\_\_\_\_

Have you and your student's teachers been able to set realistic educational goals? \_\_\_\_\_

Why or why not? \_\_\_\_\_

Please describe the long-term goals that *you* have for your student: \_\_\_\_\_

Is your family now, or has it ever been involved in any kind of counseling?  Yes  No

If so, has this been helpful to you? \_\_\_\_\_

Therapist name: \_\_\_\_\_  Family  Individual

⇒ *Thank you very much for your interest in The Corwin-Russell School @ Broccoli Hall.  
Please attach a recent photo of the student applicant to the front of this application, and sign below.*

**Parent or Guardian Signature**

**Date**

admissions@brocolihall.org  
office@brocolihall.org

