



# STUDENT ADMISSION APPLICATION

Orchard Friends School

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

**Student's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M F

Expected Date of Entrance: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ Current Grade: \_\_\_\_\_

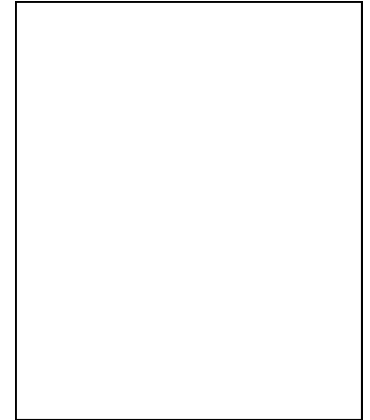


Photo (optional)

Child lives with: \_\_\_\_\_

Child's address: \_\_\_\_\_

## Family information

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

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

Parents are: \_\_\_ married \_\_\_ single \_\_\_ separated \_\_\_ divorced  
\_\_\_ mother deceased \_\_\_ father deceased

Stepmother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

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

Stepfather's Name: : \_\_\_\_\_ Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

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

### Academic Information

Applicant's School District: \_\_\_\_\_

Present School: \_\_\_\_\_

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

Principal: \_\_\_\_\_

Case Manager (if applicable): \_\_\_\_\_

Previous Education (please include applicant's last three schools or preschools):

School	Grade	Dates	Teacher

## Developmental Information: (optional)

Length of Pregnancy: \_\_\_\_\_

Child's weight at birth: \_\_\_\_\_

APGAR score if known: \_\_\_\_\_

Forceps used at birth: \_\_\_\_\_

Caesarian section required: \_\_\_\_\_

At what age did he/she:

Sit up unassisted: \_\_\_\_\_

Crawl: \_\_\_\_\_

Walk unassisted: \_\_\_\_\_

Become Toilet-trained: \_\_\_\_\_

Speak first word: \_\_\_\_\_

Speak first sentence: \_\_\_\_\_

Does your child have a educational diagnosis? Yes No

If yes, please circle the applicable category/categories:

Auditorily Impaired

Communication  
Impaired

Orthopedically Impaired

Specific Learning  
Disability

Autistic

Emotionally Disturbed

Other Health Impaired

Traumatic Brain Injury

Cognitively Impaired  
(mild/moderate/severe)

Deaf/Blindness

Social Maladjustment

Visually Impaired

Does your child have a medical diagnosis? Yes No

If yes, please state what it is: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Optional) Is your child currently receiving medication? Yes No

Please list name(s) of medication and dosage: \_\_\_\_\_

\_\_\_\_\_

Describe condition for which medications are prescribed: \_\_\_\_\_

\_\_\_\_\_

Does your child have allergies (food or environmental)? Yes No

If yes, please list them and their treatments:

\_\_\_\_\_

\_\_\_\_\_

Are there any special considerations in terms of diet or eating habits? Yes No

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

### **Parent/Guardian Insights**

What are your child's strengths?

Write a brief description of your child's difficulties with learning.

What are you child's areas of greatest need?

List any behavioral /social difficulties with your child:

## **Interest in Orchard Friends School**

How did you hear about Orchard Friends School?

What resources did you use to find out more information about OFS? (ex. Internet, Doctor, Friend, Brochure, Ad)

Why are you interested in OFS?

How do you expect OFS to help your child?

Contact person in case of an emergency (other than parent or guardian)

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

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

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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A non-refundable application fee of \$200 must accompany this completed application. **Make checks payable to: Orchard Friends School.**

Copies of the most recent Child Study Team assessments, medical, speech/language, and occupational/physical therapy reports are required at the time of application to Orchard Friends School. A copy of your child's most recent IEP (Individualized Educational Plan) is also required if an IEP has been generated by the school district.

*Your child cannot be considered for admission to Orchard Friends School unless all pertinent educational and medical information has been received prior to the student's visit at Orchard Friends School.*

**I/We understand that Orchard Friends School will need medical, psychological, and educational records before an enrollment decision can be made.**

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application to:

Orchard Friends School  
Admissions Department  
405 Linden Avenue  
Riverton, NJ 08077

Phone: (856) 786-1123    Fax: (856) 786-0349    E-mail: [dgoud@orchardfriends.org](mailto:dgoud@orchardfriends.org)

*Orchard Friends school admits students of any race, color, religion, national or ethnic origin, sexual and/or gender orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at this school. It does not discriminate on the basis of race, color, national and ethnic origin, sexual and/or gender orientation in administration of its educational policies, scholarships, and loan programs, and athletic and other school-administered programs.*