



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: _____

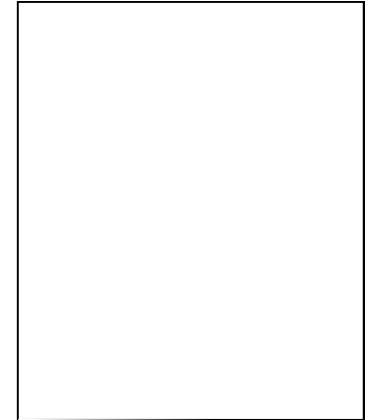


Photo (optional)

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: _____

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: admissions@orchardfriends.org](mailto:admissions@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.