

APPLICATION FOR ENROLLMENT



\$100 Processing Fee and current photo of your student must accompany this application.

DATE _____

Thank you for your interest in The Briarwood School. The information you supply on this application will help to determine if there is an appropriate place for your student. Following receipt of all available information, a student screening will be scheduled when we see the possibility of a suitable place for your child. Please call the school office to make a reservation for a parent tour to familiarize yourself with our program.

STUDENT'S Name _____ Social Security Number _____-____-_____

Birthdate ____/____/____ Please indicate: ____ Male ____ Female

Address _____ City _____ State _____ Zip Code _____

MOTHER'S Name _____ Email: _____

Home Phone (____) ____ - ____ Cell Phone (____) ____ - ____ Work Email: _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Employer _____ Bus. Phone (____) ____ - ____

FATHER'S Name _____ Email: _____

Home Phone (____) ____ - ____ Cell Phone (____) ____ - ____ Work Email: _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Employer _____ Bus. Phone (____) ____ - ____

TUITION will be paid by: ____ Parents **THIS APPLICATION IS FOR:** ____ Immediate Enrollment
 ____ Other, explain: _____ ____ Next Fall

Have you previously applied to Briarwood School? ____No ____Yes If yes, when? _____

Please indicate the person or agency that referred you to Briarwood _____

SCHOOL HISTORY

Present School _____ Present Grade _____ School District _____

Address (of school) _____ City _____ State _____ Zip Code _____

Telephone (____) ____ - ____ Teacher _____ Principal _____

List all schools attended by grade and year. Please be specific about grades repeated. Continue on back if necessary.

Grade	School
_____	_____
_____	_____
_____	_____
_____	_____

Please check all of the following areas where your child is experiencing difficulties. Explain on back if necessary.

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Expressive language/ articulation |
| <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Interaction with peers |
| <input type="checkbox"/> Attention | <input type="checkbox"/> Written Language | <input type="checkbox"/> Following directions |

HEALTH HISTORY

A. Date of child's last physical examination _____

B. At any time has your child had the following:

1. Asthma	Never	Past	Present
2. Allergies	Never	Past	Present
3. Diabetes, arthritis or other chronic illness	Never	Past	Present
4. Epilepsy	Never	Past	Present
5. Febrile Seizures	Never	Past	Present
6. Chicken pox or other common childhood illnesses	Never	Past	Present
7. Heart or blood pressure problems	Never	Past	Present
8. High fevers (over 103 degrees)	Never	Past	Present
9. Broken bones	Never	Past	Present
10. Severe cuts requiring stitches	Never	Past	Present
11. Head injury with loss of consciousness	Never	Past	Present
12. Surgery	Never	Past	Present
13. Lengthy hospitalization	Never	Past	Present
14. Speech or language problems	Never	Past	Present
15. Chronic ear infections	Never	Past	Present
16. Hearing difficulties	Never	Past	Present
17. Eye or vision problems	Never	Past	Present
18. Fine motor/ handwriting problems	Never	Past	Present
19. Gross motor problems	Never	Past	Present
20. Appetite problems (overeating/undereating)	Never	Past	Present
21. Sleep problems (falling asleep/staying asleep)	Never	Past	Present
22. Soiling problems	Never	Past	Present
23. Wetting problems	Never	Past	Present
24. Experimentation with illegal drugs	Never	Past	Present
25. Treatment related to drug use	Never	Past	Present
26. Treatment for depression	Never	Past	Present
27. Legal action brought against him or her.....	Never	Past	Present
28. Other health difficulties - please describe: _____			

IS YOUR CHILD CURRENTLY ON ANY MEDICATION? PLEASE LIST BELOW.

Name of medication	Supervising Physician	Purpose of medication
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

My child has in-depth medical attention for the following conditions: (please do not include routine illnesses)

What are your child's strengths? _____

What has your child liked most in school? _____

What has your child disliked most in school? _____

When were you first aware of your child's learning difference? _____

DEVELOPMENTAL HISTORY

At what age did your child first accomplish the following:

- | | |
|--|---|
| 1. Sitting alone _____ | 4. Using single words (“mama” “dada”) _____ |
| 2. Crawling _____ | 5. Making sentences _____ |
| 3. Walking alone, without assistance _____ | |

Who has legal custody of this child? _____ Is he/she adopted? _____ Is he/she aware of it? _____

If child is adopted, at what age did he/she join your family? _____

Our family is a family with ___ children. This child is our ___ child. Our other children’s ages are _____

(**Example:** Our family is a family with 4 children. This child is our 3rd child. Our other children’s ages are 2 mos., 3 yrs. & 10 yrs.)

Parents are: married ___, divorced ___, separated ___, single ___, remarried ___. If parents are no longer together, what are the custody arrangements concerning this child.

Please state briefly why you think The Briarwood School might be a good school for your child.

EDUCATIONAL EVALUATIONS

The following testing must accompany this application and must have been administered within the last two years.

- Intelligence Test: WISC-IV or WJ III NU Test of Cognitive Abilities (including scaled scores)
- Academic Testing (Woodcock-Johnson or Weschsler Individual Achievement Test)
- Current School Achievement Test Scores

If any of the following evaluations have been administered to your child, please indicate the date and name of the professional who administered the test and ask **that reports be sent to us.**

	Date	Professional
1. Speech and Language Assessment	_____	_____
2. Visual Examination	_____	_____
3. Hearing Evaluation	_____	_____
4. Neurological Evaluation	_____	_____
5. Medical Evaluation	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | | |
|---------------------------------------|--------------------|-------------------|
| 1. Speech and Language therapy | | Name of Therapist |
| has been recommended | _____ Yes _____ No | _____ |
| is currently being received | _____ Yes _____ No | _____ |
| has been done in the past year | _____ Yes _____ No | _____ |
| 2. Psychological Counseling | | |
| has been recommended | _____ Yes _____ No | _____ |
| is currently being received | _____ Yes _____ No | _____ |
| has been done in the past year | _____ Yes _____ No | _____ |

IMPORTANT: Ask each of the above mentioned professionals to send reports on your child to The Briarwood School. You will be contacted for an interview only when we have received this information.

EDUCATIONAL RELEASE

\$100 Processing Fee and current photo of your student must accompany this application.

The application cannot be processed until copies of current intelligence testing, evaluations, and the most recent school reports have been sent to us. It is the responsibility of the parents to have copies of all reports sent to The Briarwood School.

The Briarwood School has my permission to contact any professionals listed on the application concerning the educational planning for my child.

I affirm that the preceding information is a complete and true statement of all the facts and circumstances relative to my child's application for enrollment to The Briarwood School.

Briarwood is a non-profit, tax-exempt organization. Tuition covers 80% of the costs it takes to educate each student. Therefore, Briarwood is dependent on the fundraising efforts of parents. In signing this application, I/we agree to our responsibility in participating in these fundraising efforts.

Parent/ Guardian

Date

The Briarwood School admits students of any race, gender, color, national or ethnic origin. The school selects students who are interested in completing their education and who need a prescriptive educational program.

FOR SCHOOL USE ONLY		
Mailed _____	School _____	Fee Paid _____

NOTE: Please fill in completely. We must have most current school's complete mailing address in order to process this release.

t h e
BRIARWOOD
s c h o o l

12207 WHITTINGTON DRIVE
HOUSTON, TEXAS 77077
TEL 281.493.1070
FAX 281.493.1343
www.briarwoodschool.org

AUTHORIZATION RELEASE FOR ACADEMIC/MEDICAL RECORDS

As a parent or legal guardian, I authorize you to release to The Briarwood School psycho-educational, academic, achievement tests, health and/or other information that are pertinent to my child's educational needs.

Signature of Parent/Guardian _____
Date

Student Name _____ Most current school _____

Grade Level _____ Birthdate ____/____/____ Social Security Number ____-____-____

Address (of school) _____ City _____ State _____ Zip Code _____

Phone (____) ____ - _____