



<b>Tuition Payment Plan</b>
(Please choose your payment plan below)
<input type="checkbox"/> Monthly via FACTS
<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semester
<input type="checkbox"/> In Full

## 2020-2021 Application for Admission

All of the following information must be filled out to complete the student's file. This application must be accompanied with a \$1000 deposit for consideration

### APPLICANT

Name of Applicant: \_\_\_\_\_ (Circle one) Male or Female

First

Middle

Last

Grade Level \_\_\_\_\_ DOB \_\_\_\_\_ Age at Enrollment \_\_\_\_\_ Proposed Starting Date \_\_\_\_\_

Home Address

\_\_\_\_\_

Does your child have a current or expired IEP/504 Plan (circle one)? IEP 504 Date of Plan: \_\_\_\_\_

APPLICANT LIVES WITH: \_\_\_\_\_

### PARENTS/GUARDIANS

Mother/Guardian:

\_\_\_\_\_ Occupation \_\_\_\_\_

First

Last

Home Address

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father/Guardian:

\_\_\_\_\_ Occupation \_\_\_\_\_

First

Last

Home Address

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Person Financially Responsible for Tuition & Fees: \_\_\_\_\_

Current Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Current Psychologist/Therapist \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**PREVIOUS SCHOOL(S)**

Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Reason for applying to Humanex Academy: \_\_\_\_\_

How did you hear about Humanex Academy: \_\_\_\_\_

**STUDENT PROFILE**

**\*\*The information gathered in this section is for intake purposes only and does not determine admission to Humanex Academy.\*\***

**ACADEMIC INFORMATION**

1. Has your child had any of the following accommodations in the past?

- IEP
- 504 Plan
- Extended time
- Use of calculator
- Use of a computer
- Assistive Technology
- Scribe to assist
- w/writing
- Reader to assist w/reading
- Oral quizzes/tests
- Project-based assignments
- Allowed to stand and/or pace
- Allowed to sketch
- Allowed a fidget object (stress ball)

2. In which areas has your student had the greatest success?

- Math
- Science
- Reading
- Writing
- Social Studies
- Art/Creative Projects
- Physical Education
- Comprehension
- Retention (memory)
- Executive Function (organization & follow through)

3. In which areas has your student needed the most support/accommodations?

- Math
- Science
- Reading
- Writing
- Social Studies
- Art/Creative Projects
- Physical Education
- Comprehension
- Retention (memory)
- Executive Function (organization & follow through)

4. Regarding schoolwork, please check all that apply to your student:

- Comprehends verbal instructions
- Comprehends written instructions
- Needs instructions written down
- Needs instructions broken up
- Needs to be able to clarify instructions
- Self-starter
- Independent & confident worker
- Stays on task
- Makes in-class transitions easily
- Needs help getting started
- Needs frequent check in's
- Needs constant attending/guiding
- Falls off task
- Struggles to transition between activities
- Distracted by others in class (visual/auditory)

5. Regarding homework please check all that apply to your student:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Comprehends verbal instructions          | <input type="checkbox"/> confident worker                 | <input type="checkbox"/> between activities                          |
| <input type="checkbox"/> Comprehends written instructions         | <input type="checkbox"/> Stays on task                    | <input type="checkbox"/> Distracted by environment (visual/auditory) |
| <input type="checkbox"/> Needs instructions written down          | <input type="checkbox"/> Makes task transitions easily    | <input type="checkbox"/> Parent must read for student                |
| <input type="checkbox"/> Needs instructions broken up             | <input type="checkbox"/> Needs help getting started       | <input type="checkbox"/> Parent must scribe for student              |
| <input type="checkbox"/> Needs to be able to clarify instructions | <input type="checkbox"/> Needs frequent check in's        | <input type="checkbox"/> Homework is a problematic endeavor          |
| <input type="checkbox"/> Self starter                             | <input type="checkbox"/> Needs constant attending/guiding |  |
| <input type="checkbox"/> Independent &                            | <input type="checkbox"/> Falls off task                   |  |
|   | <input type="checkbox"/> Struggles to transition          |  |

**BEHAVIORIAL INFORMATION**

6. Is your student currently under the care of a mental health professional?

- Yes If yes, please provide contact information: \_\_\_\_\_
- No
- If No, are you open to pursuing such support?

7. Has your student been diagnosed with any of the following:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder (Aspergers) | <input type="checkbox"/> DMDD              | <input type="checkbox"/> Borderline Personality Disorder |
| <input type="checkbox"/> ADHD (ADD)                           | <input type="checkbox"/> Dysgraphia        | <input type="checkbox"/> PTSD                            |
| <input type="checkbox"/> Anxiety Disorder                     | <input type="checkbox"/> Dyslexia          | <input type="checkbox"/> RAD                             |
| <input type="checkbox"/> Depression                           | <input type="checkbox"/> Dyscalculia       | <input type="checkbox"/> Other: _____                    |
|   | <input type="checkbox"/> Bi-Polar Disorder |  |

8. Has your student ever been suspended or expelled from another school?

- \_\_\_\_\_ Yes \_\_\_\_\_ No
- If YES, please explain : \_\_\_\_\_

9. Has your student ever been hospitalized for any mental or behavioral health reason?

- \_\_\_\_\_ Yes \_\_\_\_\_ No
- If YES, please explain : \_\_\_\_\_

10. Has your student ever been charged with or convicted of a misdemeanor or felony?

- IF YES, please explain: \_\_\_\_\_

**MEDICAL INFORMATION**

1. Does your student currently take any medication?

- \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Does your student take medication during the school day?

- \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list name(s), dosage(s), time(s): \_\_\_\_\_

3. Does your student have any medical conditions or syndromes that would be helpful for us to know about?

- \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list: \_\_\_\_\_

4. Does your student have up to date immunizations?

- \_\_\_\_\_ Yes \_\_\_\_\_ No (If no please explain): \_\_\_\_\_

5. Is there any other medical information about your student that you would like to share with us?

Yes  No

(Please use a separate sheet of Paper)

### **SOCIAL INFORMATION**

1. How would you rate your student's social skills on a scale of 1-10. (1= lowest, 10= highest)

1      2      3      4      5      6      7      8      9      10

2. What areas of concern do you have for your student's social skills?

- Making friends
- Keeping friends
- Picking positive friends
- Having diverse groups of friends
- Reading social cues
- Responding positively to social cues
- Staying out of social drama
- Making good choices (getting work done, avoiding drugs/alcohol)
- Being a leader
- Standing up for what is right
- Allowing others to have their views
- Maintaining self-esteem
- Recovering from set-backs
- Growing into new interests

3. How does your student respond to instructions, structure, and authority? Check all that apply.

- Easily w/ room for growth
- Easily w/choices
- Easily with written expectations
- Well but needs encouragement
- Well and needs gentle approach
- Well when choices are given
- OK but needs support
- OK but needs firm delivery
- OK but best w/out too many choices
- Needs explanation
- Needs written guidance
- Not well and needs to feel has a say
- Not well but relaxes w/ support
- Rejects direction
- Rejects direction until feels safe
- Rejects direction unless written expectations
- Takes direction personally
- Avoids responsibility/ownership
- Develops personality conflicts w/ authority

4. How does your student respond to individual work?

- Easily
- Needs support
- Needs one-on-one
- Cannot work independently

5. How does your student respond to group work?

- Easily
- Needs one-on-one
- Needs support
- Cannot work in groups

### **For the Student to complete. Please attach answers on a separate sheet of paper.**

Why would you like to attend Humanex Academy?

How do you think Humanex Academy can help you?

What do you expect to contribute to Humanex Academy?

What do you expect to take away from Humanex Academy?

How do you plan to manage the self-paced challenges of the Humanex Academy program?