

**The Sterling School  
299 Pacific St.  
Brooklyn N.Y. 11201**

### **Application for Admission**

(Please print or type)

**Name of Child:** \_\_\_\_\_

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

**Telephone#:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Grade Child Would Enter in September:** \_\_\_\_\_

#### **EDUCATIONAL HISTORY:**

**(Please circle any grades which were repeated).**

<b>Grade (s)</b>	<b>Years Attended</b>	<b>Name and Location of school</b>	<b>Type of Program and student progress</b>

**The Full disclosure of a student's history or needs, especially those organically or emotionally based difficulties which may have necessitated the use of medication or therapeutic intervention, is essential to making sound admission decisions and to arrange for necessary support for success without program. We encourage confidential but open dialogue throughout the admissions process so that we can be assured that The Sterling School can offer a program to maximize your child's opportunities for success.**

Child's Father

Mr./Dr. \_\_\_\_\_

\_\_\_\_\_ (First) (Middle) (Last)

RELATIONSHIP: Birth Father \_\_\_\_\_ Stepfather \_\_\_\_\_

Guardian \_\_\_\_\_

Father's home address

\_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Phone #

Occupation: \_\_\_\_\_

Highest Academic Degree: H.S. Diploma \_\_\_\_\_ BA \_\_\_\_\_ Masters \_\_\_\_\_ Ph.D. \_\_\_\_\_

Child's Mother

Mrs./Dr. \_\_\_\_\_

\_\_\_\_\_ (First) ( middle) (Last)

RELATIONSHIP: Birth Mother \_\_\_\_\_

Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_

Mother's home

address \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Phone #

Occupation: \_\_\_\_\_

Highest Academic Degree: H.S. Diploma \_\_\_\_\_ BA \_\_\_\_\_ Masters \_\_\_\_\_ Ph.D. \_\_\_\_\_

IF THE CHILD DOES NOT LIVE WITH PARENTS IN ONE HOUSEHOLD, PLEASE ANSWER THE FOLLOWING QUESTIONS:

ARE THE PARENTS SEPARATED? \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATION OR DIVORCE IS PENDING \_\_\_\_\_

WHO HAS CUSTODY OR IS THE LEGAL GUARDIAN: \_\_\_\_\_

WHICH PARENT DOES THE CHILD RESIDE WITH DURING THE SCHOOL YEAR? \_\_\_\_\_

TO WHOM SHOULD SCHOOL CORRESPONDENCE BE SENT? \_\_\_\_\_

PLEASE GIVE YOUR EVALUATION OF YOUR CHILD'S WORK.

**Strengths:**

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**Weaknesses:**

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**Study and Work Habits:**

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**The Sterling School**

Please comment on your child's motivation to learn:

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How does your child acknowledge his or her Learning Disability?

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How does he or she feel about attending a school for students with Learning Disabilities?

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Has your child ever been under the care of a counselor, psychologist, or psychiatrist?

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If yes: please list the reason(s) and diagnosis:

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Please list the name of the service provider:

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May we contact them Yes \_\_\_\_\_ NO \_\_\_\_\_  
Phone # \_\_\_\_\_

Is discipline at home or at school an issue Yes \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is completion of homework problematic? \_Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please explain what the issues are and what strategies have been attempted?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DEVELOPMENTAL HISTORY**

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_

**FAMILY HISTORY:**

AT WHAT AGE DID YOU SUSPECT YOUR CHILD HAD A LEARNING DISABILITY

What did you think the problem was?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have other family members had learning problems: ( if Yes) Please state the type of Learning Problem and that persons' relationship to the child.

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Have there been any important events (E.G., moving, divorce, illness, deaths etc.) in your family that have affected your child? If so when did they occur, how did they affect your child, and how were they dealt with?

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**PHYSICAL DEVELOPMENT:**

At what age did your child:

Sit up \_\_\_\_\_ Stand \_\_\_\_\_ Tie his/her shoes? \_\_\_\_\_ Crawl \_\_\_\_\_

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Walk \_\_\_\_\_ Ride a Bike \_\_\_\_\_ Was Toilet Trained \_\_\_\_\_

What are your child's sleeping habits?

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**LANGUAGE DEVELOPMENT:**

At what age did your child say his/her first word? \_\_\_\_\_ First Sentence \_\_\_\_\_

Did strangers understand your child's early language Yes \_\_\_\_\_ No \_\_\_\_\_ (if no) what were the problems?

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Does your child have difficulty expressing his/her ideas in a logical manner? Can he/she tell a story? IF NOT, WHAT APPEARS TO BE THE PROBLEM.

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What other languages besides English are spoken at home:

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If ENGLISH is not the child's first language, what is and when was English first spoken.

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**SOCIAL DEVELOPMENT:**

What is your child like at home: Who does he/she play with, what are his/her interests?

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What was your child's first reaction to School?

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Was separation a problem?

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If so, how was it handled?

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Please add any additional information you feel would be helpful?

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Signed \_\_\_\_\_ Date

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Relationship to child

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Return To:  
Director of Admissions  
The Sterling School  
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# The Sterling School

✧299 Pacific St.✧

✧Brooklyn N.Y. 11201✧

✧718-625-3502 ✧ Fax 718-625-2146✧

## Application Checklist

- Application for School Year: \_\_\_\_\_
- You have included the \$50 application fee, check made out to The Sterling School.
- You have called the school to get an appointment for the next available open house.
- You have attached to the application all current psycho-educational testing or most current evaluations, in addition to your child's IEP. If this is still in progress you have sent the name, address and phone # of the professional currently completing your child's testing and permission to speak to them.
- You have supplied the name, address and phone # of your advocate or educational attorney.
- If your child is in therapy you have, supplied the name of their therapist and written permission to speak with them. (speech/language, O.T., P.T., Psychotherapy or counseling)