

The Sterling School  
134 Atlantic Ave.  
Brooklyn N.Y. 11201

**Application for Admission**

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary contact #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Grade child will enter in September: \_\_\_\_\_

**EDUCATIONAL HISTORY:**

(Please circle any grades which were repeated).

Grade(s)	Years Attended	Name and Location of school	Type of Program and student progress

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 with our 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.

**Parent/Guardian:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home address \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

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

Highest academic degree: H.S. Diploma \_\_\_\_\_ BA \_\_\_\_\_ Masters \_\_\_\_\_ Ph.D. \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home address \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

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

Highest academic degree: H.S. Diploma \_\_\_\_\_ BA \_\_\_\_\_ Masters \_\_\_\_\_ Ph.D. \_\_\_\_\_

**In the instance where the child does not live with parents in on household, please answer the following question:**

Parents are divorced: \_\_\_\_\_ Divorce is pending: \_\_\_\_\_

Parents are separated: \_\_\_\_\_ Separation is pending: \_\_\_\_\_

Name of parent with legal custody/is the legal guardian: \_\_\_\_\_

Name of parent the child resides with during the school year: \_\_\_\_\_

Name of parent that will be the primary contact for corresponding with The Sterling School:

\_\_\_\_\_

**Please give your best evaluation of your child's:**

**Strengths:**

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**Weaknesses:**

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**Study and Work Habits:**

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**Please comment on your child's motivation to learn:**

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**How does your child acknowledge their Learning Disability?**

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**How does your child 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: \_\_\_\_\_

May we contact them Yes \_\_\_\_\_ No \_\_\_\_\_

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

**Is discipline at home or in school an issue:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**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**

### **FAMILY HISTORY:**

At what age did you suspect your child had a learning disability? \_\_\_\_\_

Please describe what you observed:

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Have other family members had learning difficulties? If yes, please state the type of learning difficulty and what their relationship is to your 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 their shoes \_\_\_\_\_ Crawl \_\_\_\_\_

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

Describe your child's sleeping habits?

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**LANGUAGE DEVELOPMENT:**

At what age did your child say their first: Word \_\_\_\_\_ Sentence \_\_\_\_\_

Did strangers understand your child's early language? If no, please explain.

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Does your child have difficulty expressing their ideas in a logical manner? Can they tell a story? If the answer is no, please describe their use of language:

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What languages are spoken at home, besides English: \_\_\_\_\_

Is English your child's first language? If no, what is their first language and at what age was it first spoken?

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**SOCIAL DEVELOPMENT:**

Describe your child socially at home (friends, interests, hobbies, etc.)

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What was your child's first reaction to going 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 to our admission process:

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_