

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:

Weaknesses:

Study and Work Habits:

Please comment on your child's motivation to learn:

How does your child acknowledge their Learning Disability?

How does your child feel about attending a school for students with Learning Disabilities?

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

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

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: _____

Is completion of homework problematic? Yes _____ No _____

If yes, please explain what the issues are and what strategies have been attempted?

DEVELOPMENTAL HISTORY

FAMILY HISTORY:

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

Please describe what you observed:

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

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?

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?

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.

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:

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?

SOCIAL DEVELOPMENT:

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

What was your child's first reaction to going to school? _____

Was separation a problem?

If so, how was it handled?

Please add any additional information you feel would be helpful to our admission process:

Signature _____ **Date** _____

Relationship to child _____