



# APPLICATION

FOR ADMISSION TO THE FOLLOWING PROGRAM BASED UPON  
RECOMMENDATIONS OF THE COMMITTEE ON SPECIAL EDUCATION

Pupil \_\_\_\_\_ DOB \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone No. \_\_\_\_\_

School District ID \_\_\_\_\_

School District \_\_\_\_\_

Is child in foster care? \_\_\_\_\_

Is child under Chapter 47 or Chapter 66? State which \_\_\_\_\_

Child's race/ethnicity? \_\_\_\_\_ Hispanic?  Yes  No

A - Asian; B - Black/African Am.; I - Am. Indian/Alaska Native;  
P - Native Hawaiian/Other Pacific Islander; W - White

**Please check off program applying for:**

- 12:1:1 School-Based Program**  
Mild, Sauquoit Valley (K-12)
- 12:1:1 Adjustment Program**  
Waterville CSD, Grades 4-12
- 12:1:4 Multiply Disabled**  
Center, Grades K-12
- 12:1:4 Developmental Program**  
Center, Grades K-12
- 12:1:4 Developmental Program**  
New Hartford CSD, Grades 7-12
- 8:1:2 School-Based Program**  
Waterville CSD, Grades K-12
- 8:1:2 Center-Based Program**  
Grades K-12
  - Behavior Management
  - Mental Health
- 8:1:2+1 Center-Based Program**  
(Grades K-2)
- Grade Level**

### Data to Accompany Applications:

*(Current Data)*

- Psychological Assessment (within 3 years)
- Psychiatric Report (if available)
- Social History
- Vocational Assessment
- Report Card/Transcript
- Medical History   
*Immunization records and dates necessary*
- Current IEP
- Functional Behavior Assessment
- Behavior Intervention Plan   
(8:1:2, Adjustment)
- Evaluations - Speech, OT, PT, etc.

### Related Services Required

*Specify frequency & duration:*

Speech \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Hearing Impaired \_\_\_\_\_

Visually Impaired \_\_\_\_\_

Counseling \_\_\_\_\_

1:1 Teacher Assistant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_