



**Learning Center**  
**ADMISSION APPLICATION**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth: \_\_\_\_\_ Chronological Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Parent(s) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has this student been evaluated?    Yes    No    If yes, please send copy of evaluation

Who did evaluation?

Name: \_\_\_\_\_ Telephone #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Authorization to check reference: (parent's signature) \_\_\_\_\_

Is there a history of learning problems in the family?    Yes    No

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's learning problem (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child know the alphabet? (If 5 or 6 years old)    Yes    No

Can your child write his/her name?    Yes    No

Does your child understand:    Words?    Yes    No

Questions?    Yes    No

Directions?    Yes    No

How well do other people understand your child's speech? \_\_\_\_\_

ADMISSION APPLICATION (continued)

Do you know of any other problems?      Yes      No

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Does your child have behavioral problems in school?    Yes    No

If yes, what are the behavioral problems? \_\_\_\_\_  
\_\_\_\_\_

Is English to child's primary language?      Yes      No    If no, what is? \_\_\_\_\_

Your Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: Home(\_\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

School: \_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Most recent eye exam: \_\_\_\_\_ Hearing test: \_\_\_\_\_

Family history of learning disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings/ages: \_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_  
\_\_\_\_\_

ADMISSION APPLICATION (continued)

Windy Row has a sliding scale for tuition and scholarships available based on financial need.

<i>If you earn:</i>	<i>Your fee is:</i>
Under \$40,000	\$550/year
\$40,000-\$50,000	\$1100/year
\$50,000-\$60,000	\$1650/year
\$60,000-\$70,000	\$2200/year
\$70,000 and above	\$2750/year

Please let us know if you need help with the fee. All financial information is kept in confidence.

IS THERE ANYTHING FURTHER WE SHOULD KNOW about your child or any questions you have about the program?