



## 2018-2019 APPLICATION FOR ENROLLMENT

DATE  GRADE ENROLLING FOR  STUDENT NAME  DOB

Child's Primary Address \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medication \_\_\_\_\_

Special Needs/Conditions \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT ONE

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### PARENT TWO

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please list all schools your child has attended thus far, Pre-K through 6th grade.

School \_\_\_\_\_ School \_\_\_\_\_

School \_\_\_\_\_ School \_\_\_\_\_

School \_\_\_\_\_ School \_\_\_\_\_

Does the student have any allergies or health concerns? **YES** **NO**

If the student has any health concerns, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any prescription medicine prescribed to them? If so, please list all Rx medicine that is prescribed to your child. (EpiPen, Allergy Rx, ADHD medicine...)

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Does the student take any over the counter medicine or supplements on a regular basis? If so, please list all medicine or supplements the student takes. (vitamins, fish oil, allergy medicine...)

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Does the student have any of the following? (check all that apply)

- EIP Services \_\_\_\_\_
- An IEP \_\_\_\_\_
- A 504 Plan \_\_\_\_\_
- Speech Services \_\_\_\_\_
- Social Skills Services \_\_\_\_\_
- OT \_\_\_\_\_
- PT \_\_\_\_\_
- Gifted Services \_\_\_\_\_
- None \_\_\_\_\_
- Other \_\_\_\_\_

If you checked any of the above, please elaborate:

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Has the student ever had psychoeducational testing:                   **YES**                    **NO**

Has the student ever taken an abilities test such as CoGat?                    **YES**                    **NO**

Has the student ever been referred for or tested for (check below):

- ADD/ADHD \_\_\_\_\_
- Learning Disability \_\_\_\_\_
- Language Processing \_\_\_\_\_
- Emotional Considerations \_\_\_\_\_
- None of the above \_\_\_\_\_
- Other: \_\_\_\_\_

If you checked any of the above, please elaborate:

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Have you ever had to conference with a teacher or counselor because of a behavioral or emotional issue (crying, meltdowns, not getting along with others, inappropriateness, refusal to go to school, anxiety that requires intervention)?

**YES**                      **NO**

If you circled yes to the above, please elaborate:

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|  |                        |           |       |     |                    |
|--|------------------------|-----------|-------|-----|--------------------|
| <i>Is kind to others</i>                             | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is a hard worker</i>                              | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is eager to give ones personal best</i>           | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is successful working with peers</i>              | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is successful working independently</i>           | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is successful completing tasks that are asked</i> | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Acts his/her own age/maturity level</i>           | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is helpful</i>                                    | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is able to follow directions</i>                  | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Has a positive disposition</i>                    | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Enjoys being outside</i>                          | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Has executive functioning skills</i>              | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is well behaved and well mannered</i>             | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |
| <i>Is motivated</i>                                  | THIS CAN BE A STRUGGLE | SOMETIMES | OFTEN | YES | THIS IS A STRENGTH |

Do you allow your child to learn about other cultures, traditions, and religions?

**YES      IT DEPENDS      NO**

Have you read The Premo School’s Q&A section of the website?

**YES              NO**

Do you understand and agree with The Premo School’s philosophy?

**YES              NO**

Our school motto is “Education for Humanity” and one of our school T-shirts has the following statement:

BIRTHPLACE: Earth

RACE: Human

POLITICS: Freedom

RELIGION: Love

\_\_\_\_\_ I love this view

\_\_\_\_\_ I don’t really agree with this view but don’t have a huge problem with it either

\_\_\_\_\_ I disagree with this view

**SIBLINGS**

Name \_\_\_\_\_ Age \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_

**CURRENT ACADEMIC LEVELS IN SCHOOL**

|         |                |       |    |       |                |
|---------|----------------|-------|----|-------|----------------|
| Math    | 2+ YEARS BELOW | BELOW | ON | ABOVE | 2+ YEARS ABOVE |
| Reading | 2+ YEARS BELOW | BELOW | ON | ABOVE | 2+ YEARS ABOVE |
| Writing | 2+ YEARS BELOW | BELOW | ON | ABOVE | 2+ YEARS ABOVE |

PLEASE LIST 3-9 WORDS DESCRIBING YOUR CHILD:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have any hesitations or questions/concerns regarding The Premo School?

**YES**

**NO**

How did you hear about The Premo School? \_\_\_\_\_

If yes, please use the below area to ask any questions:

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Please share why you wish to enroll your child at The Premo School, along with any information you think would be helpful in understanding how we can better serve your child.

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*Please note that The Premo School is able to serve some students with diagnosed learning differences, depending on the specific diagnoses. However, The Premo School is currently unable to serve students with Auditory Processing Disorder (also known as Central Auditory Processing Disorder), developmental delays, behavioral differences, or students with emotional considerations.*

I have attached my 100.00 application fee to this application \_\_\_\_\_ (parent initials)

|              |       |      |       |           |       |      |       |
|--------------|-------|------|-------|-----------|-------|------|-------|
| Printed Name | _____ | Date | _____ | Signature | _____ | Date | _____ |
| Printed Name | _____ | Date | _____ | Signature | _____ | Date | _____ |

SCHOOLHOUSE ADDRESS: 11420 Crabapple Road Roswell, GA 30075

PHONE: 470.242.4463 or 404-819-7218

EMAIL: enrollment@thepremoschool.org