

**The Sterling School
299 Pacific St.
Brooklyn N.Y. 11201**

Application for Admission

(Please print or type)

Name of Child: _____

Address: _____

Telephone#: _____ **Male** _____ **Female** _____

Date of Birth: _____ **Place of Birth:** _____

Grade Child Would 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 without 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.

Mother/Father: _____
(First) (middle) (Last)

RELATIONSHIP: Natural Parent _____ Adopted/Step Parent _____ Guardian _____

Home address _____

Home Telephone #: _____ Work Phone # _____

Occupation: _____

Highest Academic Degree: H.S. Diploma _____ BA _____ Masters _____ Ph.D. _____

Mother/ Father

(First) (middle) (Last)

RELATIONSHIP: Natural Parent _____ Adopted/Step Parent _____ Guardian _____

Home address _____

Home Telephone #: _____ Work Phone # _____

Occupation: _____

Highest Academic Degree: H.S. Diploma _____ BA _____ Masters _____ Ph.D. _____

IF THE CHILD DOES NOT LIVE WITH PARENTS IN ONE HOUSEHOLD, PLEASE ANSWER THE FOLLOWING QUESTIONS:

ARE THE PARENTS SEPARATED? _____ **DIVORCED** _____ **SEPARATION OR DIVORCE IS PENDING** _____

WHO HAS CUSTODY OR IS THE LEGAL GUARDIAN: _____

WHICH PARENT DOES THE CHILD RESIDE WITH DURING THE SCHOOL YEAR? _____

TO WHOM SHOULD SCHOOL CORRESPONDENCE BE SENT? _____

PLEASE GIVE YOUR EVALUATION OF YOUR CHILD@S WORK.

Strenghts:

—

Weaknesses:

—

Study and Work Habits:

—

Please comment on your child=s motivation to learn:

How does your child acknowledge his or her Learning Disability?

How does he or she 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 at 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?

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DEVELOPMENTAL HISTORY

Child=s Name _____ Date: _____ DOB: _____

FAMILY HISTORY:

AT WHAT AGE DID YOU SUSPECT YOUR CHILD HAD A LEARNING DISABILITY _____

What did you think the problem was?

Have other family members had learning problems: (if Yes) Please state the type of Learning Problem and that persons= relationship to the 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 his/her shoes? _____ crawl _____

walk _____ Ride a Bike _____ Was Toilet Trained _____

What are your child=s sleeping habits? _____

LANGUAGE DEVELOPMENT:

At what age did your child say his/her first word? _____ First Sentence _____

Did strangers understand your child=s early language Yes _____ No _____ (if no) what were the problems?

Does your child have difficulty expressing his/her ideas in a logical manner? Can he/she tell a story?
IF NOT, WHAT APPEARS TO BE THE PROBLEM.

What other languages besides English are spoken at home:

If ENGLISH is not the child=s first language, what is and when was English first spoken.

SOCIAL DEVELOPMENT:

What is your child like at home: Who does he/she play with, what are his/her interests?

What was your child=s first reaction to School? _____

Was separation a problem?

If so, How was it handled?

Please add any additional information you feel would be helpful?

Signed _____ Date _____

Relationship to child _____

Return To:
Director of Admissions
The Sterling School
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