1 Winch Street, Framingham, MA 01701 PHONE: 508-877-1222 FAX: 508-877-7477
Email: reed.academy@verizon.net

APPLICATION FOR ADMISSION TO REED ACADEMY

Date of Application: _____ Desired Admission Date: _____

Student Name: _____ _____ _____
FIRST M.I. LAST

Address:_____
STREET, CITY/TOWN, STATE, ZIP

Mother's Cell: _____ Father's Cell:_____ Home:_____

Student Date of Birth: ____/____/_____ Student Age: _____ Student Grade: _____

Place of Birth: _____ Student Language if Other Than English:_____

Citizenship: United States Y N Other: _____ Is Applicant Under Guardianship? Y N

Is Applicant Adopted? Y N Is he aware of his adoption? _____

Parent/Guardian Information:	Parent/Guardian Information:
☐ Parent ☐ Legal Guardian	☐ Parent ☐ Legal Guardian
Name:_____	Name:_____
Check if deceased ☐ Date: _____	Check if deceased ☐ Date: _____
Home address:	Home address:
_____	_____
City/State/Zip: _____	City/State/Zip: _____
Email Address:	Email Address:
_____	_____
Work Phone: _____	Work Phone: _____
Business Name & Address:	Business Name & Address:
_____	_____
_____	_____

Parents Are: Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other ☐

Is there a restraining order in place or other visitation restrictions? (Please supply current court order upon admission.) ☐ YES ☐ NO
Name of individual and relationship:

_____ _____

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Names and ages of siblings:

NAME	AGE

MEDICAL INFORMATION

Physician: _____ Phone: _____ Fax: _____

Applicant Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Is your child currently taking any medications?	YES		NO	
Does your child currently take mid-day medications?	YES		NO	

If yes, please explain:

_____

_____

_____

Pertinent previous medications taken, with dates administered (including allergic reactions):

_____

_____

_____

Please identify any areas of developmental delay) such as speech acquisition, sentence use, motor development) which may affect his current academic performance:

_____

_____

_____

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SEIZURE HISTORY

Does your child have a history of seizures? ☐ YES ☐ NO
If yes, please complete this section.

What age did the seizures begin? _____ How often do they occur? _____

Describe:

_____

_____

_____

When was the last seizure? ____/____/____
Is your child on medication for seizures? ☐ YES NO

What is the name of the medication? _____

HOSPITALIZATIONS

Does your child have a history of hospitalizations? ☐ YES ☐ NO
Please list the hospitalizations below:

Date: ____/____/____ Hospital Facility: _____
Date: ____/____/____ Hospital Facility: _____
Date: ____/____/____ Hospital Facility: _____

Please list any allergies, diseases, illnesses, accidents or other health difficulties which your child has had or experiences currently:

_____

_____

_____

_____

_____

_____

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PSYCHIATRIC INFORMATION

Is your child currently receiving private psychological counseling or therapy? ☐ Y ☐ N

If Yes:

Psychiatrist / Psychopharmacologist:: _____

Phone: _____ Fax: _____

Therapist: _____

Phone: _____ Fax: _____

Physician : _____

Phone: _____ Fax: _____

Clinician : _____

Phone: _____ Fax: _____

Please describe any behavorial health difficulties which your child has had or experiences currently :

_____

_____

_____

_____

_____

****It is helpful to have all information prior to admission. Accordingly, I give the above named physicians and facilities permission to release information to:**

**Reed Academy, 1 Winch Street, Framingham, MA 01701 email: reed.academy@verizon.net
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Signed: _____ **Date:** _____

Printed Name: _____

Relationship to Applicant: _____

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PARENT / GUARDIAN QUESTIONNAIRE

Student's Name: _____ **Date:** _____

Dear Parent(s) / Guardian(s),

Within our school community, we recognize that each child is unique. This Parent/Guardian Questionnaire provides us with current information, from your perspective as a parent, about your sudent and also provides you with an opportunity to express your hopes and goals for your child. The information you provide will help us understand your child more fully. Your insight is importat to us as we develop a more comprehensive understanding of your student. Feel free to use the back of this page or additional paper to complete your answers.

1. **My child's strengths are: (Strengths may include academic, social, athletic, musical, etc.)**

2. **My child's areas of interest are:**

3. **My concerns about my child's academic progress are:**

4. **My goals for my child over the school year are:**

5. **My vision for my child over the next 3 to 5 years is:**

Please indicate any additional information that you may feel would be helpful in this process.

_____ _____

Parent/Guardian signature Date