



# Enroll for the 2020-2021 School Year

## Application for Student Enrollment

### Application Notice

Please send the completed application with your child's records. The following items are required:

- Psychological Evaluation (WISC with subtests scale scores and narrative, must be within the last three years), if one has been completed.
- All other current and pertinent diagnostic evaluation scores (Academic achievement tests, educational evaluation, speech/language, medical, all information from special education evaluation.)
- Student evaluations or Teacher narrative, including present achievement levels, strengths, weaknesses, learning styles and behavior.
- Information from counselor, psychologist, or psychiatrist, if applicable.

### Application Statement

If it is determined that critical information has been withheld, either intentionally or inadvertently, Wired2Learn Academy reserves the right to either withdraw a student's acceptance or terminate the student's placement at the school. All pertinent information will be held in the strictest confidence, and will be destroyed within 5 years from its receipt if you child does not attend.

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Parent Signature

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Date

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Parent Signature

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Date

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Date of Application

Family Information (Let's start here!)

Person(s) filling out this form

Mother's Name

Mother's Cell Phone

Mother's Occupation

Mother's Work Phone

Mother's Email

Father's Name

Father's Cell Phone

Father's Occupation

Father's Work Phone

Father's Email

Street Address

City

State

Postal Code

Country

Number of family members living at home

List the name and ages of siblings living in the same household

Marital Status of Parents

Child lives with

## Student Information

Student First Name

Student Last Name

Grade Level (Grade Level the student will be in for 2018-19)

Street Address (if different from above)

City

State

Postal Code

Country

Estimated Grade Level for

Reading

Math

Student date of birth MM/DD/YYYY

Birth City, State/Region, & Country

Student Ethnicity

Previous School(s) (if homeschooled, please note curriculum and grade level used for each subject)

## Home Language Survey

What language did student learn when he/she first began to talk?

What language does student most frequently speak at home?

Which language do parents most frequently use when speaking with this student?

Which language do the parents/guardians speak most often in the home?

## Medical & Developmental Information

(Because we want to know how best to serve your student)

Some of the students at Wired2Learn Academy have clinically diagnosed Learning Disabilities; if your child has been diagnosed, what is the diagnosis?

Has your child received any psychiatric diagnoses such as Bi-Polar, mood disturbances, Oppositional Defiant Disorder, Anxiety, Depression, etc.? Please Explain.

IQ is a measure of a child's cognitive ability and is broken into many sub groupings. It can be found on your child's Psych/Ed evaluation. Please supply the following:

Name of test(s) (ex. WISC Include complete testing report with application if it has been done) & the Date administered

Full Scale

Visual

Processing



Is your child presently receiving psychological therapy?

Yes      No

Is your child presently receiving speech/language therapy?

Yes      No

Any bedwetting problems or encopresis?

Yes      No

Does your child have special health considerations? Please explain.

If your child is presently taking any medications, please list below.

Name of Medication	For	Dosage	Since

If your child has been held back a grade, what grade(s) and why?

Please check any specific behaviors that have impeded your child's educational success.

- |   |   |
|---|---|
| <input type="radio"/> Decoding              | <input type="radio"/> Paying attention          |
| <input type="radio"/> Reading Comprehension | <input type="radio"/> Respecting others' rights |
| <input type="radio"/> Math                  | <input type="radio"/> Sitting still             |
| <input type="radio"/> Written language      | <input type="radio"/> Waiting his or her turn   |
| <input type="radio"/> Spelling              | <input type="radio"/> Remembering things        |
| <input type="radio"/> Fine motor skills     | <input type="radio"/> Social skills             |
| <input type="radio"/> Oral language         | <input type="radio"/> Taking tests              |
| <input type="radio"/> Conduct               | <input type="radio"/> Focus                     |
| <input type="radio"/> Organization          | <input type="radio"/> Self esteem               |

How does your child:

A. Get along with his/her peers?

B. Follow directions?

C. Tolerate frustrations?

D. Accept academic challenges and transition to different activities?

What do you see as your child's greatest strengths or assets?

What goals would you like to see met by enrolling your child at Wired2Learn Academy?

What have you found to be the most satisfactory ways of helping your child?

Please Provide any additional information that may be helpful to us.

Check below if you have any concern(s)  
about your student's

<p><input type="radio"/> Growth</p> <p><input type="radio"/> Weight</p> <p><input type="radio"/> Height</p> <p><input type="radio"/> Hearing</p> <p><input type="radio"/> Vision</p>	<p><input type="radio"/> Speech</p> <p><input type="radio"/> Social Skills</p> <p><input type="radio"/> Learning Abilities</p> <p><input type="radio"/> Anxiety</p> <p><input type="radio"/> Depression</p>
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Please explain any of the above, if checked



Does your child have any allergies, medical issues, emotional needs and/or special family situations that would affect his/her learning or school attendance?

The above information is complete and accurate to the best of my knowledge. I am aware the deliberately leaving out information that would directly affect my child's educational program may adversely affect his/her chances of being successful at Wired2Learn Academy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Supporting Documents Checklist (These are documents we need.)**

- Copy of Birth Certificate
- Immunization Record
- Photograph of your student



**Parent / Guardian Release (For computer use and social media permission)**

Release for Your Student to Use Computer at School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Release for Your Student to Use Internet at School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Permission to Use Student Audio / Video / Image for School Purposes.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Adults Authorized to Pick Up Student from School

Emergency Contact Names & Phone Numbers (Separate names with comas)

Is there a Custody Issue with this Student? Please explain.

## Student Profile from **Parent's Point of View**

(We take a personal interest in getting to know our students and their families)

Why are you applying to Wired2Learn Academy for your student?

What do you consider to be your role in your student's education?

Please describe what you believe to be your student's challenges (academically, socially & personally).

Please describe what you believe to be your student's gifted abilities (academically, socially & personally).

Check below if you have any special curricular program(s) in which your student has participated.

- Academically Gifted
- English as Second Language
- Individualized Education Plan
- Resource/Learning Specialist
- Other

Anything else you want to share with us?

## Student Profile from **Student's Point of View**

(We take a personal interest in getting to know our students and their families)

We would like these responses to be **from your student**. Please allow your student to write his/her own responses OR allow your student to demonstrate his/her responses to these questions in his/her desired format: through an art project, Power Point Presentation, video, photography, invention, etc.



Describe your favorite teacher and explain how he/she has had an effect on you.

Describe a situation where you felt uncomfortable in school and what you did about it?

Describe how you feel you best learn.

Describe what you would like to learn in school and why.

Are you self-motivated or do you like it best when people tell you what to do?



Describe an event inside or outside of school when you had success and felt proud of what you accomplished.

Describe what you like most about yourself.

Describe one of your friends and explain what that friendship means to you.

List 3 of your FAVORITE things to do.

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List 3 of your LEAST FAVORITE things to do.

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List 3 things you would like to TRY.

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What questions do you have about Wired2Learn Academy?

If you could change one thing about the world, what would you change and why?



## Request for Release of School Information

Please note: This form should be sent to your child's current school to fill out, then mailed to Wired2Learn Academy.

I hereby give \_\_\_\_\_ permission to release  
Name of School

All information regarding my  
child \_\_\_\_\_ to Wired2Learn Academy.  
Name of Child

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Note to school: The parents of the above named student have applied to Wired2Learn Academy. Please send the following information as soon as possible"

- Psychological Evaluation (Current WISC scores and subscores)
- Educational Evaluation
- Standardized Achievement Scores
- Comments from teachers, guidance counselors and/or other staff

Please send the above information to:

**Wired2Learn Academy**  
**1869 E. Seltice Way, #415**  
**Post Falls, ID 83854**  
**Phone: 208-699-6232**

## Teacher Evaluation Form

**Parent/guardian:** Please make sure the Request for Release of School Information is sent to the child's current school.

Parent fill out the top portion and give it to your child's teacher to fill out and send to the Academy

### Parent Portion

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Child's Name

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Grade

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Age

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Parent Signature

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Date

### Teacher Portion

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Teacher's Name

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Position

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Teacher Signature

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Date

---

School Name & Address

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How long have you known this child?



What three words come to mind when describing this child?

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What are this child's greatest strengths?

What are this child's challenges?



Please check the most developmentally age-appropriate description of this child.

Performance	Did Not Observe	Needs Improvement	Emerging	Consistent	Advanced	Exceptional
Ability to work independently						
Ability to work in a group						
Classroom conduct						
Relationship with peers						
Maturity						
Academic performance						
Follows directions						
Attention span						
Respect for others						
Transitions						

Additional Comments:

Please send this Teacher Evaluation Form to:

**Wired2Learn Academy**  
**1869 E. Seltice Way, #415**  
**Post Falls, ID 83854**  
**Phone: 208-699-6232**