



STUDENT INFORMATION FORM

Mardan School's policy includes limited enrollment and selective admissions. The goal of the admissions process is to determine if a child's needs will be served most appropriately by attending Mardan. If you are interested in potentially enrolling your child at Mardan School, the process is as follows:

- 1) Fill out and submit this **Student Information Form**. Make sure your contact information is included, and provide as much relevant detail as possible about your child. There is no charge for our review of the Student Information Form. You will be notified by email or phone within 1 week regarding the continuation of the intake process.
- 2) If determined appropriate and you choose to further pursue the Intake process for admission, you will be asked to fill out an **Admission Application** form and submit it with all requested records (outlined in the Admission Application), along with a non-refundable application fee of \$50. Applications may be submitted by mail, or electronically with scanned attachments and electronic payment. At the time the application and fee are received, interviews will be scheduled, records review will commence, and the process to determine acceptance for enrollment will begin.
- 3) If you wish to apply for financial aid, the **Application for Scholarship Assistance** may be submitted with all required documents and an additional non-refundable fee of \$50. Scholarship assistance is awarded based upon demonstrated financial need and funds available, and is subject to the conditions outlined in the Application for Scholarship Assistance.

Directions for filling out Student Information Form:

Fill out all highlighted fields. You may tab to the next field or use your mouse to move through the form. When complete, click on the 'Submit Form' button at the top, far right (in the purple task bar). Your information will automatically be sent to us. If you do not receive a confirmation message that your information was successfully sent, you can save the file to your computer, and email directly to: rmkacic@mardanschool.org.

Current Date _____ Desired Enrollment Date: Immediate Fall Spring Summer

Person Filling out Intake Form: _____
Name Relationship to Student

Contact e-mail _____ Contact phone _____

Student Name _____

Age _____ Date of Birth _____ Present Grade _____ Male Female

City of Residence _____ School District of Residence _____

Current or Last School _____
School Name City

Current Type of School: Public School Private School Homeschool None

Current Type of Program: Regular classes Special Day Class Homeschool/Online
 Regular classes with Resource Supports Boarding/Residential

Current Additional Interventions: Speech/Language Occupational Therapy
 Counseling Social Skills Group Tutoring/Ed. Therapy
 Other _____

Estimated level of functioning (Note specific grade, or whether Below, At, or Above grade/age level):

Social maturity _____ Reading Skills _____
Math Skills _____ Writing Skills _____

Areas of Concern or Difficulties (check all that apply):

Academics:

- Reading/Decoding
- Reading Comprehension
- Writing Skills
- Handwriting
- Spelling
- Math

Prevocational/Other:

- Attention/Focus
- Organization/Turning in Work
- School Attendance
- Following Directions/Procedures
- Motivation
- Sensory Issues

Social/Emotional:

- Peer Relationships
- Social Cues/Perceptions
- Anxiety/Depression
- Self-esteem/Self-confidence
- Attitude towards adults
- Anger/Defiance

Other areas of concern: _____

Has your child ever been formally assessed or evaluated by a professional or district? _____

Has your child ever qualified for special education support? _____ **He/she have a current IEP?** _____

What are your child's strengths? Talents? Successes? (educational and personal)

What are the greatest stresses on your child or areas of greatest difficulty?

At school:

At home:

What is your child's attitude towards school? _____

Preferred subjects? _____

Dislikes/problem areas? _____

Has your child ever had a disciplinary action/suspension/expulsion? _____ **If so, please explain:**

Substance abuse issues? _____ **Legal or juvenile authority involvement?** _____

Is your child involved in any extracurricular or organized group activities? If so, please list below:

Family:

Parent/Guardian Name	Parent/Guardian Name	Parent/Step/Guardian Name
Relationship to Student	Relationship to Student	Relationship to Student

Present status of parents: Together Separated Divorced

If your child is adopted, at what age? _____

Please list siblings by age, gender, and if living with you in the home:

1) Age _____ Gender _____ At home? _____ **2)** Age _____ Gender _____ At home? _____

3) Age _____ Gender _____ At home? _____ **4)** Age _____ Gender _____ At home? _____

Is there anything in parental/family history that might have influenced your child's functioning?

Medical/Health History:

Does your child have a diagnosis? _____

When diagnosed and by whom? _____

Does your child currently take medication? (Please list) _____

Does your child have any serious or chronic health issues? (Please specify, including serious allergies)

Has your child ever been hospitalized? _____ If so, please give dates and reasons below:

Temperament/Characteristics: (Check any of the following which apply to your child:)

- | | |
|---|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Physically Aggressive |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Quick to Anger |
| <input type="checkbox"/> Afraid to try | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Self-Injurious |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Seeks out parents at night |
| <input type="checkbox"/> Bedwetting/Accidents | <input type="checkbox"/> Sensory Issues (sensitive to touch, texture, sounds) |
| <input type="checkbox"/> Bossy/Controlling | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Sluggish |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep Issues (walking, talking, grinding teeth) |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Tics/Motor Movements |
| <input type="checkbox"/> Easily Excited | <input type="checkbox"/> Transition Issues |
| <input type="checkbox"/> Elopes (runs away) | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Frustrated Easily | <input type="checkbox"/> Verbally Aggressive |
| <input type="checkbox"/> Inappropriate Fears | <input type="checkbox"/> Other (Please List Below) |
| <input type="checkbox"/> Moody | _____ |
| <input type="checkbox"/> Nightmares | _____ |
| <input type="checkbox"/> Perfectionist | |

Child's preferred use of free time: Solitary Friends TV/Video Games/Computer Other _____

Prefers to be with: Adults Children (Younger Older Same age)

Please share any additional information you believe would aid in better understanding your child:

How did you hear of Mardan? Website/Internet School Personnel Professional/Clinician Referral
 Friend/Coworker Other _____

If referred by a person or organization, please note who: _____