

ATG Learning Academy
955 Louis Drive ♦ Warminster, PA 18974
(267) 803-1751 ♦ (267) 803-1752

Admissions Application

ATG Learning Academy

Thank you for your interest in ATG Learning Academy. Enclosed you will find a description of our admissions procedures, along with an application. Please complete the application forms to the best of your ability, as this information will assist our admissions team in identifying your child's needs.

The admissions committee will contact you, once all of the documentation has been received, in order to set up an interview with both you and your child. The interview usually lasts 1 to 1 ½ hours in length. Subsequent to the meeting, the admissions evaluator may wish to contact professionals who have worked with your child in order to gain their perspective on your child's needs. The information collected by the evaluators is then presented to our admissions committee and we will then contact you with our decision. The entire process usually takes two to four weeks after the application is received.

Please return your application and all relevant documents to:

ATG Learning Academy
955 Louis Drive
Warminster, PA 18974
Attention: Louis Dignam

Again, thank you for your interest in our school. We sincerely appreciate your cooperation in this process.

Sincerely,

Louis Dignam
Director

Application Checklist

Please check each box to make sure all of the following are included. (If not applicable, please mark N/A)

- ATG Learning Academy Application
- Release of Information Form
- Recent photo of your child (If available)
- The two most recent **Annual IEP's** and all subsequent addenda
- Final report cards for the past two academic years
- Transcripts (for students in 7th through 12th grades only)

Documentation as to the nature of your child's needs including, but not limited to:

- Educational Evaluations
- Psychological Evaluations
- Speech and Language Evaluations
- Occupational Therapy Evaluations
- Physical Therapy Evaluations
- Other Evaluations (please list) _____

- \$50.00 check for the non-refundable application fee made payable to ATG Learning Academy**

Authorization and Agreement

“I authorize investigation of all statements contained in this Application for Admission to the educational program as may be necessary in arriving at an admission decision. In the event of admission, I agree that false or misleading information given in the application of my child, or in any interviews, may result in rescission of any admission. I understand also that continued admission to the educational program requires the student to abide by all rules and regulations of the educational institution.”

Signature of parent/legal guardian

Date

Signature of parent/legal guardian

Date

Background Information

Is this child: Biological Adopted Foster Other: _____

Are there any details about the adoption/placement that might be relevant to your child's education?

Is there a divorce or separation situation? Yes No

What is the current custody arrangement?

Is there anything that we should know about the divorce or separation that could influence the education or behavior of your child?

Family Members/Siblings

Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Is English the primary language spoken in the home? Yes No

If no what is the primary language spoken: _____

School History

Current Name of School	School District	Grade
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Address of School	City	State	Zip Code
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Phone Number of School	Date Started	Date Ending
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Reason for seeking a new placement?

Please check any and all current concerns:

- | | |
|--|---|
| <input type="checkbox"/> Reading (Decoding) | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Arithmetic |
| <input type="checkbox"/> Handwriting | <input type="checkbox"/> Maintaining Attention |
| <input type="checkbox"/> School Attendance | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Abstract Concepts | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Completing Assignments |
| <input type="checkbox"/> Behavior | |
| <input type="checkbox"/> Other (please specify): | |
-
-

Social Functioning: Check all that apply to your child

- | | |
|---|--|
| Takes care of personal needs: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has close friends: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has interest in friends: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the skills to interact with others: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Information

Describe your child's strengths:

What are your child's favorite activities?

Please describe your child's social relationships at home and at school:

Is there any other information that you would like to share about your child, including behavioral, educational or medical issues?

Do you have any objections to your child reciting *The Pledge of Allegiance*? Yes No

IEP Information

Please include a copy of your child's two most recent IEP's and all subsequent addenda. If your child does not have a current IEP, please state where you are in the IEP process. Do you currently have?

IEP Meeting with District _____

Does your child presently receive services in one of the following: (circle)
Speech, OT, Physical Therapy, Psychological Counseling, Educational Tutoring,

Name of Service Provider Phone Number Date Started

Street Address

City State Zip Code

Funding Source

Name, address and phone number of person(s) financially responsible for tuition.

Name

Street Address

City State Zip Code

Home Phone: _____ Work Number _____

Cell Number _____

E-mail address _____

Have you requested due process funding? Yes No

Medications

Please list any medications that your child is currently taking:
Then circle medications if taken during school hours.

Medication	Dosage	Side Effects	Time of Day
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Medication	Dosage	Side Effects	Time of Day
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Medication	Dosage	Side Effects	Time of Day
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Medication	Dosage	Side Effects	Time of Day
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Are there times when your child shuts down or withdraws?

- Yes No

If yes, explain.

How did you hear about ATG Learning Academy?

Friend

Flyer

Internet

Other _____

Doctor

Newspaper

School

ATG Learning Academy
955 Louis Drive ♦ Warminster, PA 18974
(267) 803-1751 ♦ (267) 803-1752

Re: PA Licensed, Full Time, Private, Non-Profit School

Authorization To Release School Records

I, _____, hereby authorize the

_____ School District to release records, including grade reports, evaluations, referrals, and any other educational records pertaining to my son/daughter,

_____ to ATG Learning Academy, 955 Louis Drive, Warminster, PA 18974 (267) 803-1751
FAX 267-803-1753 www.atglearningacademy.com

I am the legal guardian of _____
and I am authorized to give this consent.

Thank you.

Sincerely,

Signature of Parent or Legal Guardian

Date

- ATG Learning Academy is a 501(3) c non-profit organization ●