



RAPHAEL ACADEMY

517 Soraparu Street, Suite 104
New Orleans, LA 70130

Telephone: 504-598-3227
Fax: 504-592-0885

APPLICATION FOR ADMISSION

Date: _____

Applying for School Year: _____

Program / Grade Applying For: _____

Date Received: _____

Fee Received: _____

Please attach a photo of child.

Child's Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Gender: _____

Residential Address: _____
City Zip Code

Mailing Address: _____
City Zip Code

Telephone: _____ Alternate Telephone: _____

Current School / Program: _____
Name of School / Program Address Grades Attended

Previous School / Program: _____
Name of School / Program Address Grades Attended

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian's Name: _____
Relationship to Child

Address: _____
(IF DIFFERENT FROM CHILD'S) City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

Parent's Name: _____
Relationship to Child

Address: _____
(IF DIFFERENT FROM CHILD'S) City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

Grandparent's Name: _____ Phone: _____

Address: _____ Email: _____

Grandparent's Name: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact: _____

Relationship to Child

Address: _____

City

State

Zip Code

Home Phone: _____ Mobile Phone: _____

Work/Alternate Phone: _____ Email: _____

Occupation: _____ Location of Work: _____

CHILD'S PROFILE

What Type(s) of intervention/Instruction did your child receive at his previous school? Please attach a copy of the most recent school reports/records/IEP

Has your child been seen by a Psychiatrist, Physiologist, or Counselor? Yes No (Circle one)

Please provide Dr. Name, Profession, Phone, and office address

Name

Profession

Address

Phone

Has your child been seen by a developmental pediatrician or neurologist? Yes No (Circle one)

Please provide Dr. Name, Profession, Phone, and office address

Name

Profession

Address

Phone

Does your child have a diagnosis? If Yes, please indicate the diagnosis, any secondary diagnoses, and who gave the diagnosis.

Please indicate whether your child exhibits any of the following behaviors:

- Self injurious behavior (head banging, cutting, biting, etc.)

YES NO If yes, please describe behavior below:

- Aggression towards others: (biting, kicking, spitting, hitting, etc.)

YES NO If yes, please describe behavior below:

- Does your child have difficulty transitioning from place to place or from task to task?

YES NO If yes, please describe behavior below:

- Does your child exhibit Obsessive Compulsive issues (the need for things to be done a certain way?)

YES NO If yes, please describe behavior below:

- Does your child flee/run away?

YES NO If yes, please describe behavior below:

- Does your child have a sleeping disorder?

YES NO If yes, please describe behavior below:

- Does your child have sensory issues? (sensitive to touch, sound, light, motion, etc.)

YES NO If yes, please describe behavior below:

• Does your child respond to their name when called?

YES NO

MEDICAL NEEDS

Does your Child have a medical diagnosis? If Yes, please describe below: (attach a copy of any psychological evaluations, educational evaluations, Occupational or Speech Therapist evaluations)

Please indicate your Child's Health / Medical Needs other than the predominate medical diagnosis:

Does your Child have Allergies (if yes, please describe):

Does your Child take any routine Maintenance Medication or Supplements: (If Yes, indicate type and dosage)

Does your Child require a special diet of any kind: (if Yes, please describe):

Does your Child have any physical disabilities: (if Yes, please describe):

Is your Child Potty Trained? YES NO If Yes, at what age:_____ If No, please describe toileting needs:

Describe any medical, physical, psychological, behavioral and/or other needs, conditions or concerns about the child that would assist the school & staff to best support the child: (attach a separate sheet if required)

LANGUAGE & COMMUNICATION

Mother's language _____ Others spoken _____

Father's language _____ Others spoken _____

What language is spoken in the home? _____

Is your child verbal? (Does he/she request his/her needs and wants to answer social questions etc.?)
(If yes, please describe your child's verbal skills.) Yes No

Please describe your child's receptive listening skills. (Will he/she follow directions verbally)?

Does your child receive Speech Therapy? Yes No (If yes, how often per week? Indicate name of Therapist.) _____

Does your child receive OT or PT? Yes No (If yes, how often per week? Indicate name of Therapist.) _____

Please list any other therapies or classes your child attends regularly (music, dance, movement, etc.):

SOCIAL & PLAY SKILLS

ANSWER YES OR NO TO THE FOLLOWING & PROVIDE ANY ADDITIONAL EXPLANATION ON THE BACK OF THE PAGE AS NEEDED

- Does your child prefer to be alone? YES NO
- Does your child prefer to on the fringe of groups of peers? YES NO
- Does your child enjoy social interaction with individual peers? YES NO
- Does your child enjoy social interaction with individual adults? YES NO
- Does your child enjoy social interaction with groups of peers? YES NO
- Does your child play appropriately alone? YES NO
- Does your child play appropriately with peers? YES NO
- Does your child demonstrate repetitive play? YES NO
- Does your child engage in stereotypic activity when undirected? YES NO

RELATIONSHIPS

- Does your child ignore the presence of others? YES NO
- Does your child make eye contact with others? YES NO
- Does your child anticipate with excitement? YES NO
- Does your child enjoy simple adult led games? YES NO
- Does your child participate in partner games? YES NO
- Does your child understand games with rules? YES NO
- Does your child tolerate changes to activities? YES NO
- Does your child improvise when playing? YES NO

LIKES & DISLIKES

Please describe your child's preferred activities, interests and reinforcements:

Please describe activities that your child dislikes:

List any particular object/s or situation/s which your child finds distressing? (E.g. crowds, unfamiliar situations, noises) _____

CHILD'S FAMILY PROFILE

Child Resides With: _____

Parent's Relationship Status: (married, single, divorced) _____

Siblings: _____

Name	Age	School / Program Currently Attending
------	-----	--------------------------------------

--	--	--

--	--	--

Child's Daily Routine: (Describe a typical day for your child)

Child's Daily Sleeping Schedule: (Sleeps through night, only a few hours, needs medication to sleep)

Child's Interests / Hobbies:

Time Spent Watching Television/Movies/Videos: _____

Daily Amount	Weekly Amount
--------------	---------------

Time Spent on Computer / Playing Electronic Games: _____

--	--

ENROLLMENT RESPONSIBILITY & PROCESS

Raphael Academy is a sponsored project of Waldorf Education Association of New Orleans. Waldorf Education Association of New Orleans is a not for profit 501 c (3).

Complete financial responsibility for student's initial and continued enrollment, until otherwise changed in writing, will be assumed by:

Name	Relationship to Child
------	-----------------------

Name	Relationship to Child
------	-----------------------

- Please complete and submit the Authorization for Release of School Records to the student's previous school / program. Current School Records will need to be obtained by Raphael Academy to a final decision for student's acceptance.
- Please submit a non-refundable Application Fee of \$50.00 along with this completed Application for Admission to the Raphael Academy. Checks are payable to: Raphael Academy.
- Once the above items are received, you will be contacted by phone to schedule an Entrance Interview for you and your child.
- Applicants are considered for admission without regard to race, color, creed, or national or ethnic origin.

Name of Parent / Guardian	Signature of Parent / Guardian	Date
---------------------------	--------------------------------	------

Name of Parent / Guardian	Signature of Parent / Guardian	Date
---------------------------	--------------------------------	------