

GATELY ACADEMY

205 NE 50th
Portland, Oregon 97213
503-215-2672
Fax 503-215-2688

FAMILY ADMISSION APPLICATION

Name of Student _____

Last

First

Middle

Address _____

Street

City

State

ZIP

Phone _____ Nickname _____

Birthdate _____ Age _____ Sex _____

Most Recent School Attended _____ Grade _____

Applying for School Year/Grade _____

Full Name and Address (if different from that of Student) of Parent(s) or Guardian(s):

Last

First

Middle

Relationship to Child

Street

City

State

ZIP

Phone

Last

First

Middle

Relationship to Child

Street

City

State

ZIP

Phone

E-mail address

Parent/Guardian #1: Occupation _____ Education _____

Employer _____

Name

Address

Phone

Parent/Guardian #2: Occupation _____ Education _____

Employer _____

Name

Address

Phone

If parents are divorced, with whom does this student live? _____

Who guarantees payment of expenses? _____

Any school district placements must be initiated by the school district.

Give names and ages of all children in the family:

Student is: (circle one) Natural Adopted Foster

If adopted, at what age? _____ Does student know s/he is adopted? _____

How was s/he told, and what was the reaction?

What schools has your child attended? Please list, beginning with the present school.

(Continue on back if necessary)

School

Grade

Special Placement

Has your child ever repeated a grade? _____ If so, which one(s)? _____

What specific educational concerns are you seeking help with? When did the educational problems begin?
Please describe things you have tried to do to help.

Does your child have any social skills or behavioral concerns that you think s/he needs help with?

If yes, please specifically describe your concern(s), when they began, and things you have tried to do to help.

Does your child have any problems with the following?

	In the past	In the present	Describe
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Discouraged about learning	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Behavior in school	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Disorganization	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Timely completion of work	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Power struggles with parents	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Irritating/disruptive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Excessively agitated behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Impulsive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Teased by others	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Trying to control others	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Most friends younger	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Most friends older	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Often loses friends	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Uses rude/offensive language	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Bullying and/or aggressive posturing	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Avoids taking ownership/responsibility for negative behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Destroys property	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

What kinds of things does your child like to do?

Does your child participate in after-school sports, activities, special interest lessons? _____
If yes, please list:

What are your child's strengths/assets?

What are your ideas about the ideal classroom for your child?

Please tell us why you want your child to attend Gately Academy, and your hopes/goals for him/her:

Previous Evaluations and Special Academic and/or Counseling Help:

Has your child ever had a psychiatric evaluation? _____

If yes, list name, address and phone number and **include a copy of the report**, or have one sent to us.

Name	Address	Phone
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Has your child ever been given a psychological evaluation? _____

If yes, list name, address and phone number of school/private psychologist who administered the testing and **include a copy of the report**, or have one sent to us.

Name	Address	Phone
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Has your child ever had counseling and/or extra academic help (including school programs, tutoring, etc)? _____ If yes, please list.

Type of help	By whom (person/agency)	When
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Are you presently in contact with *any* helping professionals? _____ If yes, please list.

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

How would you evaluate your child's general health status? (circle one) Good Fair Poor

List any current physical disabilities or medical problems.

Please check those items that seem to be a problem for your child:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Poor vision
- Hard of hearing
- Persistent headaches
- Sleeping problems

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Poor appetite
- Asthma
- Speech problems
- Frequent complaints of illness

List any current medications, medical treatments, special diets, therapy, restrictions, or aids to physical functioning, and name of the prescribing physician or other health professional.

What physical or emotional traumatic events might have upset your child and at what age (car accident, divorce, death of parent or sibling, etc.)? Please describe:

Does your child have any allergies? _____

If yes, please describe what they are, and any treatment or medication prescribed:

Please list any *significant* childhood illnesses or diseases your child has had, and at what age.

Are there any unusual family stressors at this time? _____
If yes, please explain.

Is there anything else you feel we need to know about your child or your family in order to be most helpful to your child?

Do you have any concerns about sending your child to Gately?

Who referred you to our program? _____

Signature of person completing application _____

Print Name

Date

Relationship to child