

APPLICATION FOR ENROLLMENT/ RE-ENROLLMENT

For Academic Year: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Thank you for your interest in TherHappy School. Our admissions process is aimed at discovering the best qualities of our applicants, their learning goals and styles, and determining how they will add to the TherHappy community. The process consists of several parts, all of which must be completed in their entirety in order for a candidate to receive consideration.

Admission Checklist

All applicants must submit the following:

(1.) Completed application form

(2.) $100.00 non-refundable enrollment/ re-enrollment fee (upon acceptance)

(3.) Essays (for new admissions)

(4.) Official School Transcript

(5.) Teacher Recommendation with parent’s or guardian’s signature

(6.) School Record Form with parent’s or guardian’s signature

TherHappy 11820 Denton Avenue Hudson, Florida 34667

Phone: (727)862.9101 Fax: (888)345.5315 Email: [therhappy@therhappy.org](mailto:therhappy@therhappy.org)

In addition, all applicants must:

(1.) Make an appointment for an interview.

(2.) Receive OT and SLP services at TherHappy, and have attended a minimal of 2 sessions at our facility.

(3.) If possible, visit the school for a day.

If you have any questions, or would like to schedule an interview, please feel free to contact our office at: (727) 862.9101 or by email at andrea@therhappy.org.

Thank you very much for your interest in our dynamic academic and skilled therapy day program.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Andrea Clark MS,CCC/SLP Trisha Fritz, M.Ed.

Speech Language Pathologist ESE Educator

Founder/ President Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brooklyn Hildreth, COTA/L

Certified Occupational Therapy Assistant

Director of Admissions

TherHappy Skilled Day Program

Application for Admission

Part I

To be completed by parent(s) or guardian(s):

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applying For Term Beginning (please circle one) FALL/ SPRING/ SUMMER 20\_\_\_\_\_\_

Applicant’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ O Female O Male

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant’s present school School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present School Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Principal or Head of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us how you learned about TherHappy’s Skilled Day Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please tell us why you think that TherHappy’s Skilled Day Program will best suit your child’s academic and

therapeutic needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Part I (continued)

TherHappy Skilled Day Program

Application for Admission

To be completed by parent(s) or guardian(s):

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Father’s Name (or Guardian) Mother’s Name (or Guardian)

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Home Address (if different from student’s) Home Address (if different from student’s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cell Phone Cell Phone

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Email Address Email Address

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Occupation Occupation

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Employer Employer

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address Business Address

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Business Phone Business Phone

Applicant lives with: O Father O Mother O Stepfather O Stepmother O Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check any that apply: O Father deceased O Mother deceased O Parents divorced O Parents separated

Name and address to which bills should be mailed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Street City State Zip

Name and address to which general mailings/ announcements should be mailed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Street City State Zip

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Part II

Method of Tuition Funding: O Scholarship O Cash Payment O Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently awarded a scholarship? O Yes O No

Are you interested in applying for a scholarship? O Yes O No

Are you currently in the process of applying for a scholarship? O Yes O No

If so, which scholarship are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Scholarship Funded, Which Scholarship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Scholarship Identification Number Date Awarded

Part III

SPECIAL CIRCUMSTANCES

Please explain any special circumstances or accommodations that your child will require for enrollment in TherHappy’s Skilled DayProgram:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child ever been subject to disciplinary action, suspension, or dismissal from previous schools?

O Yes O No If Yes, Please explain:

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Part IV

EXTRACURRICULAR ACTIVITIES

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Positions/Level | Years of experience | Do you plan to continue while at TherHappy? |
|  |  |  |  |
|  |  |  |  |
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Part V

SHORT ANSWER

PARENT SHORT ANSWER:

Please tell us your wishes for your child to achieve in regard to both education, and in long- term life goals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SHORT ANSWER (Cont’d)

Please have your child complete the following item that is age and skill level appropriate to them :)

1. Describe something that you did this year that makes you particularly proud. How did this contribute to your growth as a person and member of your community?

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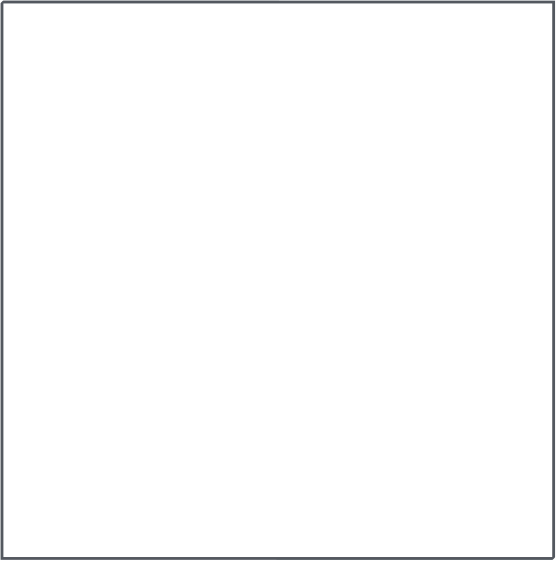
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2. Draw a picture of what makes you the most HAPPY :) :) :)

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