

Applicant Name: _____



Breakthrough Academy, Inc.

A Private, Special Day School

<http://azbreakthroughacademy.org>

APPLICATION FOR ADMISSION

Breakthrough Academy does not discriminate based on gender, race or national origin.

Requested Start Date: _____ **Grade at Start:** _____

Name of Child: _____

Date of Birth: _____ **Male** **Female**

Race: **Caucasian** **African American** **Hispanic** **Asian** **Other:** _____

Office Use Only:

App Rec'd: _____

Evals Rec'd: _____

Fee Paid: _____

Tour: _____

Start Date: _____

Parent / Legal Guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell: (____) _____ **Email:** _____

Parent / Legal Guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell: (____) _____ **Email:** _____

Please note that if there is a separation, divorce, and/or custody, a copy of the custody papers will be required at time of enrollment.

Applicant's Siblings

Name: _____ **Age:** _____ **Gender:** _____

Name: _____ **Age:** _____ **Gender:** _____

Name: _____ **Age:** _____ **Gender:** _____

Name: _____ **Age:** _____ **Gender:** _____

School Last Attended by Applicant

Name: _____ **Dates Attended:** _____

Address: _____

Phone: _____ **Email:** _____

Assessment Information

<input type="checkbox"/> I have included a copy of my child’s most recent psychoeducational (IQ and Academic Performance), Speech/Language, Occupational Therapy, or any other evaluations (e.g. a “MET Report” from the last school district, a private evaluator, etc.) Does your child have an IEP? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please submit a copy with the application.

Behavior Information

Information regarding your child’s current cooperation in teaching situations.
 Please describe your child’s current ability to talk about things that are NOT present in the environment (intraverbals) (i.e. an experience, something that occurred in the past, etc.). When answering this, think of your child’s current level of *conversational* language.

Motivators

What items/activities are most motivating/rewarding to your child?

What items/activities does your child dislike?

Does your child accept “no” when he/she cannot have a desired item/activity at the time it is desired? If not, please describe your child’s reaction.

Does your child demonstrate compliance when asked to follow directions? Please describe.

Please list (briefly describe) behaviors that your child currently demonstrates that you would like to see *continue or increase*.

Please list (briefly describe) behaviors your child currently demonstrates that you would like to see *decrease and/or stop*.

Medical Information

Primary diagnosis: _____ Age at Diagnosis: _____
 Professional who made diagnosis: _____
 Secondary Diagnosis: _____ Age at Diagnosis: _____
 Professional who made diagnosis: _____
 Additional Diagnoses: _____
 Please list any allergies and the medical plan: _____

 Please list current special diets: _____

Please list current medications:

Medication	What is it for?	Date Started	Dosage	Frequency	Administered at school? If so, when?

Goals

Please list short-term goals (6months/2 quarters) you would like to see your child achieve.

1. _____
2. _____
3. _____

Please list long-term goals (one year) you would like to see your child achieve.

1. _____
2. _____
3. _____

Additional Information

Please describe any additional information you would like us to know about your child.

PLEASE NOTE: In order to help your child experience success at Breakthrough Academy we ask each family to attend conferences and school activities. We also ask for cooperation with home-school communication. We encourage each family to contribute a minimum of 2 volunteer hours per month to our school. The child who will benefit the most from enrollment at our school is the child whose parents are supportive of the Multisensory, Individualized, Intervention-based, and Positive Behavior Support methods practiced by Breakthrough Academy.

THANK YOU FOR YOUR INTEREST!

The undersigned hereby acknowledge that the information contained in this application is accurate in all respects.

PARENT/GUARDIAN: _____ **Date:** _____

PARENT/GUARDIAN: _____ **Date:** _____

Please send completed application, \$100.00 non-refundable application fee, and additional paperwork listed within the application to:

Breakthrough Academy, P.O. Box 74201, Phoenix, AZ 85087