



## **APPLICATION FOR ENROLLMENT/ RE-ENROLLMENT**

For Academic Year: \_\_\_2018\_\_\_ to \_\_\_2019\_\_\_

Thank you for your interest in TherHappy School. Our admissions process is aimed at discovering the unique qualities of our applicants, and determining how we might be able to work together to achieve your child's individual goals. The process consists of several parts, all of which must be completed in order for an applicant to receive consideration.

### **Admission Checklist**

All applicants must submit the following:

1. Completed application form
2. \$100.00 non-refundable enrollment/ re-enrollment fee
3. Essays (for new admissions)
4. Official School Transcript
5. School Record Form with parent's or guardian's signature

In addition, all applicants must:

1. Attend an interview and tour the school.
2. Receive OT and SLP services at TherHappy and have attended a minimum of 2 sessions, at our facility.

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 [samantharazzo.principal@therhappy.org](mailto:samantharazzo.principal@therhappy.org).

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

Sincerely,

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Andrea Clark MS,CCC/SLP  
Speech Language Pathologist  
Founder/ President

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Samantha Razzo MS  
Principal

11820 Denton Avenue Hudson, Florida 34667

Phone: (727) 862-9101 Fax: (888) 345-5315 Email: [samantharazzo.principal@therhappy.org](mailto:samantharazzo.principal@therhappy.org)



**Part I** (continued)

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

\_\_\_\_\_  
Father's Name (or Guardian)

\_\_\_\_\_  
Mother's Name (or Guardian)

\_\_\_\_\_  
Home Address (if different from student's)

\_\_\_\_\_  
Home Address (if different from student's)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Phone

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

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

Name and address to which bills should be mailed:

\_\_\_\_\_  
Name Street City State Zip

11820 Denton Avenue Hudson, Florida 34667  
Phone: (727) 862-9101 Fax: (888) 345-5315 Email: samantharazzo.principal@therhappy.org

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

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Name	Street	City	State	Zip
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## Part II

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

Is your child currently awarded a scholarship?  Yes  No

Are you interested in applying for a scholarship?  Yes  No

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

If so, which scholarship are you applying for?

\_\_\_\_\_

If scholarship funded, which scholarship? \_\_\_\_\_

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Scholarship Identification Number

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Date Awarded

## Part III

### SPECIAL CIRCUMSTANCES

Please explain any special circumstances or accommodations that your child will require for enrollment in TherHappy's Skilled Day Program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Yes  No If Yes, Please explain:

\_\_\_\_\_

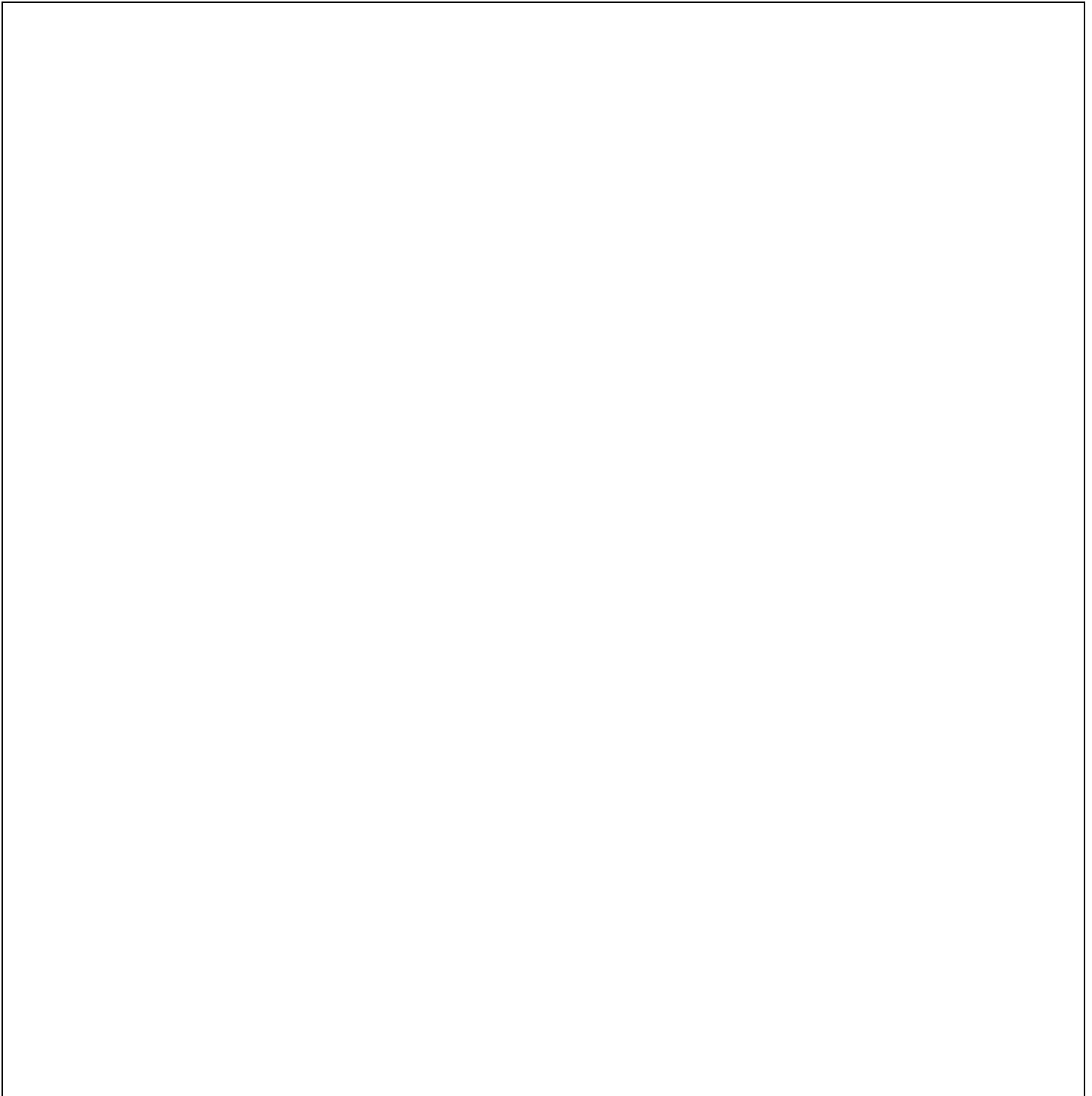
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2. Draw a picture of what makes you the most HAPPY!

A large, empty rectangular box with a thin black border, intended for a drawing. It occupies the central portion of the page.

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