

APPLICATION FORM

Recent photo
(optional)

275 Pinnacle Rd. Rochester, NY 14623 Ph 585.334.8010 Fax 585.334.8073 www.normanhoward.org

Applicant's Name _____ Preferred Name _____
(first) (middle) (last)

Home address _____ Date of birth _____

Primary Language spoken at home _____

Current grade _____ Request for Placement: Immediate September of next school year

Family Information: Parent/Guardian

Name _____
(first) (last)

Name _____
(first) (last)

Relationship to Applicant _____

Relationship to Applicant _____

Address _____

Address _____

Telephone/Email _____

Telephone/Email _____

Occupation _____

Occupation _____

Company _____

Company _____

Work phone _____

Work phone _____

Schools/Colleges Attended _____

Schools/Colleges Attended _____

Degrees Earned _____

Degrees Earned _____

Applicant lives with:

Mother Father Both Other _____
(name)

(address)

Please check if appropriate:

Father is deceased Parents divorced Father remarried Name of Stepmother: _____

Mother is deceased Parents separated Mother remarried Name of Stepfather: _____

If parents are separated or divorced,

who has legal custody of the applicant? _____

who has physical custody of the applicant? _____

Where should school correspondence be sent?

Mother Father Both Other _____

(name, address)

Where should financial correspondence be sent?

Mother Father Both Other _____

(name, address)

Siblings: Name, Age, Current School

Please list any family members who have had difficulty with reading, spelling, writing or arithmetic:

Has a relative attended The Norman Howard School? Yes No If yes, relationship? _____

Medical Information

Please list any medical conditions _____

Is the applicant taking any medications? (List medicine, purpose, date started) _____

Does your child wear eye glasses for reading? Yes No

Does your child wear a hearing aid? Yes No

Adopted? Yes No If yes, at what age? _____ Birthplace: _____

Were there any difficulties during pregnancy, labor or birth of the child? Please explain. _____

Please list clinics or private evaluators who have tested your child:

(Name, address, telephone)

(Name, address, telephone)

What diagnoses have been given? _____

Has your child ever been in counseling? Yes No

For what reason, dates and with whom? _____
