



Student Application – Summer 2012

Charles Armstrong School, Belmont, CA

Student Information

Last Name: _____		First Name: _____		MI: _____	Gender: M ___ F ___
Street Address: _____			City: _____		State: _____ Zip: _____
Date of Birth: ____ / ____ / ____ City/Country of Birth: _____				US. Citizen: Yes ___ No ___	
Primary language spoken at home: _____ Ethnicity: _____				Adopted: Yes ___ No ___	
Does child know they are adopted: Yes ___ No ___					
Current Grade: _____ School Year: _____ Grade (s) Repeated: _____					
Present School: _____			City/State: _____		Public: ___ Private: ___
Name (s) and age (s) of siblings: _____					
Does child live with both parents: Yes ___ No ___ If no, please indicate who child lives with: _____					

Parent Information

Title: _____	Last Name: _____	First Name: _____	MI: _____
Mailing Street Address: _____		City: _____	State: _____ Zip: _____
Home Phone: (____) _____		Day Phone: (____) _____	Cell Phone: (____) _____
Employer: _____		Position: _____	E-mail: _____

Parent Information

Title: _____	Last Name: _____	First Name: _____	MI: _____
Mailing Street Address: _____		City: _____	State: _____ Zip: _____
Home Phone: (____) _____		Day Phone: (____) _____	Cell Phone: (____) _____
Employer: _____		Position: _____	E-mail: _____

Please indicate the class or program you will apply for.

CLASS AND CAMP TITLES (FALL 2012 grade levels are indicated)		
	<u>COST</u>	<u>CHECK BOX</u>
<i>Morning Academic Program: 8:30 am – 12:30 pm Language Arts, Reading and Math</i>		
Student Entering Grade 1	\$2,550	
Student Entering Grade 2	\$2,550	
Student Entering Grade 3	\$2,550	
Student Entering Grade 4	\$2,550	
Student Entering Grade 5	\$2,550	
Student Entering Grade 6	\$2,550	
Student Entering Grade 7	\$2,550	
<i>Afternoon Camp Program: 12:30 – 4:30 pm</i>		
Student Entering Grade 1-5	\$1,400	
Student Entering Grade 6 & 7	\$1,400	

Payment for summer school tuition is due in full at the time of acceptance. ***PLEASE NOTE:** It is the policy of the Charles Armstrong School that no refund for summer school tuition shall be given under any circumstances, except if a summer school class is cancelled due to insufficient enrollment. The School's staff does not have the discretion to make exceptions to this policy.



Student Background Information

- Does your child currently receive special education services? _____ Description: _____
- Does your child have a current Individual Education Plan? _____ District of IEP: _____ Triennial Due: _____
- My child has documented learning differences and I am attaching:
A copy of an IEP _____ **[and/or]** A copy of a psycho educational evaluation _____
- My child does not have documented learning differences but struggles in school and we have been recommended to CAS summer program. I am attaching a Current Teacher Information Sheet (provided in this PDF) _____
- Has your child ever received or been evaluated for pharmaceutical therapy for:
Attention Deficit Disorder (ADD): _____ or Hyperactivity (ADHD): _____
Currently: _____ Type of therapy: _____ Pharmacological Intervention: Type: _____ Dosage: _____
- Does your child receive treatment for allergies: _____ Type of Allergies: _____
- Please list any outstanding medical conditions that warrant our attention (i.e. allergies, diabetes, asthma, epilepsy): _____

8. Has your child received any of the following?

Type	Date Rec'd From – To-	Name of Clinician/Therapist, etc.	How frequently?
Lindamood Bell			
Slingerland			
Fast ForWord			
Speech and Language			
Bright Stars			
Occupational Therapy			
Psychological Counseling			
Private Tutoring			
Auditory Integration Training (AIT)			
Vision Therapy			
Other			

9. How did you hear about CAS? _____



Please attach a current photograph of your child:

Parent's Signature

Date

Parent's Signature

Date



Parent Questionnaire

1. What are your child's three (3) greatest attributes?

- a. _____
- b. _____
- c. _____

2 . What character strengths does your child have?

- a. _____
- b. _____
- c. _____

3. What special talents does your child have?

Music ___ Art ___ Drama ___ Athletics

Other _____

4. Please identify any special hobbies or areas of interest for your child:

5. What are your child's most obvious skill strengths?

6. What are your academic or vocational goals for your child?

7. In what ways do you feel your child learns best? (1-4 order)

- ___ seeing things done ___ Hearing things explained
___ having things demonstrated ___ Experimenting on his/her own

8. What academics or activities frustrate your child?

9. Does your child have difficulty remaining focused or staying on task? Yes ___ No ___

On academic tasks? Yes ___ No ___

On activities such as Legos, computer games? Yes ___ No ___



10. Do you know of anyone in your family who experienced difficulty learning in school?

If yes, whom?

11. What major stresses, if any, have occurred in the family within the past year?

12. Were there any significant delays with your child reaching developmental milestones?

13. Is there anything else we should know about your child or family?

14. Who referred you to Charles Armstrong School?

Parent Questionnaire completed by:

Parent: _____

Date: _____



Current Teacher Information

Name of applicant _____

To the Current Teacher

The above named student is an applicant to Charles Armstrong Summer School, a school for children with language based learning differences. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Charles Armstrong School in care of the admission office. We greatly appreciate your contribution.

1. How long have you worked with this student? _____

2. What do you consider to be this student's greatest strengths?

Academically: _____

Personally: _____

3. What do you consider to be this student's greatest areas of need?

Academically: _____

Personally: _____

4. Explain any academic or disciplinary issues this student may have encountered.

5. How does this student respond to rules and authority?

6. Address how this student interacts with his or her peers.

7. Address how this student interacts with adults.

8. List any teaching techniques and/or accommodations that have proven to be helpful.



9. How do you imagine this student would benefit from small classes (average 6:1) and a structured environment?

10. How would this student be an asset to the CAS community?

Academic and Personal Ratings

Please check all appropriate responses.

	Outstanding	Excellent	Good	Average	Below Average
Leadership	___	___	___	___	___
Character and Integrity	___	___	___	___	___
Responsibility	___	___	___	___	___
Emotional Maturity	___	___	___	___	___
Emotional Stability	___	___	___	___	___
Motivation	___	___	___	___	___
Homework Completion	___	___	___	___	___
Organization	___	___	___	___	___
Attention Span	___	___	___	___	___
Self-confidence	___	___	___	___	___

Please provide any additional comments that would aid the admission office.

Signature _____ Printed Name _____

School Name _____ City _____

E-mail _____ School Phone _____

Date _____

Please return to Charles Armstrong School, Admission Office, 1405 Solana Drive, Belmont, CA 94002