Summer 2009

Charles Armstrong School, Belmont, CA

Student Information

Last Name:____ First Name: ______________________________________ MI: _______ Gender: M ___ F___

Street Address: ____ City: _________________________ State: _______ Zip Code: _______________

Date of Birth: _______ / _______ / _______ City / Country of Birth: ____ U.S. Citizen: Yes ______ No ______

Primary language spoken at home: ____________________ Ethnicity: ______________________ Adopted: Yes _____ No _____ Does child know: 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: ____

Step Parent / Guardian Information (please circle) Spouse of:

Title: _____ Last Name: ____ First Name: __________________________________ MI: _______________

Mailing Street Address: ____ City: _________________________ State: _______ Zip: ________________

Home Phone: (______) _____________________ Day Phone: (______) _______________________ Cell Phone: (______) _____________________

Employer: ______________________________________ Position: ___________________________ E-Mail: ____

Step Parent / Guardian Information (please circle) Spouse of:

Title: _____ Last Name: ____ First Name: __________________________________ MI: _______________

Mailing Street Address: ____ City: _________________________ State: _______ Zip: ________________

Home Phone: (______) _____________________ Day Phone: (______) _______________________ Cell Phone: (______) _____________________

Employer: ______________________________________ Position: ___________________________ E-Mail: ____

Student Background Information

1. 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: _____________

2. Does your child receive treatment for allergies: __________ Type of Allergies: ____

3. Please list any outstanding medical conditions that warrant our attention (i.e. allergies, diabetes, asthma, epilepsy): _______________________________________

   ____

4. Does your child currently receive special education services? __________ Description: ____

5. Does your child have a current Individual Education Plan? ___________ District of IEP: _________________________Triennial Due:________________________

6. Has your child received any of the following?

Type	Yes / No	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				

7. How did you hear about CAS?

____

Please attach a current photograph of your child:

____

Parent's Signature *Date*

____

Parent's Signature *Date*