



Building a Strong Foundation for Lifelong Success.

Application Year (check one):

2025-26 (current)

2026-27 (next)

Application Form

Student Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Gender M F Birthdate ____/____/____ Birthplace _____

Student lives with Both parents Mother Father Grandparent/s Other _____
Number of people in household _____

Current/Last School Attended
Name of School _____ Phone _____

City _____ State _____ County _____

Current Grade Level _____ Grade Applying For _____ Date of Last IEP _____

Has your student ever been retained a grade? Yes No If yes, what grade? _____

Primary Area of Eligibility (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Intellectually Disabled (IND) | <input type="checkbox"/> Autism Spectrum Disorder (ASD) |
| <input type="checkbox"/> Specific Learning Disabled (SLD) | <input type="checkbox"/> Language Impaired (LI) <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Other Health Impairments (OHI) | <input type="checkbox"/> Speech Impaired (SI) |

Does your student have any physical limitations? Yes No
If yes, please explain: _____

Has your student ever been Suspended Expelled Withdrawn from School
If yes, please explain: _____

What do you hope your student will achieve at Focus Day School? _____

What are your student's hobbies or interests? _____

How does your student learn best? Visually Auditorily Hands-on/Experiential Don't Know

Are there any other family circumstances that would be helpful for us to know? _____

Contact Information/Parent or Guardian

Mother

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Father

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Primary Contact Mother Father Other _____

Please attach a photo of your student to this application and any/all of the following: A copy of the student's most recent IEP must be included for review, psychological evaluation, Behavior Plan (if applicable), or students support/service plan.

Parent Signature _____ **Date** _____

Parent Signature _____ **Date** _____