

STUDENT INFORMATION

 First Name Middle Name Last Name Gender (M/F)

 Student's Home Address City State Zip Code

_____ to _____
 Age DOB (mm/dd/yyyy) Applying for School Year

PARENT INFORMATION

 Parent #1 (or Guardian's) Full Name Relationship to Child Occupation & Employer

 Home Address (if different from above) City State Zip Code

 Cell phone number Home phone number Parent email address

 Parent #2 (or Guardian's) Full Name Relationship to Child Occupation & Employer

 Home Address (if different from above) City State Zip Code

 Cell phone number Home phone number Parent email address

CURRENT SCHOOL INFORMATION

 School name Current grade

 School address Name of student's teacher

 School District of Residence School phone

 Other school attended Grade

PARENT ASSESSMENT

Please assess your child in the following areas:	Exceeds Expectations	Meets Expectations	Needs Improvement	Intervention Needed
Academic skills				
Ability to stay on task				
Ability to follow directions				
Ability to work independently				
Attitudes/behaviors towards adults				
Attitudes/behaviors towards peers				
Overall anticipated success of student in next grade				

ESSAY QUESTIONS *(Please use a separate piece of paper to respond.)*

1. Why would you like your child to attend our program? Please feel free to include significant details of your child's educational career, including any recognitions or challenges in prior experiences.
2. What do you believe your child's strengths are?
3. In what areas do you believe your child could improve?
4. What are your child's favorite activities?
5. Describe your child's social interactions and peer relationships.
6. Does your child have any specific health issues or allergies?
7. Is your child taking any medication for any health or behavioral concern?
8. Has your child already been evaluated (e.g., achievement testing, IQ testing, learning differences)? If yes, please attach test results if possible and provide any context necessary.
9. Does your child have any physical, mental or behavioral issues that require support? If yes, please describe. If your child has received counseling or therapy for any issues, please describe.
10. Is there anything that you would also like us to know that has not been covered?

BACKGROUND INFORMATION

- Has your child ever had an Individual Education Plan (IEP)? Yes No
- Has your child ever been suspended from school? Yes No

FINANCIAL AID

- Do you plan on applying for Financial Aid for your child? Yes No

The Altair School has my permission to request copies of the academic and behavioral records of my child from his/her current school. Yes No

\$75 Application fee enclosed. *(This non-refundable fee must accompany the application.)*

Parent of Guardian Signature

Date

Return forms via mail (3788 NW Loriann Drive, Portland, OR 97229) OR email (info@altairschool.org)

Statement of Non-Discrimination

The Altair School is committed to admit students of any race, color, nationality, ethnic origin, or sexual orientation to all rights, privileges, programs, and activities made available to students at the school. Altair does not discriminate on the basis of these factors in the administration of its educational policies, admissions policies, financial award programs, or other school-administered programs.