



ADMISSION APPLICATION  
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CENTER \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Indicate Mother-M or Father-F

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Has child been evaluated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please send copy of evaluation.

Evaluator's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Authorization to check reference (Parent's Signature \_\_\_\_\_

Is there a history of learning problems in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's learning problem(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child know the alphabet? (If 5 or 6 years old) Yes \_\_\_\_\_ No \_\_\_\_\_

Can your child write his name? Yes \_\_\_\_\_ No \_\_\_\_\_ Handedness Left \_\_\_\_\_ Right \_\_\_\_\_

Does your child understand words? Yes \_\_\_\_\_ No \_\_\_\_\_ Questions? Yes \_\_\_\_\_ No \_\_\_\_\_

Directions? Yes \_\_\_\_\_ No \_\_\_\_\_

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How well do other people understand your child's speech? \_\_\_\_\_

Do you know of any other problems, including medical? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Most recent eye exam date \_\_\_\_\_ Results \_\_\_\_\_

Hearing exam date \_\_\_\_\_ Results \_\_\_\_\_

Does your child have behavioral problems in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Is English the child's primary language? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is? \_\_\_\_\_

Has your child applied to or received services at any other 32° Masonic Learning Center?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Center(s) \_\_\_\_\_ Child's ID# \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Siblings/Ages \_\_\_\_\_

Interests \_\_\_\_\_

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Release of Information for Research

I understand that information provided to the Center as part of the application process may be used in research and hereby give my consent. It is my understanding that my child's last name will not be used, and that data will be confidential. I further understand that his consent will not affect the Center's decision on my child's acceptance into the program.

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Parent's Signature

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Date

**School & Services Information Form**  
(Please submit with Admission Application)

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Person completing form \_\_\_\_\_

1. Currently my child attends a (check **only** one)
  - Public school
  - Private school
  - Parochial school
  - School of LD/Dyslexia
  - Home school
  
2. At school, my child receives the following special services (check all that apply)
  - No special services
  - Resources
  - Self-contained
  - Title I
  - Accommodations
  
3. The special services referred to in item #2 are for (check all that apply)
  - No special services
  - Reading
  - Spelling
  - Math
  - Speech & Language
  - Homework
  - Other
  
4. Besides services at school, my child receives a total of \_\_\_\_\_ hours of tutoring every week in the following areas (check all that apply)
  - No tutoring outside of school or Center
  - Reading
  - Spelling
  - Math
  - Speech & Language
  - Homework
  
5. My child is currently receiving the following type(s) of intervention (check all that apply)
  - Wilson
  - Project Read
  - SPIRE
  - Slingerland
  - Other Orton-Gillingham
  - LIPS
  - Reading Recovery
  - Sylvan/Huntington/Kumon or similar national tutoring chain
  - Fast ForWord
  - None of the above