



HYDE PARK DAY SCHOOL

Application For Admission

Operated by The Leslie Shankman School Corporation

Location: ____ Chicago
____ Northfield

APPLICATION FOR ADMISSION

Applicant Information Date of Application: _____ Desired Date of Admission: _____

Applicant Name: _____
first middle last nickname

Address: _____
no./street city/town state zip
Current Grade: _____

Home Phone: _____ Cell: _____ Sex: M F Age: _____

Date of Birth: _____ Country of Birth: _____

Race (optional): _____ Primary Language (if other than English): _____

Is applicant adopted? _____ Is he/she aware of adoption: _____

PLEASE INDICATE PROGRAM INTEREST BELOW

-Full Day School Program -Summer Programs -Tutoring Program

FAMILY INFORMATION

Parent

Name: _____

Check if deceased--Date: _____

Date of Birth: _____ Age: _____

Home Address: _____
no. street

city/town state zip

Telephone: () _____

Cell: _____

Education: _____

Degree(s): _____

Employer: _____

Bus. Address: _____

Email: _____

Parent

Name: _____

Check if deceased--Date: _____

Date of Birth: _____ Age: _____

Home Address: _____
no. street

city/town state zip

Telephone: () _____

Cell: _____

Education: _____

Degree(s): _____

Employer: _____

Bus. Address: _____

Email: _____

Parents are: -Married -Divorced -Separated -Widowed
-Father Remarried -Mother Remarried -Partners

Name(s) of Step-parent(s): _____

With whom does the applicant reside? _____ Legal Guardian: _____

Grandparents: _____

Who referred you to The Hyde Park Day School or how did you learn about our programs? Name: _____

Address: _____ Profession: _____

Other referral source: (Please list) _____

STUDENT NAME _____

FAMILY INFORMATION (continued)

Names of Siblings _____ Date of Birth _____ Special Educational/Medical Conditions _____

SCHOOL INFORMATION
(Use additional paper if necessary)

School currently attending: _____
Date(s) of attendance: _____ Grade(s): _____
If student is not in school, please state reason. _____

Please list previous schools attended.

School	Dates attended
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Has the applicant ever been dismissed or suspended from school? No Yes (state reason) Date: _____

Has the applicant ever repeated a grade? No Yes. Which grade(s)? _____

MEDICAL INFORMATION
(Use additional paper if necessary)

Physician: _____ Telephone: () _____
Applicant's Height: _____ Weight: _____ List his/her medical conditions, if any. _____

Is your child currently receiving any medication? No Yes. List: _____

Describe the condition for which it is being taken. _____
Who prescribed the medication? _____
When was child first diagnosed with a learning difficulty? By whom and when? _____

Date of most current evaluation? _____ Diagnosis? _____

Is there any history of behavioral difficulty in relationship to family or peers or in an academic setting? Please describe: _____

If your child has ever been under the care of a psychologist/psychiatrist, counselor or therapist, please state the reason, the names of the providers and dates of service. Provider: _____ Phone: _____
Dates: _____ Reason: _____

Has your child ever been hospitalized for psychological reasons? If yes, dates: _____
Provider: _____ Phone: _____
Reason: _____

