

4375 Rivoli Drive

Macon, GA 31210

PH: (478)477-9844

www.woodfieldacademy.org

Woodfield Academy

**Application for Admission to Woodfield Academy**

Completion of this application form does not guarantee admission.

|  |  |
| --- | --- |
| Date: |  |
| **Part One: Applicant Information:** |
| Child’s Name |  | Prefers to be called |  |
| Address |  |
| City |  | State |  | County |  | Phone |  |
| Date of Birth |  | Place of Birth |  | Gender | Male [ ]  Female [ ]  |
| Child’s Social Security Number |  |
| School Last Attended |  | School Telephone |  |
| Address of School |  | Current Grade |  |
| Has applicant repeated a grade | Yes [ ]  No [ ]  | If yes, grade repeated |  | Grade applying for |  |

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| **Part Two: Family Information** |
| Father/Guardian Name |  | Marital Status |  |
| Occupation |  | Employer |  | Business Phone |  |
| Cell Phone |  | Email Address |  |
| Address (if different from applicant) |  |
| Does this person have custody of the child? | Yes [ ]  No [ ]  |
| Does the child reside with this person? | Yes [ ]  No [ ]  |
| Is this person responsible for tuition and fees? | Yes [ ]  No [ ]  |
| Does this person receive official correspondence from the school? | Yes [ ]  No [ ]  |
| Does this person have permission to receive records from the school? | Yes [ ]  No [ ]  |

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| --- | --- | --- | --- |
| Mother/Guardian Name |  | Marital Status |  |
| Occupation |  | Employer |  | Business Phone |  |
| Cell Phone |  | Email Address |  |
| Address (if different from applicant) |  |
| Does this person have custody of the child? | Yes [ ]  No [ ]  |
| Does the child reside with this person? | Yes [ ]  No [ ]  |
| Is this person responsible for tuition and fees? | Yes [ ]  No [ ]  |
| Does this person receive official correspondence from the school? | Yes [ ]  No [ ]  |
| Does this person have permission to receive records from the school? | Yes [ ]  No [ ]  |

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| Names and birthdates of all brothers and sisters of applicant |
| Name |  | Male [ ]  Female [ ]  | Birth Date |  |
| Name |  | Male [ ]  Female [ ]  | Birth Date |  |
| Name |  | Male [ ]  Female [ ]  | Birth Date |  |
| Name |  | Male [ ]  Female [ ]  | Birth Date |  |

|  |
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| Names of other persons who live in the home |
| Name |  | Relationship |  | Age |  |
| Name |  | Relationship |  | Age |  |
| Name |  | Relationship |  | Age |  |
| Name |  | Relationship |  | Age |  |

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| **Part Three: Medical Information** |
| Physical Date |  | Examiner |  |
| Psychological Date |  | Examiner |  |
| Psycho-Educational |  | Examiner |  |

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| List any medications your child is presently taking |
| Medication | Dosage | Reason for Giving |
|  |  |  |
|  |  |  |
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| Food Allergies |
| Food | Treatment |
|  |  |
|  |  |
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| Drug Allergies |
| Drug | Treatment |
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|  |  |
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| Please list all current diagnoses including medical, psychological, psychiatric |
| Diagnosis | Date Diagnosed |
|  |  |
|  |  |
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|  |  |
| --- | --- |
| Does your child have a seizure disorder? | Yes [ ]  No [ ]  |
| Does your child have vision impairment? | Yes [ ]  No [ ]  |
| Does your child receive speech services? | Yes [ ]  No [ ]  |

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| Part Four: Questionnaire |
| Please answer the following questions |
| Has your child ever been suspended or expelled from school? Yes ☐ No ☐ If yes, please explain. (Please list any disciplinary actions taken for any occurrence) |
|  |
| Was your child adopted? Yes ☐ No ☐ If yes, at what age and were there special circumstances? Is the adoption an issue with your child? |
|  |
| Has your child ever been involved with law enforcement or juvenile authorities? If yes, please explain. |
|  |
| Has your child ever been hospitalized for psychiatric/psychological reasons and/or been diagnosed with a mental disorder (i.e. depression, bipolar disorder, PTSD)? |
|  |
| Have there been any major traumatic events or changes in your child’s life (i.e. physical abuse, illness, injury, death, sexual assault/abuse)? If so, explain. |
|  |
| When did you first become concerned about your child’s school performance? Please explain. |
|  |
| Has your child ever received Special Education Services in a previous school? If yes, at what age and at what school? |
|  |
| Has your child had an Individualized Education Plan (IEP)? If yes, is it still active? |
|  |
| What do you consider the child’s chief assets, abilities, and interests? |
|  |
| What do you consider the child’s main weaknesses or limitations? |
|  |
| Is your child currently taking medication? If yes, do you think the medication is helpful? |
|  |
| Why do you desire admission to Woodfield Academy for your child? |
|  |
| What source lead you to learn about Woodfield? |
|  |
| What are your academic and life goals for your child? |
|  |

I certify that all of the information contained in this application is complete and accurate to the best of my knowledge.

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Parent/Guardian Signature Parent/Guardian Printed Name Date



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**Teacher Questionnaire**

**This form should be filled out by the child’s current teacher.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Grade |  |
| School |  | Subject Taught |  |
| Teacher’s Name |  | Date |  |

Please check those behaviors which are most characteristic of this student

1. Behavior Checklist
	1. Social-Emotional Behavior

[ ]  Demands excessive attention [ ]  Relates well to adults

[ ]  Assumes leadership in a group [ ]  Aggressive towards others

[ ]  Gets along well with others [ ]  Loud, boisterous

[ ]  Exhibits uncooperative behavior [ ]  Absent frequently

[ ]  Has few close friends at school [ ]  Easily frustrated

[ ]  Seems well adjusted emotionally [ ]  Poor self-control

[ ]  Lacks motivation, seems apathetic or lazy [ ]  Appears unhappy

[ ]  Does not adjust readily to change [ ]  Shy, withdrawn

[ ] Careless about physical appearance [ ]  Appears happy

[ ]  Lacks respect for property of others [ ]  Poor sport

[ ]  Overly dependent on others [ ]  Daydreams

[ ]  Tries to control others [ ]  Restless

[ ]  Disturbs other students [ ]  Uses abusive language (swearing)

[ ]  Behavior unpredictable, mood varies

* 1. Study Skills and Learning Behavior

[ ]  Puts forth best effort, but continues to fail [ ]  Unable to remember general facts and info

[ ]  Completes assignments in allotted time [ ]  Uses immature or inappropriate vocabulary

[ ]  Needs much individual assistance [ ]  Easily distracted

[ ]  Disorganized work habits [ ]  Unable to recall events in sequence

[ ]  Poor concept of time [ ]  Gives inappropriate answers

[ ]  Ignores school rules [ ]  Perseveration

[ ]  Does not work well independently [ ]  Quality of work varies

[ ]  Difficulty in following directions [ ]  Difficulty with written expression

[ ]  Poor communication skills [ ]  Impulsiveness

* 1. Motor Behavior

[ ]  Works at a slower pace than classmates [ ] Overly active

[ ]  Reverses or rotates letters or words [ ]  Poor large muscle coordination

[ ]  Speech, vision, or hearing difficulty [ ]  Unable to copy from book accordingly

[ ]  Unable to copy from board accurately [ ]  Poor directionally, gets lost in building

[ ]  Games & P.E. difficult due to poor coordination [ ]  Unable to judge relationships (big, little)

* 1. Check the response most descriptive of this student

|  |  |  |  |
| --- | --- | --- | --- |
|  | POSITIVE | NEGATIVE | INDIFFERENT |
| Reaction to praise |  |  |  |
| Reaction to success |  |  |  |
| Reaction to failure |  |  |  |
| Reaction to punishment |  |  |  |
| Reaction to authority |  |  |  |
| Other students reaction to him/her |  |  |  |

1. Academic Performance
	1. State the approximate grade level at which you think this student is achieving.

Reading \_\_\_\_\_\_\_\_\_\_\_\_ Math\_\_\_\_\_\_\_\_\_\_\_\_ Vocabulary\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Check the areas in which the student seems to have the greatest difficulties.

[ ]  Comprehension [ ]  Concepts [ ]  Oral

[ ]  Vocabulary [ ]  Computation [ ]  Written

[ ]  Phonic skills [ ]  Spelling

1. Other pertinent information

|  |
| --- |
| Describe teaching or management techniques you have used with this student |
|  |
| As you have observed, what are the strengths of this student? |
|  |
| What seems to be his/her weaknesses? |
|  |
| Other information which you feel might be helpful in planning for this student. |
|  |