

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 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |

|  |  |  |
| --- | --- | --- |
| List any medications your child is presently taking | | |
| Medication | Dosage | Reason for Giving |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- | --- |
| Food Allergies | |
| Food | Treatment |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Drug Allergies | |
| Drug | Treatment |
|  |  |
|  |  |
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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 |

|  |
| --- |
| 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. |
|  |