

The Siena School

9727 Georgia Avenue | Silver Spring, MD 20910 | t: 301.592.0567 | f: 301.592.0569
www.thesienaschool.org

application for admission

Name of Applicant _____	LAST	FIRST	MIDDLE	(PREFERRED)
Applying for Grade _____		Current Grade _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F

ADMISSIONS POLICY

It is our intention to accept students who can be well served by our program. The Siena School applies all policies and procedures, including admissions, equally to all students and does not discriminate on the basis of race, religion, socio-economic status, sexual orientation, or national or ethnic origin. Siena can only review completed applications. It is the parents' responsibility to ensure copies of all required reports are forwarded to The Siena School.

APPLICATION CHECKLIST

APPLICATION

- Completed *Application for Admission* form
- Non-refundable \$100 application fee payable to **The Siena School**

TESTING

- Complete psycho-educational evaluation and report, completed within the last two years, including:
 - Cognitive assessment on the Wechsler Intelligence Scale for Children (WISC-IV); and
 - Achievement/academic assessment on the Woodcock Johnson III (WJ-III), or similar, including reading, math and written language. Completed or updated within last 12 months.

Please provide complete reports from any other testing, if available:

- Speech/language evaluation
- Occupational therapy evaluation
- Other _____

SCHOOL REPORTS (To be forwarded directly to Siena by current school and teachers)

- Complete and submit *School Release Form* to current school. Ensure all requested information is forwarded to Siena.
- Provide *Teacher Evaluation* forms to two (2) current teachers. If possible, include both reading/language and math.

ADDITIONAL INFORMATION (Include, if applicable)

- Progress reports from any tutors or related services providers
- Current Individualized Education Program (IEP) or "504" plan
- Information on any medical conditions
- Submit *Provider Release Form* to all providers listed in "Service History" section of this application

FINANCIAL AID

Please note, if you wish to apply for financial aid these materials are also due at this time. Please see our website or contact the admissions office for more information.

VISITS AND INTERVIEW

The Siena School requires a parent visit. If you have not already arranged for these, please call us to schedule an appointment at (301) 592-0567 x12. After reviewing the application, we will contact you to schedule a student visit if we believe your child can be well served by our program. We may also request a parent interview to discuss the application with you further.

We/I confirm that the information in this application is accurate and complete. We/I grant permission to The Siena School to obtain any information deemed necessary to complete the application process. This includes, but is not limited to, information from previous schools, service providers or any other individuals that may have knowledge useful to the admissions process. We/I understand that false, misleading, or omitted information provided in this application may result in a denial of admission, or dismissal in the event of admission. We/I understand that all materials submitted as part of this application process become the property of The Siena School and cannot be returned.

Signature of Parent/Guardian #1 _____ Date _____

Signature of Parent/Guardian #2 _____ Date _____

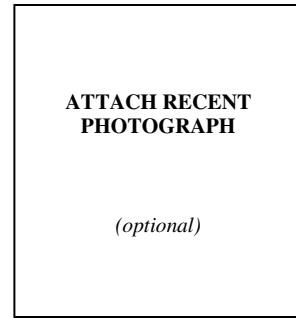
APPLICANT

Age _____ SSN _____

Date of Birth _____ Birthplace _____

Address _____
STREET APT #

_____ CITY STATE ZIP



OPTIONAL INFORMATION

The following information is optional. Providing this information helps us to complete various statistical surveys and to better understand our admissions patterns regarding diversity. Please indicate your child's racial/ethnic affiliation, if desired.

- African-American Caucasian Hawaiian/Pacific Islander Multi-Racial
- Asian-American Hispanic/Latino Middle Eastern Native American
- Other _____

PARENTS/GUARDIANS

Parent/Guardian – 1

Parent/Guardian – 2

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____
STREET APT # STREET APT #

_____ CITY STATE ZIP _____ CITY STATE ZIP

E-mail _____ E-mail _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Profession _____ Profession _____

Employer _____ Employer _____

City, State _____ City, State _____

Telephone _____ Telephone _____

Education _____ Education _____

FAMILY

The applicant's parents are:

- Married
- Partnered
- Divorced
- Separated
- Other _____

Please provide any additional information that may be helpful to understand the child's family or living arrangements:

The applicant is child # _____ of _____ children in the family. If your child was adopted, at what age? _____

Does the family speak a language other than English at home? If so, please list: _____.

Please list any siblings of the applicant

NAME	AGE	SCHOOL

SCHOOL HISTORY

Current School _____

Principal or Head of School _____ Telephone _____

Address _____
STREET CITY STATE ZIP

Prior schools attended:

SCHOOL	ADDRESS	DATES ATTENDED	GRADE(S)

EDUCATIONAL HISTORY

Please describe your child's learning difficulties and/or any diagnosed learning disabilities. Please provide as much detail as possible, including when and how any specific diagnoses were made.

Please describe your child's areas of academic strength.

Has your child ever repeated a grade? If so, please describe the reasons and which grade(s).

TESTING HISTORY

Please provide information on all professional assessments or evaluations that your child has received. For each assessment listed below, please submit a complete copy of the written report with this application.

Evaluation	Date	Evaluator	Phone
<input checked="" type="checkbox"/> Psycho-educational	_____	_____	_____
<input type="checkbox"/> Speech/Language	_____	_____	_____
<input type="checkbox"/> Occupational therapy	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Does your child have an Individualized Education Program (IEP) or “504” plan? _____ If so, please attach a copy.

SERVICE HISTORY

Please list all tutors, therapists, counselors or other professionals that have worked with your child in the last four years, either inside or outside of school. Please list the services provided, including the frequency. Please provide a copy of the Information Release Form to each provider listed below.

Provider Name / Phone	Services Provided / Frequency	Dates of Service

Please describe any concerns you have regarding your child’s social, emotional or behavioral functioning, or any past history of difficulties in these areas.

Has your child been subject to any disciplinary actions at their current or prior schools? If so, please describe.

MEDICAL HISTORY

Please briefly describe any current or prior medical conditions affecting your child, including allergies, vision and hearing.

Please list any medications your child is currently taking and the conditions for which they were prescribed.

Medication	Condition
1. _____	_____
2. _____	_____
3. _____	_____

STUDENT INFORMATION

What are your child's key personal strengths?

What organized activities, clubs, sports, lessons or other groups does your child participate in at school or in the community?

What are your child's hobbies, activities or interests, outside of the above?

What are your expectations for your child at The Siena School?

What are your expectations for your child with respect to college or university?

Please provide any additional information that you feel may be helpful in understanding your child.

REFERRALS

Please list the names of any source(s) through which you heard about The Siena School.