



Day School Program Application

Date of Application _____

FOR OFFICE USE ONLY

Date Received _____ Check Received _____

About the Student

Name _____

Primary Educational Disability

Date of Birth _____

Address _____

Secondary Educational Disability

Current School _____

Current Grade _____

Mother

Father

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Have Questions? Please contact us to get help with this process anytime: (603)964-4903 - kstaines@learningskillsacademy.org

Describe your child's educational strengths.

What does your child do for leisure activities?

Are there any medical conditions of which we should be aware?

Do you have any support with the IEP process? If so, are you using a parent advocate or an attorney?

How did you discover LSA?

Have you visited the campus?

What do you hope Learning Skills Academy will provide for your child?

With this application, please include:

- A recent photograph of your child
- The current IEP or educational plan
- All pertinent evaluations which describe your child's learning needs and strengths. These should be no more than three years old.
- A writing sample created by your child. Handwritten is preferred, but typed is acceptable. It should be a sample created with minimal assistance, not scribed, and should be reflective of the student's level of skill.

You may mail the documents, or scan and email.

By submission of this application, I authorize Learning Skills Academy to review all materials. I understand that I will be contacted if LSA needs additional information.

I understand that all materials will be destroyed at the end of the current school year.

I understand that neither this application nor any submissions will be reviewed until the non-refundable application fee of \$100 is received.

Signature(s)