

SCHOOL FOR LANGUAGE
AND COMMUNICATION DEVELOPMENT

70-24 47th Avenue, Woodside, NY 11377, www.slcd.org
(718) 476-7163, Fax: (516) 609-2017

MIDDLE SCHOOL APPLICATION GRADES 6, 7, 8

Applicant's Name _____
(Last) (First) (Middle)

Social Security # _____ Date of Birth _____

Male Female

Address _____
(Street) (Apt.)

(City) (State) (Zip)

Telephone# _____ Cell# _____

Have You Attended a School Tour? _____ When? _____

Applicant is interested in attending for the following semester:

Fall _____
year

Summer _____
year

Please submit a recent photograph of the applicant and a non-refundable \$125.00 fee.
Please make checks payable to the School for Language and Communication Development.
Reports and evaluations to be sent are detailed in the Admissions Procedure form.

Father's Name Mr./Dr. _____

Address (if different from page 1) _____

Email Address: _____

Occupation and Title _____

Employer/Business Address _____

_____ Telephone# _____

College(s) attended _____ Degree/Date _____

Secondary School _____ Degree/Date _____

Mother's Name Mrs./Ms./Dr. _____

Address (if different from page 1) _____

Email Address: _____

Occupation and Title _____

Employer/Business Address _____

_____ Telephone# _____

College(s) attended _____ Degree/Date _____

Secondary School _____ Degree/Date _____

Please check all that apply:

_____ Father or Mother Deceased _____ Separated _____ Divorced

_____ Single _____ Child is Adopted

If parents are separated or divorced:

a) Who is the child's legal guardian? _____

b) To whom should correspondence be sent? _____

Child lives with (check all that apply):

_____ Father _____ Mother _____ Stepfather _____ Stepmother

_____ Other

Names of Brothers and Sisters

Age

Present school/grade/occupation

If there are other members of the household in addition to parents and children, what is their relationship to the applicant?

Primary language of the child

Primary language spoken in the home

Name and Address of applicant's present school

Applicant's School District

School District Contact Person

Telephone#

Present elementary school attended by applicant

What grade is your child in now?

What grade will your child be entering in September?

Has your child been retained? _____. If yes, in what grade and why?

Describe your child's overall school experience.

Has your child ever been suspended from school? _____

If yes, please explain including when and why _____

Please give your evaluation of your child's school work:

- academics _____

- study & work habits _____

What do you believe are your child's greatest strengths?

What do you believe are your child's greatest challenges?

Who referred you to The School for Language and Communication Development?

Please comment briefly on your reasons for wanting your child to attend The School for Language and Communication Development.

Name and relationship of any friends/relatives who have attended SLCD.

Has your child applied to SLCD? _____ When? _____

Please check all that apply:

Has your child been under the care of or received any of the following professional evaluations?
Please indicate the date of the evaluation.

Audiologist	_____	Psychologist	_____
Speech/Language Pathologist	_____	Occupational Therapist	_____
Otolaryngologist (ENT)	_____	Physical Therapist	_____
Neurologist	_____	Psychiatrist	_____
Neuropsychologist	_____	Ophthalmologist	_____
Other	_____		

Why was your child seen? _____

Please check the appropriate column which may apply to your child:

	Yes	No		Yes	No
1. Anemia	_____	_____	10. Endocrine/hormonal	_____	_____
2. Allergies	_____	_____	11. Hyperactivity	_____	_____
3. Asthma	_____	_____	12. Sleeping Problems	_____	_____
4. Fainting	_____	_____	13. Vision Problems	_____	_____
5. Epilepsy	_____	_____	14. Wears Glasses	_____	_____
6. Convulsions	_____	_____	15. Hearing Problems	_____	_____
7. Migraine Headaches	_____	_____	16. Uses Hearing Device	_____	_____
8. Heart Problems	_____	_____	17. Physical Problems	_____	_____
9. Kidney Problems	_____	_____	18. Uses Orthopedic Device	_____	_____
			19. Other	_____	_____

Current medications used and dosage _____

How long has your child used this medication? _____

Does your child have any limitations or health problem of which the school should be aware?

Signature of Parent _____ Date _____

Please Initial : This allows SLCD to send future emails concerning our school. _____