

SCHOOL RELATED INFORMATION:

Applicant's Current School _____ Currently in Grade _____

School Address _____

School Phone _____ Principal/Contact Person _____

Teacher References: Please list the teachers to whom you are giving the Teacher Recommendation Forms.

Name _____ Address _____

Name _____ Address _____

Please comment briefly on your educational expectations for your child and the reasons for considering Morganton Day School.

Describe your child's greatest assets/strengths.

Does your child have a current IEP or 504? Yes No

Has your child received therapy or academic tutoring outside of school?
(e.g., speech/language, motor skills, other) Yes No

Has your child participated in professional counseling services? Yes No

Has medication been prescribed for attention or emotional needs? Yes No

Is your child currently receiving medication? Yes No

Has your child been suspended, expelled, or dismissed from school for any behavioral reasons? Yes No

Are there any physical limitations that might interfere with your child's ability to do school work or participate in physical activities? Yes No

Does your child have any allergies? Yes No

If you answered "Yes" to any of the above questions, please explain or share information that may help us better understand your child and his/her needs.

I wish to apply for admission of my son/daughter to Morganton Day School. Enclosed is a \$100 check for the non-refundable application fee.

Signature of Parent(s)/Guardian(s)

Date of Application

Students are admitted without regard to race, religion, sex, or national origin.