

Application for Grade Level _____

School Year _____



23092 Mill Creek Drive
Laguna Hills, CA 92653
O • 949.455.1270 F • 949.455.1271
www.newvistaschool.org

Admissions Application

Thank you for your interest in New Vista School; a Secondary Program for children on the high-functioning autism spectrum, Asperger Syndrome and children who benefit from small class size and social skill development. Please complete these forms by providing as much information as possible. Insight to your child's previous and current learning environment and learning style are crucial in determining an appropriate placement for your son/daughter. This information will assist the Admissions Committee in making the recommendations regarding your child's application.

Upon receipt of the application and required documents, the Admissions Committee will determine if New Vista School could be an appropriate placement for your child. If so, you will be contacted to schedule a tour and/or a school visit for your child. Tours of the school may be conducted with parents previous to the submission of the application. Child visitations may only occur after all information is submitted and reviewed by the Admissions Committee.

The Application and all supporting documents should be returned to:

NEW VISTA SCHOOL
23092 Mill Creek Drive
Laguna Hills, CA 92653
Attention: Admissions Coordinator

Application Checklist

Please check all documents included with your application (If not applicable, mark N/A).

- _____ Completed New Vista School Application
- _____ Report Cards for the past two academic years
- _____ Transcripts
- _____ Immunization Records or PBE/PME
- _____ Two most recent Annual IEP's and all addendums
- _____ Recent Photo of your child
- _____ \$125.00 Application Fee made payable to New Vista School

Documentation of your child's disability:

- _____ Psychological Evaluations
- _____ Educational Evaluations
- _____ AB3632 Evaluation (if any)
- _____ Speech and Language Evaluations
- _____ Occupational Therapy Evaluations
- _____ Other Evaluations (please list)

AUTHORIZATION AND AGREEMENT

"I authorize investigation of all information and statements contained in this Application for Admission to New Vista School as needed for the Admissions Committee to arrive at a decision. I agree that representation of false or misleading information given in the application or interview process may result in the reversal of decisions regarding admission. I understand that continued admission and ongoing placement requires the student to comply with all rules and regulations of New Vista School."

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



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APPLICATION FOR ADMISSION

Date of Application _____

Student Information

Name of Applicant _____
(Last) (First) (Middle)

Date of Birth _____ Age _____ Present Grade _____ Male/Female _____

Social Security Number _____ Place of Birth _____

Home Address _____
(street) (city) (state) (zip code)

Current School _____ Principal _____

Address of School _____

May we contact the school for additional information? _____ School Phone _____

Name and address of Parents or Guardians

Parent Name Parent Name

Street (if different from student's) Street (if different from student's)

City, State, Zip Code City, State, Zip Code

Home Phone Home Phone

Cell Phone Cell Phone

E-mail Address E-mail Address

Profession of Parents or Guardians

_____ Parent Profession	_____ Parent Profession
_____ Place of Employment	_____ Place of Employment
_____ Work Phone/Ext	_____ Work Phone/Ext

Name of Person that referred you to NEW VISTA SCHOOL _____

Family Information

Sibling Names, and DOB, school attending

If your child is adopted, at what age did he/she join your family? _____

Other members of the household (include age and relationship to the student)

Primary Language _____ Language spoken at home _____

(If parents are divorced or separated)

Date of separation or divorce _____ Child's Age at time of divorce _____

Current Custody Arrangement _____

Custody arrangements (please include a copy of legal custody)

Medical History and Health Information

General Health (please check one) ___Good ___Fair ___Poor

Please list any serious or chronic health problems _____

Are there any health restrictions or limitations? _____

Does the child have any allergies? (Please describe nature and severity) _____

(Please use additional paper if more space is needed to describe health/allergy concerns and attach to this application.) Additional Information attached ___Yes ___No

Medications- Is there a history of taking Medications? ___Yes ___No

Medication History and Current Information:

Medication	Start/End Date	Dosage/Times	Prescribing Dr.	Purpose

Has your child ever been hospitalized? ___Yes ___No If yes, please explain reason, child's age, duration, diagnosis, and outcome: _____

Early Development

Birth was: ___ Premature ___ Normal ___ Late Complications if any: _____

Infant Development

Developmental Milestones (age achieved) sat up _____ started walking _____
 spoke words _____ spoke in sentences _____ toilet trained _____

Infant Activity Level ___Active ___Passive ___Moderate

Infant Health ___Good ___Colic ___Feeding Problems ___Toilet Problems

Current Development

Name of Pediatrician _____ Date of last physical exam _____

Address _____ Telephone _____

Date of last eye exam _____ Name of Examiner _____ Vision Problems? Glasses?

Date of last hearing exam _____ Name of Examiner _____ Hearing Difficulties?
 Hearing Aid? Auditory Trainer?

Has your child had a neurological examination? ___ When? _____ Physician _____

Neurologist address and phone number _____

What were the results and recommendations by the neurologist? _____

School History

Name of current school Current Teacher/Program Director

Street address city state zip code

Phone Number Date Started Ending Date

Reason for seeking a new school placement _____

Current type of school: ___ Public School ___ Nonpublic school ___ Private

Current program: ___ Full Inclusion Classroom ___ Full-Inclusion with Resource Pull-out
Subjects for Pullout _____
___ Special Day Class ___ Special Day Class with Mainstreaming
Subjects for Mainstreaming _____
___ Home Schooling

Current Educational Concerns (Difficulty in the following areas):
___ Reading ___ Spelling ___ School Attendance ___ Abstract Concepts ___ Handwriting
___ Mathematics ___ Maintaining Attention ___ Organization (homework/assignment completion)

Other (please specify) _____

Previous Schools Attended:

School Address Dates/Grades Attended

Profile

What are your child's educational strengths? _____

What does your child like about school? _____

What has he/she disliked about school? _____

When were you first aware of your child's learning challenges? _____

History of Evaluations and Interventions

Diagnosis

Does your child currently have a diagnosis? ___Yes ___No

If yes, who diagnosed your child?

Name of Examiner School District/Agency/Private Psychologist Phone Number

Date of Diagnosis _____

Why did you seek this evaluation? _____

Please provide dates of previous Psychoeducational testing _____

Diagnosis _____

Interventions (please answer if your child has received these services)

1. Speech and Language* Date Last Assessed for these services _____
Name and Telephone Number of Provider _____
Intervention Goals _____

2. Occupational Therapy* Date Last Assessed for these services _____
Name and Telephone Number of Provider _____
Intervention Goals _____

3. Counseling Date Last Assessed for these services _____
Name and Telephone Number of Provider _____
Intervention Goals _____

4. Educational Therapy or Tutoring* Date Last Assessed for these services _____
Name and Telephone Number of Provider _____
Intervention Goals _____

***Please attach any assessments completed by the specialist listed above and any additional assessment information that will assist us in developing a learning profile for your child.**

Use the space below to share information about any additional interventions over the past three years and please include the name of the provider/agency and the dates. Please comment on why services were discontinued.

General Information

1. What are your child's personal strengths? _____

2. What are your child's favorites hobbies, games, sports, and activities? _____

3. In what extracurricular or organized group activities does your child participate? _____

4. Does your child have difficulty in developing and maintaining social relationships? _____

Please describe: _____

5. Describe your child's social relationships at home and school:

Home _____

School _____

6. Please describe any concerns you have about your child's social, emotional, or behavioral functioning? _____

7. Have any attention or behavior concerns been brought to your attention by school personnel? _____

8. Please share any additional information that you would like to share and would be of assistance in our evaluation of your child. _____

Application Completed by _____
Parent or Guardian

_____ Date

Attach a recent small photo of your child (head and shoulders) to the application and enclose a \$125.00 Application Processing fee. Please make the check payable to New Vista School.

The New Vista School Admissions Committee requests that all copies of the most recent school reports, Psychoeducational evaluations, IEP's (if any), and assessments listed be included with the application. It is the parent's responsibility to obtain copies of all reports and forward them to New Vista.

New Vista School admits students from any racial, ethnic, or religious background. Equal consideration is applied to all applications submitted.