



ST. URSULA VILLA
SUPPLEMENTAL STUDENT APPLICATION

The St. Ursula Villa administration, faculty and staff are dedicated to the education and development of the whole child and the success of each student in our school community.

The following information will assist the school staff to provide for your child appropriate academic placement and any services he/she may need if accepted at St. Ursula Villa. Disclosure of special needs or testing will not negate acceptance of your child, but will ensure that the school will be able to meet the needs of your son/daughter.

Name of applicant _____

Applying for school year 20____ to 20____

Grade/Program (circle one): Preschool Kindergarten 1 2 3 4 5 6 7 8

If applying for grades one through eight, what school is the student currently attending?

Is returning to the current school an option? _____

May we contact this school to request additional information? _____

Did your child receive Early Intervention Services or has it ever been recommended that your child receive an educational or developmental evaluation? _____

Has the applicant ever received educational/developmental testing? _____
(If yes, continue with A, B, and C. Please note, a copy of this testing/evaluation must be available for review before acceptance.)

A. Who made the testing referral? _____

B. When was the testing done and by whom? _____

C. Does the applicant have a current Individualized Education Plan (ISP for nonpublic schools), a 504 Plan (an accommodation form for nonpublic schools)? _____
(If yes, a copy of these documents **must** be available for review before acceptance.)

Has the applicant previously had an IEP, ISP, 504 Plan or an accommodation plan? _____

If yes, why is this documentation not currently in place at this time?

What extra services, such as remedial reading, learning disabilities tutoring, Orton-Gillingham tutoring, speech and language support, occupational therapy, organizational support, does your child currently receive?

What extra services, such as those listed above, do you want to receive for your child at St. Ursula Villa?

Please list any medical or physical condition that may impact this child's learning. This would include allergies, ADD, ADHD, headaches, etc.

Has your child ever had ear tubes? _____ When? _____

Please list other information about the applicant that will assist the school to meet his/her needs:

What do you see as your child's strengths?

What does your child find challenging or difficult?

What do you and your child expect from your experience at St. Ursula Villa?

Name and ages of siblings not attending St. Ursula Villa:

Name

Age

Thank you for providing complete and accurate information about your child, as the school administration and staff recognize that each student at St. Ursula Villa is unique and has unique strengths and needs.

Failure to provide the school with requested information could result in inappropriate placement and may negate acceptance at St. Ursula Villa.

Parent Signature

Date