



APPLICATION FOR ADMISSION

Once you have contacted the school, spoken with our therapeutic staff, visited the school and met our head of school, you may submit an application. Application is to be completed by parent or guardian. (All information is confidential). Please download the PDF, fill out the application and submit either by email or in person.

- Please include the applicant's current educational records, IEP, educational psychological evaluation, any recent therapy notes, teacher notes, etc to CPS. *Please note a psychological evaluation must be no more than three years old.
- We would appreciate having test results or any information your physician and or specialists might wish to send us.
- Please include a picture of your child with your application.
- Both parents/guardians must sign the application.
- A \$100 non refundable processing fee is required. Please make checks payable to Cornerstone Prep School or pay by Paypal or Venmo below.



venmo

NEW STUDENT INFORMATION

Date of Application

New Student Last name

First name

M.I

Preferred Name

Date of Birth

Current Age

Home Address

City

State

Zip Code

County

Contact Phone

Gender: Male

Female

Are both parents living?

No?

Yes?

Divorced?

No?

Yes?

Separated?

No?

Yes?

MEDICAL INFORMATION

Child's Pediatrician

Pediatrician's Address

Date of Last Visit?

Any Diagnoses?

Any Other Medical Conditions?

Has your child been seen by a psychologist//psychiatrist/social worker for behavior management?

Yes No

If Yes, Please Explain _____

Doctor Name (Psychologist, Psychiatrist, Social Worker)

Doctor's Address

Doctor's Phone

Has your child been seen by a developmental pediatrician, endocrinologist or neurologist?

Yes No

If Yes, Please Explain _____

Doctor Name (developmental pediatrician, endocrinologist and/or neurologist)

Doctor's Address

Doctor's Phone

Is your child currently taking any medications/supplements?

Medication

Dose

Frequency

Medication

Dose

Frequency

Medication

Dose

Frequency

Medication	Dose	Frequency
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Known Allergies and Reactions? (please note we are **NOT** a nut free facility)

Hearing Screen: _____ Pass Fail
Date

Concerns

Vision Screen: _____ Pass Fail
Date

Concerns

Is your child on a special diet? Yes No

If yes, please explain.

Is your child independent in his/her bathroom needs? Yes No

If not, please explain.

Prenatal and Birth History

During the pregnancy, did the mother experience any unusual illness, condition or accident, such as German measles, Rh incompatibility, false labor, etc? Yes No

If yes, please explain.

Were there any problems with delivery such as a breech birth, Cesarean, etc? Yes No

If yes, please explain.

Child's birth weight: _____

Did the infant have sucking/swallowing difficulty? Yes No

Did the infant have feeding problems? Yes No

Did the infant have other problems? Yes No

If yes, please explain.

Was infant blue? Yes No

Did infant have seizures? Yes No

Brief Developmental History

Did your child have any difficulty:

Nursing or taking a bottle? Yes No

Eating solid foods? Yes No

Chewing, swallowing or clearing food from mouth? Yes No

Tolerating a variety of food textures and tastes? Yes No

Approximate age when your child:

Said first words? _____

Combined two or more words? _____

Began to crawl? _____

Walked without assistance? _____

Slept through the night? _____

Toilet trained at what age? (Day) _____ (Night) _____

Can dress him/herself (except for tying?) Yes No

Managed snaps, zippers & buttons? Yes No

Tie Shoes? Yes No

Draw shapes/write letters? Yes No

Skip? Yes No

Hop on one foot? Yes No

Cut with scissors? Yes No

Fall or lose balance easily? Yes No

Ride a bicycle? Yes No

Does your child have any difficulty tolerating?

Being touched or hugged? Yes No

Having hair groomed? Yes No

Brushing teeth? Yes No

Loud Noises? Yes No

Certain specific noises? Yes No If yes, please explain. _____

Does your child seem to have trouble understanding/following directions? Yes No

Does your child stutter (get stuck on words, repeat words, restart sentences)? Yes No

How long does your child sustain attention to school related tasks?

5-10 min 10-15 min 15-30 min 45+ min

Therapeutic Information

Does your child currently receive therapy?

Yes No

-Select all that apply-

OT PT SLP Other (_____)

***If yes, please attach a copy of the evaluation with this application.**

Has your child ever received therapy?

Yes No

-Select all that apply-

OT PT SLP Other (_____)

Please list any therapies your child has participated in:

Speech OT Sensory Integration PT Vision Therapy

Feeding Therapy Other

Clinic or Practitioner	From/To	Reason Left

Social Emotional History

Describe how your child interacts with you.

Describe how your child interacts with siblings.

Describe how your child interacts with peers.

What are your child's favorite activities/topics of interest?

What happens when your child is upset? What do you typically see?

What does your child do to calm him/herself?

Does your child exhibit aggressive behavior? If yes, please describe.

Is your child supported by a behavior plan at school or home? If so, please describe.

What does your child's typical school day look like?

Does your child exhibit anxiety? If yes, please describe.

Please describe how your child makes transitions between people, activities, or environment (please include independence with transitions, need for transitional objects, or advance preparation about schedule changes)

BEHAVIORAL CHECKLIST

Please check any of the following behaviors your child exhibits. Please rate with the following scale:

0 = Never	1 = Sometimes	2 = Often	3 = Always
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BEHAVIOR	RATING	BEHAVIOR	RATING
Bullies/Threatens Others		Uses Bad Language	
Sensitive Hearing		Passive	
Touchy/Easily Annoyed		Fearful/Worrisome	
Compliant		Friendly/Caring	
Anxious		Self Abusive	
Easily Frustrated		Eager To Please	
Impulsive		Defiant	
Quiet/Shy		Manipulative	
Talkative		Transition Issues	
Crying Spells		Helpful	
Dishonest		Confident	
Can Work Independently		Easily Distracted	
Tics		Short Attention Span	
Hyperactive		Team Player	
Aggressive		Can't Sit Still/Fidgets	
Doesn't Like Authority		Control Issues	
Temper Tantrums		Screams	
Runs Away		Oblivious	
Likes To Work Alone		Flexible	
Disrespectful/Talks Back		Stimming Behaviors	
Perfectionist		Demonstrates Self Control	
Fearless		Is Physical With Others	

EDUCATION HISTORY

Name of Current School

Address

City

State

Zip

Dates of Attendance

Grade

Type of Classroom

Does/Did your child receive any supportive services (tutoring, OT, counseling, other)?

Yes No

If yes, please describe. _____

Reason for Leaving?

School #2

Name of Previous School

Address

City

State

Zip

Dates of Attendance

Grade

Type of Classroom

Does/Did your child receive any supportive services (tutoring, OT, counseling, other)?

Yes No

If yes, please describe. _____

Reason for Leaving?

School #3

Name of Current School

Address

City

State

Zip

Dates of Attendance

Grade

Type of Classroom

Does/Did your child receive any supportive services (tutoring, OT, counseling, other)?

Yes No

If yes, please describe. _____

Reason for Leaving?

What are you looking for in a school for your child?

If applicable, describe your child's reading level, decoding skills, fluency, comprehension, and reading awareness.

If applicable, describe your child's math level, understanding of basic concepts, rote skills.

HOUSEHOLD INFORMATION

Parent 1 Information

Parent 1 Name

Parent 1 Address (If different from student)

City

State

Zip

County

Contact Phone

E-mail

Occupation

Place of Employment

Custodial Rights?
 Yes No

Financial Responsibility?
 Yes No

Receive Correspondence?
 Yes No

Marital Status?

- Married Separated Divorced Remarried Single

Relationship to Applicant _____

Parent 2 Information

Parent 2 Name _____

Parent 2 Address (If different from student) _____

City _____ State _____ Zip _____

County _____

Contact Phone _____ E-mail _____

Occupation _____ Place of Employment _____

Custodial Rights?

- Yes No

Financial Responsibility?

- Yes No

Receive Correspondence?

- Yes No

Marital Status?

- Married Separated Divorced Remarried Single

Relationship to Applicant _____

Sibling Information

Any Siblings?

- Yes No

of siblings

- 1 2 3 Other (____)

Sibling 1 Name _____ Age _____ Grade/School _____

Sibling 2 Name _____ Age _____ Grade/School _____

Sibling 3 Name

Age

Grade/School

Procedures and Policies for application to Cornerstone Preparatory School for Therapeutic Education

Please complete the following form in its entirety, so that we may begin your child's admission here at Cornerstone Preparatory School for Therapeutic Education (CPS).

1. Parent(s) of applicant have visited the school.
2. CPS has received a completed application.
3. CPS has received a non-refundable processing fee of \$100.
4. CPS has received a psychological evaluation (required) no more than three years old. If there are no comprehensive psychological reports from the past three years, CPS reserves the right to ask an applicant to acquire a psychological evaluation.
5. CPS welcomes other assessment reports from additional therapists and/or most recent school/teacher.
6. CPS reserves the right to ask for additional visits before making a determination regarding the applicant's admission.

Once all items are received from the applicant, the review process will begin. Our therapeutic staff and head of school will determine if your child is an appropriate fit for Cornerstone Preparatory School for Therapeutic Education (CPS) and whether CPS can meet your child's needs. If we determine your child may be a good fit then a shadow day will be scheduled. We will contact parents within a week of the shadow day with a decision. If admitted, parents will be offered a contract committing to enrollment for the entirety of the academic year. If you are applying mid year, contract dates will reflect the student's start date and end of the school year date. Tuition will be pro-rated.

Cornerstone Preparatory School for Therapeutic Education will notify parents of acceptance into the program. Parents will then be required to send in the tuition deposit of \$2,500 (non-refundable) within 10 days to secure their child's placement into the program.

Procedures and Policies for application to Cornerstone Preparatory School for Therapeutic Education

Cornerstone Preparatory School for Therapeutic Education admits students of any race, creed, or national and ethnic origin to all the rights and privileges, programs and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, creed, color, or national and ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs.

I certify that the information contained in this application is complete and accurate to the best of my knowledge.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date