

# miriam

THE LEARNING DISABILITY EXPERTS

Date submitted \_\_\_\_\_

### Applying for:

Miriam School (Grades PreK - 8)

Miriam Academy (Grades 9 - 12)

## Student Information

Child's name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Current School \_\_\_\_\_

Home Public School and Home Public School District \_\_\_\_\_

## Family Information

Mother's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address/City/State/Zip (if different from child) \_\_\_\_\_

Address/City/State/Zip (if different from child) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Title \_\_\_\_\_ Full-time Part-time

Title \_\_\_\_\_ Full-time Part-time

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Degrees obtained \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Degrees obtained \_\_\_\_\_

Parents are: Married Separated Divorced **With whom is the child currently living?** \_\_\_\_\_

Are there step-parents in either home? YES NO **If yes, please fill out:**

**Please list siblings:**

Step-parent Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name Sex Age Grade Learning Issues?

Address/City/State/Zip (if different from child) \_\_\_\_\_

\_\_\_\_\_ Yes No

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Yes No

Email address \_\_\_\_\_

\_\_\_\_\_ Yes No

Place of Employment \_\_\_\_\_

\_\_\_\_\_ Yes No

Title \_\_\_\_\_ Full-time Part-time

**Please list members of household other than parents and siblings:**

Business Phone \_\_\_\_\_

\_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Degrees obtained \_\_\_\_\_

**Have parents or siblings been diagnosed with any learning, emotional or physical disabilities? If so, please list:** \_\_\_\_\_

How long has step-parent lived with child? \_\_\_\_\_

\_\_\_\_\_

**Has mother worked since child was born?** Yes No

**Who cares for the child while mother works?** \_\_\_\_\_

**Is a second language spoken in the home?** \_\_\_\_\_

# Developmental & Medical History

Please indicate at what age your child attained the following stages of development.

Sat alone \_\_\_\_\_ Walked alone \_\_\_\_\_ Spoke single word \_\_\_\_\_ Complete sentence \_\_\_\_\_ Spoke clearly \_\_\_\_\_

Toilet trained (bladder): Began \_\_\_\_\_ Completed \_\_\_\_\_ Are there ongoing concerns during the: DAY NIGHT NO CONCERNS (circle one)

Toilet trained (bowel): Began \_\_\_\_\_ Completed \_\_\_\_\_ Are there ongoing concerns during the: DAY NIGHT NO CONCERNS (circle one)

Has your child ever had or does he/she currently have any of the following? Check all that apply and explain circumstances, including age, below.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Food Allergies                          | <input type="checkbox"/> Sleeping disturbances                   | <input type="checkbox"/> Asthma                                    |
| <input type="checkbox"/> Seizures or convulsions                 | <input type="checkbox"/> Chronic ear infections or tubes in ears | <input type="checkbox"/> Serious illnesses, accidents, or injuries |
| <input type="checkbox"/> Anxiety/depression/mental health issues | <input type="checkbox"/> Physical abnormalities                  | <input type="checkbox"/> Prolonged hospital stay or operations     |

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At what age did you first become concerned about your child's development? \_\_\_\_\_

Is the child adopted? YES NO Domestic or International? \_\_\_\_\_ Age at final adoption \_\_\_\_\_ Is the child aware? YES NO

Please share any information that may be helpful regarding the adoption as well as any known prior medical/developmental history: \_\_\_\_\_

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Is your child currently taking any medication? YES NO Please indicate the name, dosage/frequency and reason for administration below.

School medication: \_\_\_\_\_

Home medication: \_\_\_\_\_

# Social & Emotional Development

Describe your child's relationships with adults. Please include information about family and non-family members including teachers, coaches, etc.

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Describe your child's relationships with other children. Please include information about both peers and siblings.

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Describe any unusual behaviors, fears, or habits your child exhibits.

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# Educational History

Please list all schools the child has attended, including preschools.

Dates of Attendance	Name of School	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever repeated a grade? YES NO If so, which grade(s)? \_\_\_\_\_ Does your child currently have an IEP? YES NO

Please briefly explain the history of your child's learning difficulties and any current accommodations or services your child receives \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Previous Evaluations & Treatments

Please list all previous psychological/educational testing your child has received.

Public School District/Private Organization Name	Evaluation Dates	Results/Diagnosis
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all previous medical evaluations/treatments your child has received.

Name of Professional	Treatment Dates	Results/Diagnosis
Psychologist	_____	_____
Neurologist	_____	_____
Psychiatrist	_____	_____
Speech/Language Therapist	_____	_____
Occupational Therapist	_____	_____
_____	_____	_____
_____	_____	_____

If your child is receiving ongoing therapy or counseling from a private organization or therapist please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your goals for your child during their time at Miriam School/Academy:

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Who referred you to Miriam School/Academy? \_\_\_\_\_

Is tuition assistance needed for your child to attend Miriam School or Miriam Academy?  YES  NO

The tuition assistance application process begins once a student has been formally accepted into the Miriam School/Academy program. At that time families who request tuition assistance information will receive information outlining the process. Admissions decisions are made independently of requests for tuition assistance and indicating a need for tuition assistance does not affect student's admission into the program.

**Please review the following statements and sign below.**

In submitting this application to Miriam School and Miriam Academy we certify that the information included is full and complete. We understand that any false, omitted, misleading, or incomplete information is cause to dismiss this application. We also waive the right to view the documents included in the admission file and understand that these documents will not be returned. We understand that an application to Miriam School and Miriam Academy does not guarantee acceptance to the program and that admissions decisions are made based on a wide range of considerations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Application for admission and tuition assistance are considered without regard to race, sex, age, religion, or ethnic origin.  
***All information will be kept confidential and used solely for the purpose of admission.***

**Applications will be considered throughout the school year once the following information has been received:**

- Completed Miriam Application
- Signed Intake Release Forms
- Current Evaluation and IEP (*Both school and private*)
- Most Recent Academic Report Card
- Student Reflection Questionnaire (*Miriam Academy only*)
- Teacher Recommendation Form (*Miriam Academy only*)
- \$65.00 Non-refundable Application Fee
- Student Photo

**Mail your completed application to:**

Miriam: The Learning Disability Experts | Attn: Admissions | 501 Bacon Avenue | St. Louis, MO 63119

