



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 _____ Applying for 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 _____

_____ Full-time Part-time
Title

_____ Full-time Part-time
Title

Business Phone _____

Business Phone _____

Highest Grade Completed _____ Degrees obtained _____

Highest Grade Completed _____ Degrees obtained _____

Parents are: Married Partnered Single Parent Separated Divorced

With whom is the child 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?
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No

Address/City/State/Zip (if different from child) _____

Please list members of household other than parents and siblings:

Cell Phone _____ Home Phone _____

Email address _____

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

Place of Employment _____

_____ Full-time Part-time
Title

Business Phone _____

Please list any second languages spoken in the home: _____

Highest Grade Completed _____ Degrees obtained _____

How long has step-parent lived with child? _____

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.

- Food Allergies
- Seizures or convulsions
- Anxiety/depression/mental health issues

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

Is your 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: _____

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.

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

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

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 _____

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:

How did you first hear about Miriam School/Academy? _____

Does your family plan to apply for variable tuition in order for your student to attend Miriam School or Miriam Academy?

YES **NO**

The variable tuition application process begins once a student visit has been scheduled. At that time families who wish to request variable tuition will receive information outlining the process. Admissions decisions are made independently of application for variable tuition and indicating a need for variable tuition 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 admissions and variable tuition are considered without regard to race, color, religion, national origin, sex, age, sexual orientation, or any other status protected by existing state or federal law or regulations.

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 Evaluations and IEPs (*Both school and private*)
- Most Recent Academic Report Card
- \$65.00 Non-refundable Application Fee
- Student Photo

Mail your completed application to:

For Grades PreK - 8: Miriam School | 501 Bacon Avenue | St. Louis, MO | 63119

For Grades 9 - 12: Miriam Academy | 2845 North Ballas Road | St. Louis, MO | 63131

