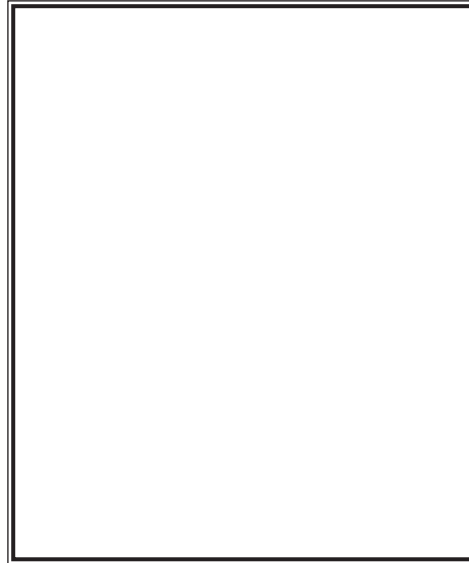




APPLICATION FOR ADMISSION

Kleine Kinder and Kinder Schule

Please paste a recent photo of your child here.



A non-refundable \$150 application fee is to be submitted with this packet. Application must be complete to be reviewed by the admissions committee. You will be contacted by the school office within ten working days.

First time applicant Desired Start Date _____

Currently enrolled at: Aliso Manzanita Willowbrook Other _____

Name of Student _____ DOB _____

Male Female School year _____

Primary Phone _____

Please let us know the schedule for which you would like to sign up your child:

5 days per week Hours: ____ to ____

Monday/Wednesday/Friday Hours: ____ to ____

Tuesday/Thursday Hours: ____ to ____

By signing below, I understand and agree that the required \$ 150 application fee I paid is non-refundable.

Signature

Date

Family Information

Parent/Guardian _____

Relationship to child _____

Home Address _____

Mailing Address (if different) _____

Email _____

Primary phone _____ Home Cell

Secondary phone _____ Home Cell

Employer _____

Occupation _____

Business phone _____

Parent/Guardian _____

Relationship to child _____

Occupation _____

Business phone _____

Cell Phone _____

Email _____

Parent/Guardian _____

Relationship to child _____

Home Address _____

Mailing Address (if Different) _____

Email _____

Primary phone _____ Home Cell

Secondary phone _____ Home Cell

Employer _____

Occupation _____

Business phone _____

Parent/Guardian _____

Relationship to child _____

Occupation _____

Business phone _____

Cell Phone _____

Email _____

Tuition to be the responsibility of: _____

Marital Status of Parents Married Separated Divorced Other

If other, please explain _____

Father Remarried Father Deceased Mother Remarried Mother Deceased

Is your child adopted? Yes No If so, at what age? _____

Child lives with _____

Custody/Visitation arrangements (if applicable, provide a copy of the agreement) _____

Describe the child's daily living arrangement: _____

Language(s) spoken at home: _____

Siblings of applicant:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Are you applying to Anneliese Schools for any of the above Siblings? Yes No

If yes, which child(ren)? _____

Has your family previously applied to Anneliese Schools? Yes No

Did your family leave Anneliese Schools previously and if so, please describe the circumstances.

If you have left, or are leaving your previous school or child care facility, please explain the reasons for your move:

N/A (Currently an Anneliese student)

Academic History

Please list all previous schooling, beginning with the most recent.

Current School/Child Care Facility _____ Years attended _____

Address _____ Phone _____

School/Child Care Facility _____ Years attended _____

School/Child Care Facility _____ Years attended _____

Academic strengths: _____

Academic challenges: _____

Sports programs: _____

Private lessons: _____

Musical instrument: _____

Foreign Languages: _____

Please answer the questions below to tell us more about your child:

Scale	Never	Seldom	Occasionally	Usually	Always
1. Has difficulty attending/concentrating based on age appropriate expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is challenged by making new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prefers playing alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Behaves in self-confident manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is able to regulate emotions / self sooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appears sensitive to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is a risk taker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is challenged adjusting to new environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have comments on any of the above? _____

In a paragraph or so, please create for us an image of your child that helps us understand who your child is as a person. Please include strengths, challenges, coping skills, preferences, and most importantly, the things that make your child unique, special and an attribute to Anneliese Schools. You may use a separate piece of paper if you require more space.

Home life

Child's bedtime: _____ wakes at: _____

Allergies or dietary restrictions: _____

How do you handle behavioral problems at home? _____

Fears or special needs: _____

What motivates and inspires your child? _____

Please indicate the amount of screen time your child gets daily. "Screen-time" includes television, computer, DVD, gaming, or handheld electronics.

Average daily hours of screen-time: _____

Average weekend hours of screen-time: _____

Does your child have any of the following in his/her bedroom?

TV VCR/DVD CD/Tape Player or Radio Computer Video Game Console

How did you first hear about Anneliese Schools? _____

If you are not currently enrolled, are you acquainted with anyone at the school? _____

Why have you chosen Anneliese Schools? _____

What are your educational goals for your child and how are they compatible with the Anneliese philosophy?

Describe your family values and what you enjoy doing collectively as a family: _____

Would you be interested in volunteering with the Anneliese Community? If so, in what ways?

To what grade do you plan on continuing your child's enrollment at Anneliese Schools? _____

Has your child ever received an IEP (Individual Educational Plan) or private education/developmental assessment? Yes No

Does your child have any academic, emotional, physical or medical challenges? Yes No

Please indicate if your child has participated in any of the following:

- Educational testing Hearing testing Tutoring (subject _____)
- Medical diagnosis Speech therapy Vision testing Psychological evaluation
- Other please specify _____

Describe any treatments, therapies, tutoring, counseling or programs in which your child participates.

Please attach copies of the following

- Relevant reports and diagnoses
 - Results from assessments
 - Recent progress report from your current school (if not currently enrolled at Anneliese Schools)
- Most recent report card (grade school only)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Office Use Only

Date/time received: _____ Received by: _____

Fees received: _____ Check No.: _____

Visitation Dates: _____

Application Approved by: _____ Date: _____ Assessment: yes no

Request for Release of Student Records

Student's Name _____ Birth date _____

Name of Previous School _____

Address _____ City _____ State/Zip _____

Phone _____ Fax _____

Please release the following information on the above named student to Anneliese Schools:

- Cumulative Record
- Standardized Achievement
- Health File
- Confidential Records (Standardized Intelligence Tests, Mentally Gifted Minor Testing, etc.)

Please mail or fax requested information to the campus indicated below.

**Anneliese Schools
Manzanita Campus**
758 Manzanita Drive
Laguna Beach, CA 92651
Ph: (949) 494-7388
Fax: (949) 376-9877

**Anneliese Schools
Willowbrook Campus**
20062 Laguna Canyon Rd
Laguna Beach, CA 92651
Ph: (949) 497-8310
Fax: (949) 497-7332

**Anneliese Schools
Aliso Campus**
21542 Wesley Drive
Laguna Beach, CA 92651
Ph: (949) 499-5527
Fax: (949) 499-2331

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974.

Teacher recommendation form to be given to previous teacher: _____

at _____

Parent/Guardian Signature _____ Date _____