

The Sequoia Village Schoolhouse

Admissions Process & Application Information

Getting Started:

SVS accepts applications year-round. To get started, please schedule a tour of our school, then submit an application with accompanying documentation. After we have reviewed your application, we will schedule a Visiting Day for your child.

Please Submit:

<input type="checkbox"/>	Completed Application Form	<input type="checkbox"/>	Current or 'Frozen' IEP
<input type="checkbox"/>	Non-Refundable Application Fee \$75 (make check payable to SV Schoolhouse)	<input type="checkbox"/>	Neuropsychological evaluation*
<input type="checkbox"/>	Confidential Student Evaluation Form, completed by child's current teachers	<input type="checkbox"/>	Psychological educational evaluation*
<input type="checkbox"/>	Current Immunization Record	<input type="checkbox"/>	Occupational Therapy evaluation*
<input type="checkbox"/>	Most recent report card/progress report	<input type="checkbox"/>	Speech Therapy evaluation*
<input type="checkbox"/>	Release & Exchange of Information		* if applicable

Agreement:

I understand that acceptance depends on references, student and family compatibility, and available space in each program.

I understand that both parties can deny acceptance, and that the \$75.00 non-refundable fee will not be returned.

I understand that The Sequoia Village Schoolhouse will contact the listed people under references and ask questions in regards to both child and family compatibility with their program.

I understand that The Sequoia Village Schoolhouse will keep all information on the following forms confidential, unless physically and/or emotionally harmful information is disclosed that deems a child in immediate danger.

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

The Sequoia Village Schoolhouse

Student Information:

Student name: _____
Last First Middle

Date of Birth: _____ Has your child repeated a grade? yes/no
month / day / year

Current School: _____ Current Grade: _____

Home Address: _____
Street City State Zip

Given diagnosis: _____

Medical condition or daily medication: _____

Family Information:

Parent/Legal Guardian: _____
Last name First name

Home Address: _____
Street City State Zip

Cellphone #: () _____ Daytime phone #: () _____

Email Address: _____

Preferred method of contact : phone / email

Parent/Legal Guardian: _____
Last name First name

Home Address: _____
Street City State Zip

Cellphone #: () _____ Daytime phone #: () _____

Email Address: _____

Preferred method of contact : phone / email

The Sequoia Village Schoolhouse

Student Educational History:

Last school attended: _____ Dates attended: _____

Address: _____
Street City State Zip

Phone: () _____

School Program: Mainstream classroom Special Day Class Resource Program

Grade Completed: _____

Reason for Leaving: _____

Supplemental services or therapies provided by school and/or parents:

Student's Social Abilities:

Please rate your child's abilities on a scale of 1-5.

1: Severe Area of Need 2: Area of Need 3: Area of Concern

4: Sometimes an Area of Concern 5: Not an Area of Concern

<input type="checkbox"/>	Participating in a Large Group
<input type="checkbox"/>	Adapting to New Situations
<input type="checkbox"/>	Participating in a Small Group
<input type="checkbox"/>	Initiating play
<input type="checkbox"/>	Asking For Help
<input type="checkbox"/>	Understanding Other Feelings
<input type="checkbox"/>	Interest in friendships
<input type="checkbox"/>	Flexible with Sudden Changes
<input type="checkbox"/>	Reading Facial Expressions
<input type="checkbox"/>	Making Eye Contact
<input type="checkbox"/>	Listening

<input type="checkbox"/>	Personal Problem Solving
<input type="checkbox"/>	Understanding One's Actions Affect Others
<input type="checkbox"/>	Back and Forth Conversations
<input type="checkbox"/>	Showing Empathy
<input type="checkbox"/>	Play Skills
<input type="checkbox"/>	Understanding Personal Space
<input type="checkbox"/>	Expressing Emotions
<input type="checkbox"/>	Transitions
<input type="checkbox"/>	Reading Body Language
<input type="checkbox"/>	Controlling Impulses
<input type="checkbox"/>	

The Sequoia Village Schoolhouse

Release & Exchange of Information:

I give permission for any representative of The Sequoia Village Schoolhouse staff to speak with the following persons (educator, administrator, psychologist, consultant, resource specialist, etc.) regarding my child.

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Help us get to know you!

Kindly attach a photo of your child and a description of your family. Include information about your child's personality and interests. Describe your child's strengths, as well as any challenges associated with academics or socialization. What are your goals, hopes and dreams for your child? Include any additional information about your child, the more details the better!

Contact Us:

Direct all questions or concerns to:

Sara Oletti, Executive Director
soletti@svschoolhouse.com Application for Admission
1438 38th Ave SF CA 94122

Internal use only:

Reviewed by: _____

Visit date: _____

A/D: _____

Deposit: _____

The Sequoia Village Schoolhouse

References:

Please list two personal and/or professional references that can speak on behalf of your child, and your involvement in your child's education.

I, _____ give permission

PRINT PARENT NAME

for any representative of The Sequoia Village Schoolhouse to speak with the following persons in regards to my child, and our families involvement in their education.

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

NAME: _____

RELATIONSHIP TO PERSON: _____

HOW LONG HAS THIS PERSON KNOWN YOUR FAMILY? _____

PHONE NUMBER: _____

EMAIL: _____

NAME: _____

RELATIONSHIP TO PERSON: _____

HOW LONG HAS THIS PERSON KNOWN YOUR FAMILY? _____

PHONE NUMBER: _____

EMAIL: _____