



ST. URSULA VILLA

SUPPLEMENTAL STUDENT APPLICATION

The St. Ursula Villa administration, faculty, and staff are dedicated to the development and education of the whole child and the success of each student in our school community. The below information will assist the school staff in determining your child's appropriate academic placement and any services he/she may need if accepted at St. Ursula Villa.

Name of applicant _____

Applying for school year 20 ____ - 20 ____

Grade/Program (circle one): Preschool Kindergarten 1 2 3 4 5 6 7 8

What school/preschool does the student currently attend? _____

Is returning to the current school an option? _____

May we contact this school to request additional information? _____

Did your child receive Early Intervention Services or has it ever been recommended that your child receive an educational or developmental evaluation? _____

Has the applicant ever received educational/developmental testing? _____
(If yes, continue with A, B, and C. Please note: a copy of this testing/evaluation must be reviewed before acceptance.)

A. Who made the testing referral? _____

B. When was the testing done and by whom? _____

C. Does the applicant have a current Individualized Education Plan (ISP for nonpublic schools), a 504 Plan (an accommodation form for nonpublic schools)? _____
(If yes, a copy of these documents **must** be reviewed before acceptance.)

Has the applicant previously had an IEP, ISP, 504 Plan or an accommodation plan? _____

If yes, why is this documentation not currently in place at this time?

What extra services (remedial reading, learning disabilities tutoring, Orton-Gillingham tutoring, speech and language support, occupational therapy, organizational support, ELL services) does your child currently receive?

What extra services, such as those listed above, would you hope for your child to receive at St. Ursula Villa?

Is a language other than English spoken in your home? _____

Please list any medical or physical conditions that may impact this child's learning – including allergies, ADD, ADHD, headaches, etc.

Has your child ever had ear tubes? _____ When? _____

Please list other information about the applicant that will assist the school to meet his/her needs.

What do you see as your child's strengths?

What does your child find challenging or difficult?

What do you and your child expect from your experience at St. Ursula Villa?

Name and ages of siblings not attending St. Ursula Villa:

Name	Age
_____	_____
_____	_____

Thank you for providing complete and accurate information about your child. The St. Ursula Villa administration and staff recognize that each student at St. Ursula Villa has unique strengths and needs.

Failure to provide the school with requested information could result in inappropriate placement and may negate acceptance at St. Ursula Villa.

Parent Signature

Date