
Phone Number

Email Address

Home Address (if the same as Mother/Guardian write "Same Address")

Occupation

Employer

Primary Insurance

Policy Holder

Policy Name

Policy Number

Group Number

Siblings/Extended Family

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

Additional Student Information

Current Services/Therapies (include days and times):

Any medications (please be specific):

Allergies:

What are some activities your child likes:

What are some activities your child tries to avoid:

What are some toys your child likes:

Does your child have other interests we should be aware of:

Any special diet or diet restrictions:

What are their most preferred foods:

What foods do they not like:

What are your primary concerns related to your child's education at this time:

What are some things you would like to see for your child in the next year:

What are some long-term goals you would like to see achieved for your child:

Is there any other information that you think we should know about your child to support him/her:

Please include any relevant academic and/or therapeutic assessments when submitting application.

Parent/Guardian Signature

Date

Print Name

Please send the completed application to Dawn@themadroneschool.org

Submission of an application does not guarantee placement at the Madrone School. Review of assessments, confirmation of insurance (or alternative funding sources), and meeting with the family and potential student by the intake team will take place before confirmation of placement can occur.

The Madrone School does not discriminate on the basis of race, sex, color, or national/ethnic origin in applications, education, or administration of its policies and procedures.