



**THE HUTSON SCHOOL
APPLICATION FOR ADMISSION**

Applicant's Name: _____
(Last) (Middle) (First)

Preferred Name: _____ Telephone (____) _____

Home Address: _____

Male _____ Female _____ Date of Birth ____/____/____ Current Grade _____

Social Security Number ____/____/____ Application Date ____/____/____

FAMILY INFORMATION

Parent/Guardian:

Home Address *Home Address*

Telephone *Telephone*

E-Mail *E-Mail*

Employer *Employer*

Occupation *Occupation*

MEDICAL INFORMATION

Child's physician _____ Telephone (____) _____

Please list any medical conditions _____

Is your child receiving any medications? List medicine, purpose, dosage, date started:

Please list clinics or private evaluators who have tested your child (name, address, phone):

What diagnoses have been given? _____

Has your child ever been in counseling? Yes No
If yes, please describe the purpose, name the counselors, and list dates of service.

Please describe any behavioral difficulties encountered in school settings, with peers, or at home.

EDUCATIONAL INFORMATION

Current School _____

Current Teacher _____

Address _____

Telephone (____) _____

Schools previously attended _____

Has your child ever repeated a grade? Yes No

For what reason? _____

Is your child receiving tutoring? Yes No

Name of tutor/service _____

Telephone (____) _____

Is your child currently on an Individual Education Plan? Yes No

How did you hear of The Hutson School? _____

Additional Comments _____

APPLICATION STATEMENT

The Hutson School, Inc. admits students of any race, color, religion, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of such factors in administration of its educational policies, admission, employment, athletic and other school-administered programs.

Applications must be accompanied by a non-refundable \$100 fee to help cover processing expenses.

All materials will become property of The Hutson School and cannot be returned. All information is held in the strictest of confidence. Information about non-enrolled or withdrawn applicants is held for three years and subsequently destroyed.

All information submitted in this application to the best of my knowledge is true. No information with regard to the profile of the applicant has been knowingly omitted.

Parent/Guardian _____ Date ____/____/____

*Please return the application materials to:
Mary Ragsdale, Admissions Director The Hutson School 5815 E. 381h St. Indianapolis, IN 46218*

PARENT/GUARDIAN PERCEPTIONS

Applicant's Name _____

The following questions will help us to further expand our profile of each applicant. Please feel free to use this space, or submit your answers on a separate sheet.

1. Write a brief description of your child

2. What hobbies, sports, or other activities does your child engage in during free time?

3. Describe your child's relationship with peers. Please include the ages and types of activities shared with others

4. How does your child handle frustration and conflict? Please describe an example.

5. What are your child's responsibilities at home?

6. How does your child handle homework?

7. Have there been any traumatic events in your child's life?

8. What do you see as your child's greatest strengths?

9. What area(s) challenge your child?

10. How do you see your child benefiting from a Hutson School education?

RELEASE OF INFORMATION

Date: ____ / ____ / ____

I, _____ have provided a
(Parent/Guardian)

release of information form to the following people so you may contact them regarding _____ 's application to The Hutson School. I understand that this information will be treated confidentially and will become part of the applicant's file.

Parent/Guardian Signature _____

Date: ____ / ____ / ____

School _____ Date: ____ / ____ / ____

Address _____

Telephone (____) _____

Evaluator _____ Date: ____ / ____ / ____

Address _____

Telephone (____) _____

Counselor/Therapist _____ Date: ____ / ____ / ____

Address _____

Telephone (____) _____

Please return this form to The Hutson School Admisson Office.

ADMISSION CHECKLIST

- ✓ School Records: Report Cards and Progress Reports for the last two years.
- ✓ Current Individual Education Plan.
- ✓ Current standardized test scores.
- ✓ Current Diagnostic Evaluation Reports: educational, neurological, psychological.
- ✓ WISC III testing including overall cognitive ability as well as subtest scores and narrative.
- ✓ This test must have been administered within the last two years.
- ✓ Speech and Language Evaluation: specifically the TOWL-3, TOLD or CELF-3, if applicable.
- ✓ Treatment summary from a counselor or psychologist, if applicable.
- ✓ Application fee of \$100.00.
- ✓ Photograph (optional)