

Application for Enrollment

Part I

[Part 2 will be mailed prior to the student interview]

Applicant Name _____

Application Date _____

TRANSITIONS

at JANUS

explore • engage • achieve

APPLICANT INFORMATION

Date of Application _____ Desired Date of Admission _____
Student's Name _____ male female
Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Home Phone No. (_____) _____
Current Grade _____ Current Age _____ Expected High School Graduation Date _____
Check if applicant is adopted

SCHOOL INFORMATION

Current School (if any) _____
Public School District _____
Dates of attendance _____ Grade(s) _____
Has the applicant ever been dismissed or suspended by a school? Yes No
State reason _____
Has the applicant ever repeated a grade? Yes No
 At your request At teacher's request Which grade(s) _____
Schools Attended and Grades of Attendance _____

FAMILY DATA

Parent/Guardian

Name _____
Relation _____ Age _____
Home Phone No. (_____) _____
Cell Phone No. (_____) _____
Home Address _____
City _____ State _____ Zip _____
Email _____
Occupation _____
Employer/Position _____
Business Address _____
City _____ State _____ Zip _____
Business Phone No. (_____) _____
Business Email _____

Parent/Guardian

Name _____
Relation _____ Age _____
Home Phone No. (_____) _____
Cell Phone No. (_____) _____
Home Address _____
City _____ State _____ Zip _____
Email _____
Occupation _____
Employer/Position _____
Business Address _____
City _____ State _____ Zip _____
Business Phone No. (_____) _____
Business Email _____

Parents' Marital Status: Married Separated

Divorced Widowed Single

Name of Applicant's Legal Guardian _____

Name of Step-Parents, if any _____

Name and Ages of Siblings _____

Who referred you to TRANSITIONS or how did you learn of our program? (Please check one)

- Referred by _____
 Direct mail Newspaper article Open house Website
 Advertisement Driving by the school Other _____

CLINICAL & MEDICAL INFORMATION

Have you been diagnosed with a learning difference, disorder, and/or disability? Yes No

By whom?

What diagnoses have been given?

Are you currently receiving any medication? Yes No

Do you administer your own medications? Yes No

If yes, please list all medications and describe the condition(s) for which they are prescribed.

Are there other areas of well-being that affect your learning and future goals?

Date of most recent psychoeducational or neuropsychological evaluation: _____

Administered by _____

Have you ever received Speech or Language Therapy? Yes No When? _____

Reason for therapy _____

How often? _____ Therapist's name _____

Have you ever received Occupational Therapy? Yes No When? _____

Reason for therapy _____

How often? _____ Therapist's name _____

Have you ever received counseling/therapy? Yes No When? _____

Reason for therapy _____

How often? _____ Therapist's name _____

Identify areas of difficulty (please check all that apply):

- listening sitting still spelling reading making friends managing time
- focus impulsivity homework problem solving learning in a group situation
- writing math other: _____

APPLICATION ACCURACY

Thank you for your interest in Transitions at Janus. Please read the following information carefully before signing and acknowledging the contents of this application and The Janus School's Admission policies.

My son/daughter and I hereby make application to Transitions. Enclosed is a non-refundable application fee of \$75, made payable to The Janus School. This FEE IS WAIVED if you already attend or have attended The Janus School.

We understand that all information regarding a candidate's application for admission to Transitions will be treated with complete confidentiality. Only authorized Janus School personnel will have access to this information.

We have provided accurate and complete information as requested by the School.

We understand that failure to disclose pertinent or requested information may jeopardize my child's admission or continued enrollment at The Janus School.

_____ Please contact me about applying for financial aid

APPLICANT FEE AND SIGNATURE

_____ Enclosed is the non-refundable \$75 application fee made payable to The Janus School
(this fee is waived if student attends or attended Janus)

Student Signature

Parent/Guardian Signature

Date

**Attach Recent
Photo of
Applicant Here**

Please return completed application to:

TRANSITIONS at Janus, 205 Lefever Road, Mount Joy, PA 17552 or email to: transitions@thejanusschool.org

APPLICANT STATEMENT

We ask that the applicant completes this questionnaire independently. Please note if another individual helped to write or prompt the applicant. There are no wrong answers.

What words best describe you?

What do you imagine you are doing 2 years from now?

What do you think are your greatest needs after twelfth grade?

What are your interests or hobbies?

What is your best memory from school?

How do you feel about yourself today?

PARENT/GUARDIAN STATEMENT

We ask that each parent, step-parent, and guardian involved in this student's care complete this questionnaire individually. Please photocopy as necessary. Please answer the following questions so that we may have a parent perspective on the strengths and needs of your child. Feel free to attach additional sheets if needed.

Parent Name _____

What are your child's strengths?

What are your child's areas of greatest need?

What are your child's hobbies or interests?

How do you expect Transitions to help your child?

Please write a brief description of your child.

Parent Name _____

What are your child's strengths?

What are your child's areas of greatest need?

What are your child's hobbies or interests?

How do you expect Transitions to help your child?

Please write a brief description of your child.