

Application for Enrollment

Applicant Name_____

Application Date_____



THE JANUS SCHOOL

Because Not All Great Minds Think Alike



THE JANUS SCHOOL

Because Not All Great Minds Think Alike

Mission:

To help individuals with learning differences access their potential by providing excellence in education, research, and community outreach.

Our Educational Philosophy:

Each student is different. Careful diagnosis that can assess the unique nature of each student's learning profile is critical to a successful educational program.

Each student's program must be built around individual strengths and weaknesses. No single program can serve all students with learning difficulties. The focus must always be on the student- not on the materials or methods.

Students with average intellectual ability who have learning difficulties can master the skills they find most difficult.

Information processing and language skills are the keys to success in education and in the future work place. These skills must be learned and not bypassed.

The cornerstone of learning is the highly developed human relationship between a teacher and student. This relationship allows the student to develop self confidence in the context of both academic and personal growth.

The Janus School does not discriminate on the basis of sex, age, religion, handicap, race, color, national or ethnic origin in the administration of its educational, admission, or employment policies.

The primary criteria for admission to The Janus School includes the student's:

- diagnosis of a learning difference (ex. Specific Learning Disorder, ADHD, Executive Function Disorder, Autism Spectrum Disorder)
- potential for skill improvement
- absence of a primary emotional or behavioral disability

The Application Process:

1. Complete the Application for Enrollment, pgs 3-8
2. Complete and send enclosed forms:
 - Teacher Reference Form
 - Transcript Request (for grades 9-12)
 - Physician Report
 - Ophthalmologist/Optomtrist Report
3. Submit \$100 application fee with the Application, payable to The Janus School
4. Send all records and the most recent (within 3 years) psychoeducational or neuropsychological evaluation to the Admission Office at The Janus School
5. Admission Office reviews Application
6. If the applicant meets the primary criteria, a student visit is scheduled
7. Admission Committee reviews and notifies parents of the School's admission decision

Financial Aid:

The Janus School works with the Independent School Management (ISM) financial aid program FAST (Financial Aid for School Tuition). To apply for financial aid and for more information, visit our website at www.thejanusschool.org and click on Admission.

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 _____ Social Security No. _____
Check if applicant is adopted

SCHOOL INFORMATION

Current School _____
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 The Janus School 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

Has your child been diagnosed with a specific learning disability or other learning difference? Yes No

By whom?

What diagnoses have been given?

Is your child currently receiving any medication? Yes No

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

Please explain any other medical conditions significant to your child's well-being.

Has your child ever been tutored? Yes No Where/How long? _____

Subjects _____

Date of most recent psychoeducational or neuropsychological evaluation: _____

Administered by _____

Has your child received Speech or Language Therapy? Yes No When? _____

Reason for therapy _____

How often? _____ Therapist's name _____

Has your child ever received Occupational Therapy? Yes No When? _____

Reason for therapy _____

How often? _____ Therapist's name _____

Has your child 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 being shy handwriting

focus behavior homework problem solving learning in a group situation

writing math other: _____

Has any member of your family had learning or reading difficulties? Yes No

APPLICATION ACCURACY

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

I/We hereby make application to The Janus School for my son/daughter. Enclosed is a non-refundable application fee of \$100, made payable to The Janus School.

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

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

I/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 \$100 application fee made payable to The Janus School

Parent/Guardian Signature

Parent/Guardian Signature

Date

**Attach Recent
Photo of
Applicant Here**

**Please return completed application to:
Admission Office, The Janus School, 205 Lefever Road, Mount Joy, PA 17552**

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 subjects do you like best in school? Why?

Which subjects are the most difficult for you?

What do you think are your greatest needs?

What are your interests or hobbies?

What are your short and long term goals?

How easy is it for you to make friends?

How do you feel about yourself today?

PARENT/GUARDIAN STATEMENT

We ask that each parent, step-parent, and guardian involved in this child'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 Janus to help your child?

How socially aware is your child, especially as his/her actions may affect others?

Please comment briefly on the student applicant's home life, including relationships with parents, siblings, and other household members.

Please write a brief description of your child.

To what extent do you agree or disagree with your child's assessment and diagnosis?

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 Janus to help your child?

How socially aware is your child, especially as his/her actions may affect others?

Please comment briefly on the student applicant's home life, including relationships with parents, siblings, and other household members.

Please write a brief description of your child.

To what extent do you agree or disagree with your child's assessment and diagnosis?

RELEASE FORM INFORMATION

In order to expedite the application process, it would help us to know the names and addresses of the persons and/or institutions to whom you forwarded the release forms that accompany this Janus application.

It is the responsibility of the parents to obtain these reports.

We request that the forms be sent to all persons or institutions who have any information concerning your child (e.g. the physician, counselor, ophthalmologist, teacher, school registrar, etc.)

NOTE: Submission of the application and parent/guardian signature below constitutes permission for The Janus School to contact any of the below listed individuals or institutions regarding the child listed below.

***School** _____
Address _____

Telephone (_____) _____

Counselor/Therapist _____
Address _____

Telephone (_____) _____

***Physician** _____
Address _____

Telephone (_____) _____

***Ophthalmologist/Optomtrist** _____
Address _____

Telephone (_____) _____

***Teacher** _____
Address _____

Telephone (_____) _____

Other _____
Address _____

Telephone (_____) _____

* Required forms enclosed

Name of Child _____

Parent/Guardian Signature _____

Date _____



THE JANUS SCHOOL

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205 Lefever Road
Mount Joy, PA 17552

phone- 717.653.0025
fax- 717.653.0696

www.TheJanusSchool.org

TEACHER REFERENCE FORM



THE JANUS SCHOOL

To be completed by the parent:

Applicant Name _____

Date of Birth _____

I give the teacher named below permission to provide a reference to The Janus School for my child.

Parent Name _____

Signature _____

Date _____

Dear Teacher:

The student named above has applied to The Janus School, an independent school whose mission is to help individuals with learning differences access their potential by providing excellence in education, research, and community outreach. You have been selected by the parent to provide a reference for this student. In your statement, please address the following: interaction with peers and adults, response to authority and rules, ability to implement constructive suggestions, motivation and leadership skills. Please complete this form and return it to: Admission Office, The Janus School, 205 Lefever Road, Mount Joy, PA 17552.

Teacher Name _____ Date _____

School _____ Position _____

Number of years I have known this student _____

Thank you very much. Please check here if you would like to learn more about The Janus School.



Applicant Health History (to be filled out by the parent prior to sending to the child's physician):

Applicant Name _____ Date of Birth _____
 Age _____ Height _____ Weight _____

Has your child had any of the following? (please give details in the space below where appropriate)

	Yes	No		Yes	No		Yes	No
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Ear infections	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Brain damage	<input type="checkbox"/>	<input type="checkbox"/>	German measles	<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>
Chorea	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
						Whooping cough	<input type="checkbox"/>	<input type="checkbox"/>

I give the physician named below permission to provide a reference to The Janus School for my child:

Physician _____ Parent Signature _____ Date _____

Dear Doctor:

The student named above has applied to The Janus School, an independent school whose mission is to help individuals with learning differences access their potential by providing excellence in education, research, and community outreach. Please complete this form and return it to: **Admission Office, The Janus School, 205 Lefever Road, Mount Joy, PA 17552**

Vision: Normal Abnormal **Glasses?** Yes No **Contacts?** Yes No
Hearing: Normal Abnormal **Any temporary hearing disability?** Yes No
Motor Coordination: Normal Abnormal
Posture: Normal Abnormal

1. Is there any history of abnormal neurological symptomatology with this child? Please give details.
2. Has there been any psychiatric diagnosis for this child? Is there a history of depression, obsessive/compulsive disorder, or any other disorder? Please give details, including a history of medication.
3. Are there any medical conditions that we should know about in shaping this child's learning environment?
4. Is there any additional information you feel is pertinent to our evaluation of this child for acceptance into our program?

Please provide a copy of this student's immunization record, to ensure that this child meets the Commonwealth of Pennsylvania's immunization requirements.

Physician's Signature _____ Date _____

Thank you very much. Check here if you would like to learn more about The Janus School:

SCHOOL TRANSCRIPT
AND RECORDS RELEASE



THE JANUS SCHOOL

To be completed by the parent:

Applicant Name _____ Date of Birth _____

I consent to the release of my child's records to The Janus School.

Parent Name _____

Signature _____

Date _____

Dear School Registrar:

The student named above has applied to The Janus School, an independent school whose mission is to help individuals with learning differences access their potential by providing excellence in education, research, and community outreach. Please submit high school or middle school academic information including standardized test results, courses taken, and grades received. Your assistance is appreciated.

Please return to:

Admission Office
The Janus School
205 Lefever Road
Mount Joy, PA 17552

Thank you very much. Please check here if you would like to learn more about The Janus School.

OPHTHALMOLOGIST/ OPTOMETRIST REPORT



THE JANUS SCHOOL

To be completed by the parent:

Applicant Name _____ Date of Birth _____

I give the physician named below permission to provide a reference to The Janus School for my child.

Physician _____ Parent Signature _____

Dear Doctor:

The student named above has applied to The Janus School, an independent school whose mission is to help individuals with learning differences access their potential by providing excellence in education, research, and community outreach. Since vision problems can be a significant factor in learning difficulties, we request an Ophthalmologist's or Optometrist's Report as part of our admission procedure. Please take a minute to complete this form and return it to: Admission Office, The Janus School, 205 Lefever Road, Mount Joy, PA 17552.

VISUAL SKILLS

1. VISUAL ACUITY FOR DISTANCE

(20 feet)

R. eye

L. eye

Both eyes

2. VISUAL ACUITY FOR NEAR

(16 inches)

R. eye

L. eye

Both eyes

3. EYE MUSCLE IMBALANCE TESTS: Heterophoria or Strabismus (tendency or actual)

a. Distance, 20 feet

b. Near, 16 inches

4. STEREOPSIS TEST: For depth perception

5. SUPPRESSION TEST: Are both eyes functioning adequately?

6. FUSIONAL AMPLITUDE: How is the child's eye coordination?

a. Distance, 20 feet

b. Near, 16 inches

7. COLOR PERCEPTION TEST: Is there any existing defect?

8. PLEASE USE THE BACK FOR ANY ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT

Thank you very much. Please check here if you would like to learn more about The Janus School.