



smart
self-confident
nurtured
self-advocating
respected
accepted

Eton.



ETON ACADEMY

Application for Admission

Eton Academy is an independent coeducational day school for students with learning challenges in 1st through 12th grades.

We believe that students can thrive in a nurturing atmosphere with personalized instruction, specifically designed to meet the needs of different learners.

Small class size, dedicated teachers with LD expertise and an accepting environment are key reasons why, at Eton Academy, different learners succeed in academics and in life.

Thank you for considering to join the Eton Academy family. Please complete the following pages, attach the requested information (listed in this application) along with the application fee payment and return to the Admissions Office. If you have any questions, please call us ... we're here to help.

ETON ACADEMY

1755 Melton
Birmingham, MI 48009

248.642.1150

www.etonacademy.org



The Admissions Process at Eton Academy

Let's begin, together.

1 Application

Complete every question on the application form.

Provide check or credit card payment of \$100.

Sign the Release of Information Form (included in this application).

Include copies of:

- Psychological Evaluation
- Letter of recommendation by educator with history of working with student
- MET, Multi-Disciplinary Evaluation Team (every 3 years)
- IEP or 504 Accommodations
- Most Recent Report Card
- High School Transcripts (grades 9-12 applicants only)

2 Student Visit

Eton Academy gives each application a thorough and careful review.

Then, if the admissions team finds it appropriate, prospective students are invited to spend two to five days attending Eton Academy as a visiting student.

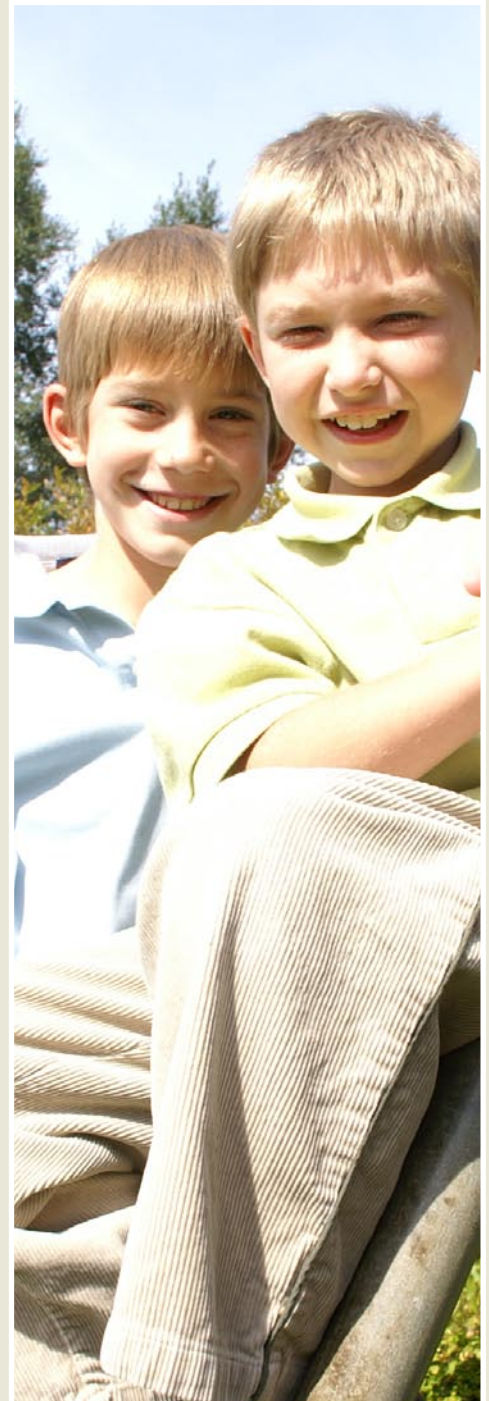
Your admissions representative will contact you to notify you of the decision regarding a student visit.

3 Admissions Decision

You will be contacted by telephone and by mail when a final decision is reached.

Upon acceptance into Eton Academy, your student will be required to take the Woodcock-Johnson Educational Placement Test. Eton will contact you to schedule.

If it is determined that Eton Academy is not a good fit, we will contact you by telephone and by mail to confirm. We will also assist you in finding additional resources that will be a better match for your student.



Eton Academy Application for Admission

Student's full name: _____

Student prefers to be called: _____

Student's home address: _____
City State Zip Phone

Student's date of birth: _____ Age: _____ Gender: M / F

Student lives with (check) Father Mother Stepfather Stepmother Guardian No. of siblings: _____

Father's or Guardian's Information: Name: Dr. / Mr. _____

Employment: _____
Occupation Employer

Home address (if different than student): _____

Home phone: (_____) _____ cell phone: (_____) _____ work phone: (_____) _____

Email: _____

Mother's or Guardian's Information: Dr. / Ms. / Mrs. _____

Employment: _____
Occupation Employer

Home address (if different than student): _____

Home phone: (_____) _____ cell phone: (_____) _____ work phone: (_____) _____

Email: _____

Summarize your student's learning challenge: _____

Why are you considering Eton for your student? _____

Please finish this sentence: In 3-5 years, my student will be able to ... _____

How does your student feel about him/herself, especially as a learner? _____

In your opinion, what are your student's greatest strengths? _____

In your opinion, what are your student's greatest challenges? _____

What are your student's favorite subjects/activities? _____

What are your student's least favorite subjects/activities? _____

In which extracurricular activities does your student participate (i.e. scouts, music, sports, arts, camping, clubs)? _____

Please list schools and grades attended:

School _____ Grades _____
School _____ Grades _____
School _____ Grades _____
School _____ Grades _____

Current grade: _____ Grades Repeated? YES / NO If yes, which grade(s): _____ No. of days absent in past year: _____

Who referred you to Eton Academy? _____

What is your student's reaction to attending? _____

Does your student have a specific or individualized behavior plan at school? YES / NO

Has your student ever received school disciplinary action? (i.e. expulsion, suspension, probation) YES / NO

If yes, please explain: _____

Has your student been involved with the law? YES / NO If yes, please explain: _____

Has your student received counseling or therapy? YES / NO If yes, when? _____
With whom? _____

Is your student taking medication(s)? YES / NO If yes, please explain why: _____

How long? _____ What is the type(s)/name(s)? _____

Does your student frustrate easily? YES / NO What type of things cause frustration? _____

Date of most recent IEP (Individualized Educational Plan) or 504 Accommodations: _____ Please include a copy.

Date of most recent MET (Multi-disciplinary Educational Team) report: _____ Please include a copy.

In which areas did your student receive support **during school**? (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Remedial Math | <input type="checkbox"/> LD Resource Room | <input type="checkbox"/> LD Self-Contained |
| <input type="checkbox"/> Speech/Lang. Therapy | <input type="checkbox"/> Social Work | <input type="checkbox"/> Private Speech/Lang. Therapy | <input type="checkbox"/> Occupational Therapy |

In which areas did your student receive support **outside of school**? (check all that apply)

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Speech/Lang. Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Counseling Therapy |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

I understand that this application for enrollment is subject to the conditions stated in the printed material and the Eton Academy school policy.

All necessary information pertaining to my student, including that of a medical, psychological or disciplinary nature, is included and accurate on this application, as I understand it.

Signature of Parent/Guardian _____ Date _____

ETON ACADEMY

Authorization for Release of Information

As parent or legal guardian of child named below, I, _____
hereby grant the following organizations and/or persons to release records, information and grant permission to
consult with Eton Academy administration.

Child's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Note to Parent/Guardian: Please list at least three professionals who currently work with your child, one of
whom must be a professional from his or her current school.

Homeroom/LRC

Teacher (Name) _____ (Title) _____ (Phone) _____

Psychologist (Name) _____ (Title) _____ (Phone) _____

School (Name) _____ (Title) _____ (Phone) _____

Other (Name) _____ (Title) _____ (Phone) _____

Release information to: Eton Academy, 1755 Melton, Birmingham, MI 48009 Fax: 248.642.3670

All reports, records, testing related to named student

All Special Education documents from Special Education Office

Other: _____

All information shall be used for legitimate educational purposes and confidentiality of all student records
shall be maintained in accordance with applicable federal and state laws. The undersigned authorizes Eton to
release the above stated information/records.

Parent's Signature

Date (valid one year after signing date)

ETON ACADEMY
1755 Melton
Birmingham, MI 48009



248.642.1150 phone
248.642.3670 fax
www.etonacademy.org

Emergency Information and Treatment Permission Form

In preparation for a possible student visit, please complete the following questions, so we can ensure your child's safety. This form, and all permission it allows, will transfer with the student upon admission, if granted.

Child's Name _____ Soc. Sec. No. _____

Primary Parent Contact: Name _____

Call 1st: (circle: home/work/cell) _____ Call 2nd: (home/work/cell) _____ Call 3rd: (home/work/cell) _____

Secondary Parent Contact: Name _____

Call 1st: (circle: home/work/cell) _____ Call 2nd: (home/work/cell) _____ Call 3rd: (home/work/cell) _____

Non-parent Emergency Contact: Name _____

Call 1st: (circle: home/work/cell) _____ Call 2nd: (home/work/cell) _____ Call 3rd: (home/work/cell) _____

Non-parent Emergency Contact: Name _____

Call 1st: (circle: home/work/cell) _____ Call 2nd: (home/work/cell) _____ Call 3rd: (home/work/cell) _____

Physician: Name _____ Address: _____

Office phone: _____ Other: _____ Other: _____

Insurance Company _____ Group/Plan # _____

List any of your child's medical conditions that we should be aware of: _____

List child's allergies: _____

Does your child participate in general/regular physical education in his/her school? _____

Which, if any, physical activities need to be restricted or limited for your child? _____

Yes, please administer medication to my student.

Yes, please administer Tylenol upon request.

Name of medication: _____ Dosing instructions: _____

Other comments (adverse reactions, precautions, etc.): _____

I hereby request that my child be administered his prescribed medication at school by school personnel. I understand that the medication will be administered per physician directions indicated on the prescription bottle(s). I will notify the school of changes or discontinuation of this medication(s).

Parent's signature

Date (Valid one year after signing date)

In case of emergency, illness or injury involving my son/daughter named above, I authorize the school to take my child to the nearest emergency facility, and when neither parent can be reached at the phone numbers shown on the school emergency card, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for my child's comfort and well-being.

Parent's Signature

Date (Valid one year after signing date)