



Baltimore Lab School: a division of the Lab School of Washington® Application for Admission

Student Information

_____ Last Name/First/Middle		_____ Current School	
_____ Date of Birth	_____ Male/Female	_____ Principal	
_____ Current Grade	_____ Applying for Grade	_____ School Address	
_____ Home Address		_____ City/State/Zip	
_____ City/State/Zip		_____ School Telephone	
_____ Home Telephone		_____ Previous School	_____ Dates Attended
_____ Email		_____ Previous School	_____ Dates Attended

Married Separated Divorced Widowed Other

Parent/Guardian #1 Information

_____ Name	
_____ Home Address	
_____ City/State/Zip	
_____ Home Telephone	_____ Work Telephone
_____ Cell Phone	_____ Fax
_____ Email	
_____ Occupation	_____ Employer
_____ Address	
_____ City/State/Zip	

Parent/Guardian #2 Information

_____ Name	
_____ Home Address	
_____ City/State/Zip	
_____ Home Telephone	_____ Work Telephone
_____ Cell Phone	_____ Fax
_____ Email	
_____ Occupation	_____ Employer
_____ Address	
_____ City/State/Zip	

A Description of Your Child

What are your child's chief strengths, both personal and academic?

What are your child's greatest needs?

What are your child's hobbies and interests?

How do you expect Baltimore Lab to help your child?

Is there a history of learning difficulties (reading, spelling, writing, math concepts) and ADD/ADHD in your family? Please elaborate.

What diagnoses have been given for your child's learning/educational difficulties? By whom? Please explain medical conditions significant to your child's well being.

Does your child receive tutoring services in or outside of school? If so, please include tutor name, material covered, methods used, and duration of tutoring.

Does your child currently receive speech/language therapy? If so, please include therapists' names, examiners and evaluation dates, as well as duration of therapy.

Does your child currently receive occupational therapy? If so, please include therapists' names, examiners and evaluation dates, as well as duration of therapy.

Has your child ever received counseling? Yes No

Beginning Date	Ending Date	Frequency	Therapist(s)	Address(es)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does your child have difficulty in establishing and maintaining relationships? ____ Yes ____ No

Please describe any concerns that you may have about your child's social, emotional, or behavioral functioning?

Medical Information

Is your child currently taking medication? If yes, please list all medications and describe the condition(s) for which they are prescribed.

Your Child's Pediatrician

Telephone

Address

City/State/Zip

**ATTACH
PHOTO
HERE**
(optional)

____ Enclosed is the \$100 application fee made payable to **Baltimore Lab School**.

____ Enclosed are copies of recent intelligence, SLP, and OT evaluations, as well as the most recent school reports.

____ I have provided accurate and complete information as requested by the Baltimore Lab School.

Signature of parent/guardian

Date