



THE LAB SCHOOL OF WASHINGTON
 4759 Reservoir Road, NW • Washington, DC 20007 • 202/965-6600 • www.labschool.org

APPLICATION FOR ADMISSION

Date _____

Name of Applicant _____ Sex _____

Date of Birth _____ Social Security # _____ Home Phone _____ Place of Birth _____

Home Address _____

Present Grade _____ Present School _____ Principal _____ Teacher _____

Address of School _____

May we contact them for additional information? _____ Name that child prefers to be called in school _____

Previous Lab School regular year applicant? yes no Previous Lab School summer session applicant? yes no

NAME AND ADDRESS OF PARENTS OR GUARDIANS (if information is the same as child write SAME)

Father's Name _____ Age _____

Mother's Name _____ Age _____

Street _____

Street _____

City, State, Zip Code _____

City, State, Zip Code _____

Home Phone _____ Cell phone _____

Home Phone _____ Cell phone _____

E-mail address _____

E-mail address _____

PROFESSION OF PARENTS OR GUARDIANS

Father's Profession _____

Mother's Profession _____

Place of Employment _____

Place of Employment _____

Address _____

Address _____

Phone _____

Phone _____

EDUCATIONAL BACKGROUND OF PARENTS OR GUARDIANS

Father _____

Mother _____

Name of person who referred you to The Lab School _____

Name of person who knows the whole family and can serve as a reference _____

Address with ZIP code _____ Phone _____

FAMILY INFORMATION

In family, child is # _____ of _____ children

Brothers and sisters (ages) _____

If your child is adopted, at what age did he/she join your family? _____

HEALTH INFORMATION

General health: check one _____ Good _____ Fair _____ Poor

Please list any special health issues, including allergies _____

Does your child have a history of any of the following?

____ Constant colds ____ Asthma ____ Respiratory infections Surgery: ____ Tonsils
____ Headaches ____ Migraines ____ Dizziness/fainting spells ____ Adenoids
____ Bedwetting ____ Bladder problems ____ Accidents/broken bones ____ Other
____ Abdominal pains ____ Seizures ____ Ear infections _____

Is your child currently taking any medication? ____ If yes, please list below:

Medication	Dosage	Times per day	Condition	Supervising physician
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EARLY DEVELOPMENT

BIRTH Premature ____ Normal ____ Late ____ Complications _____

INFANT DEVELOPMENT

Activity level: ____ Active ____ Passive ____ Moderate *General reactions:* ____ Very alert ____ Slow ____ Hard to tell

Health: ____ Good ____ Colic ____ Celiac difficulties ____ Feeding problems ____ Toilet problems Other _____

Age of: First sitting up _____ Walking _____ First words _____ Sentences _____

CURRENT DEVELOPMENT

Name of child's pediatrician _____ Date of last physical exam _____

Address _____ Telephone _____

Date eyes last examined _____ By whom? _____ Vision problems? _____ Glasses? _____

Date hearing last examined _____ By whom? _____ Hearing difficulties? _____ Hearing aid? _____

Has your child had a neurological examination? ____ If so, when? _____ Physician's name _____

Address _____ Telephone _____

SCHOOL HISTORY - PREVIOUS SCHOOLS YOUR CHILD HAS ATTENDED

School _____ Address _____ Grades attended _____

School _____ Address _____ Grades attended _____

What are your child's strengths _____

What has your child liked most in school? _____

What has your child disliked most in school? _____

When were you first aware of your child's learning disabilities? _____

Has your child been identified by a public school system as being learning disabled? _____

TESTING HISTORY

Date of most recent psychoeducational testing _____ Examiner _____

Address _____ Telephone _____

Date(s) of previous psychoeducational testing _____

Date of most recent speech/language evaluation _____ Examiner _____

Address _____ Telephone _____

Is your child currently receiving speech/language therapy? _____ If yes, please describe _____

Date of most recent occupational therapy evaluation _____ Examiner _____

Address _____ Telephone _____

Is your child currently receiving occupational therapy? _____ If yes, please describe _____

Is your child being tutored? _____ If yes, by whom? _____ How often? _____

Subject area(s) _____

Has your child ever received counseling? _____ If yes, please describe (beginning and ending dates, frequency, therapist's name and address) _____

Please list sports that your child most likes to take part in _____

Please list your child's favorite hobbies, activities, and games, other than sports _____

Please list any organizations, clubs, teams, or groups your child belongs to _____

Please list any part time jobs or chores your child has _____

Does your child play a musical instrument? _____

Does your child have difficulty in establishing and maintaining relationships? _____ Please describe _____

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

Please state briefly why you think The Lab School might be a good school for your child

Application completed and signed by _____

Parent or guardian

Date

It will be helpful if you paper clip a small photograph of your child here. Please write child's name on back of photo.

A fee of one hundred dollars (\$100) must be enclosed with this form. Please make check payable to The Lab School of Washington. This covers the processing of the application and a review of the records.

The Admissions Committee will not process any application which fails to include copies of the most recent school reports, current intelligence evaluations, and all assessments you have listed in the application. It is the parents' responsibility to secure copies of all reports and forward them to The Lab School.

The Lab School's programs and policies are applied with equal consideration to all of its applicants and students. Candidates are not discriminated against on the grounds of race, ethnicity, gender, religion, nationality, disability or any other status protected by law. The Lab School is not able to accommodate the needs of students with autism, Pervasive Developmental Disorder, or learning disabled students with secondary conduct disorders or severe psychiatric problems.
