



# Boca School for Autism

## Student Application

**Please complete all pages and print clearly all information requested**

Student Name _____	Student Birth-Date: _____
Parent/Guardian Name(s) _____	Email: _____
Parent/Guardian Name(s) _____	Email: _____
Home Telephone _____	Cell Phone(s) _____
Current Address: _____	
Number	Street
City	State
Zip	

### PRIOR SCHOOLS ATTENDED & DATES

TYPE OF SCHOOL (elementary/middle)	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	REASON FOR LEAVING

### PERSONAL INFORMATION

Educational Diagnosis/Eligibility:	_____
	_____
Medical Diagnosis:	_____
	_____

### ADDITIONAL INFORMATION

Does your child have a current IEP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can we contact your current school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SCHOLARSHIP FUNDING</b>	
DO YOU RECEIVE ANY STEP-UP FUNDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU RECEIVE ANY OTHER SCHOLARSHIPS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

What academic and social goals do you have for your child?

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Is there anything else that you'd like us to know about your child?

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