

Dominion School for Autism – Request for Reservation for Admission

Date: _____

Child's Name: _____ Date of Birth: _____

Diagnosis/Identification _____

Year of Diagnosis/Identification: _____ Social Security Number: _____

Address: _____

Names of Prior Schools: _____

Home School District: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary reasons for seeking admission to Dominion School for Autism:

Please note that completion of this document does not constitute an acceptance of admission. Neither does it constitute an agreement to enter Dominion School for Autism upon acceptance.

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Staff Considerations (to be completed by staff):

Child's strengths: _____

Behavioral challenges: _____

Child's likes/interests: _____

Child's dislikes/sources of irritation: _____

Dietary restrictions/special diets: _____

Personal care concerns: _____

Physical limitations/medical restrictions: _____

Communication system effectiveness: _____

Acceptance offer: Yes _____ No _____ Date: _____