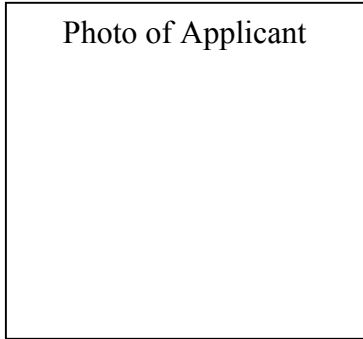




**The Joshua School**  
 for Children with Autism and Special needs  
 2900 South University • Denver, CO 80210  
 303.758.7171 • www.joshuaschool.org



# Application for Admission

Due to our non-profit status, we are required by law to keep the following information on file. Information you provide here will in no way influence your child's potential admission to The Joshua School.

## 1. Applicant

\_\_\_\_\_  
 Last Name First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (M) \_\_\_\_ (F) \_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Other) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_ Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Other

Has your child received a label or a diagnosis of autism or a related disorder from a physician or other professional? Yes \_\_\_\_\_ No \_\_\_\_\_ What label(s)? \_\_\_\_\_

Is your child eligible for Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_ Other funding: \_\_\_\_\_

Current or Previous School (if not currently attending): \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other current care providers (OT, speech, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Parent/Guardian Information

**Mother's Name/ Legal Guardian:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell/Other) \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name / Legal Guardian:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell/Other) \_\_\_\_\_

Email: \_\_\_\_\_

Parents' Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed

Child lives with (check all that apply) \_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

What talents, resources, interests, or professional skills would you, as a parent or guardian, be willing to share with The Joshua School community? Please describe.

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## 3. Siblings and Extended Family

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 4. Questions and information about your child

What would you like us to know about your child? \_\_\_\_\_

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What are your goals for your child and how do you see The Joshua School assisting you in meeting those goals? \_\_\_\_\_

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What communication skills does your child currently have? (How does your child communicate: verbal communication, signs, pictures/PECS, augmentative device). Describe how he/she gets his/her needs met.

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Describe your child's level of independence. (Include toileting skills, dressing, etc.) \_\_\_\_\_

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What are your child's interests, talents, and motivations/reinforcers? \_\_\_\_\_

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What behavior issues, if any, does your child have? (Ex. Aggressive towards others, self-injurious, etc.)  
What triggers these behaviors? \_\_\_\_\_

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Please describe your child's physical health, including nutrition (dietary restrictions, special diets), medications, and health issues or concerns. \_\_\_\_\_

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## 5. Parent Agreement and Application Signature

We believe that parent/guardian support and collaboration are crucial to the success of any child. Not only do parents and guardians know their child better than anyone else, they have an investment in their child that produces amazing growth when applied at home and in school. Staff at The Joshua School work to help children grow in mind, body, and spirit. Together, we create a program for each child that is unique, thoughtful, and full of care. We know that parents are the cornerstone of each child's success, and so we ask parents to support us, to the best of their ability, in helping each child at school. We expect that parents will attend all team meetings, parent workshops and trainings, and participate fully in their child's education, bringing skills and follow-through into the home environment. We also ask that parents volunteer a minimum of 12 hours per year at the school.

Thank you for your interest in The Joshua School. We welcome any questions or comments you may have. 303-758-7171



I agree that I have legal authority to complete this form and that all of the information I have provided is correct and complete to the best of my knowledge. I give my permission for the Admissions Counselor to contact any of the above contacts for the purpose of gathering information that would assist in the admissions process of the applicant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application to:

**The Joshua School  
2303 E. Dartmouth Ave.  
Englewood, CO 80113  
303-758-7171**

The Joshua School admits students of any race, sex, color, national and ethnic origin and grants all rights and privileges, generally accorded or made available to students at the school. The school does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

The Joshua School is a non-profit, 501(c)(3) organization.