

Please describe your vision for the your child's individual educational, emotional, and social needs? _____

Please share with us anything you would like us to know about your child or family. _____

The undersigned further acknowledges and agrees that neither the submission of the application or application fee shall be deemed as an acceptance of, or a commitment to accept any student into Imagine Academy and no student shall be deemed accepted or admitted to Imagine Academy unless and until written notice of such is sent to the student's parent or legal guardian and written tuition contract acceptable to Imagine Academy is executed and delivered between Imagine Academy the student's parent or legal guardian.

Parent/Guardian Signature _____ Date _____

TUITION ASSISTANCE

Financial Aid is awarded on the basis of need. All applicants are considered for admission independent of request for tuition assistance. If you want to apply, please check the box below to receive the necessary forms and instruction. Please note that we do not accept financial aid for preschool applicants.

we wish to apply for Financial Aid

Under federal law, your respective school district and/or Department of Education is required to provide every child under its jurisdiction with a free appropriate public education. Financial Aid program is not to relieve the Department of Education or any school district of this obligation. The program is intended to provide financial assistance to families who cannot advance moneys for or fund, to any extent, the cost of tuition that is not reimbursed or otherwise paid for by the relevant school district. Awards will be made on the condition that the recipient actively pursues payment from the relevant school district.

APPLICATION FEES

Please mail this completed form along with a \$100 non-refundable application fee, birth certificate and a copy of your child's Individualized Education Program (IEP) by December 31st to:

Imagine Academy
Admissions Department
1458 East 14th Street
Brooklyn, New York 11230
718.376.8882 Phone
718.998.1018 Fax

FOR OFFICE USE ONLY
FEE REC'D _____
CHECK # _____
DATE _____
COMPUTER ENTRY
INTERVIEW _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Imagine Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Imagine Academy does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and any other school administered programs.



APPLICATION FOR ADMISSION

IMAGINE ACADEMY
1458 EAST 14TH STREET
BROOKLYN, NEW YORK 11230
718.376.8882
718.998.1018
www.imagineacademy.com

STUDENT INFORMATION

Name (Last/First) _____

Male Female

Date of Birth _____

Address _____

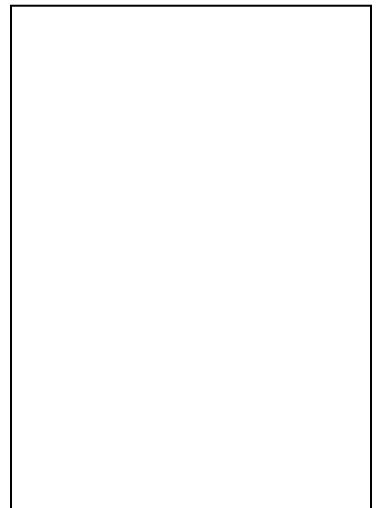
City/State/Zip _____

Birthplace _____

Child's First Language _____

Language(s) Spoken at Home _____

Application for Sept, 20____



SCHOOL INFORMATION

Current School/Program _____

Photo

Address _____

School/Program Telephone Number _____

Name of Principal/Director _____

School/Program Previously Attended	Dates Attended

Camps/Summer Programs Attended	Dates Attended

FAMILY INFORMATION

Father/Guardian First/Last Name _____ Mother/Guardian First/Last Name _____

Mother's Maiden Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone Number _____ Phone Number _____

E-mail Address _____ E-mail Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Work E-mail _____ Work Phone _____ Work E-mail _____

Birthplace (if applicable, year of arrival in US) _____ Birthplace (if applicable, year of arrival in US) _____

Are both biological parents living? Yes No

Parents are: Married Separated Divorced

Father remarried: Yes No

Mother remarried: Yes No

Name of Stepparent _____ Name of Stepparent _____

If parents are divorced or separated, to whom should admissions correspondence be sent?

Name _____ Address _____

SIBLING INFORMATION

Name	Date of Birth	Current School/Program	Grade

PARENTAL INPUT

Has your child had a psychological or educational evaluation (by a school, privately or by the Department of Education)? If so, please describe the date(s), circumstances and determination of the evaluation:

Also indicate if your child receives services (i.e. OT, PT, Speech & Language Therapy, Psychologist/Counseling) and provide name(s) and number(s) of therapist(s).

Type(s) of Service	Name(s) of Therapist(s)	Telephone Number(s)

Please let us know any medical conditions, allergy conditions, and/or special diet: _____

How did you hear about Imagine Academy for Autism: _____

Why are you considering Imagine for your child: _____

Who is your public advocate/ Lawyer? _____