



NEW STUDENT APPLICATION FORM

Applying for Session:

- I (Sept.) II (Oct.) III (Nov.) IV (Dec.) V (Jan.) VI (Feb.) VII (March)
- VIII (April) IX (May) X (Summer Camp)

Last Conductive Education school session attended: _____

CHILD PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Child Resides with: _____

Address: (Street/City/State/Zip) _____

_____ Home phone: _____

MEDICAL AND HEALTH RECORD UPDATE

Current Medications: (name/doses/times)

Any changes in medical condition since last attendance at program:

Current therapies/schooling (type/frequency/where):

PRESENT CONDITION

Please provide an update regarding current skills in:

Mobility: _____

Self-care: _____

Speech/Language: _____

GENERAL QUESTIONS

Please list the equipment and adaptive devices that your child uses (i.e. AFOs, splints, etc.):

What current goals do you have for your child?

Please provide any other information you feel should be known by the staff:

This application has been completed by:

Name	Relationship	Date (mm/dd/yyyy)
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Please send application materials to:

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