

# PARK ACADEMY

THE DISCOVERY OF INTELLECTUAL GIFTEDNESS



## 2012-2013

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Please return this form to Park Academy, P.O. Box 34, Marylhurst, OR 97036. Main Office: 503-697-6213;  
Registrar: 503-635-3088; Fax: 503-697-6293; Web site: [www.parkacademy.org](http://www.parkacademy.org)

## APPLICATION FOR ADMISSION

Park Academy's mission is to accept students who will benefit from our specifically designed program. Park Academy addresses the needs of students with average to superior intelligence who, through evaluation by a qualified specialist, have been determined to have or to be at risk for a language learning disability. Our programs and policies are applied with equal considerations to all applicants. Candidates are not discriminated against on the grounds of race, ethnicity, gender, religion, nationality, disability or any other status protected by law. The following guidelines are used to determine a student's eligibility and appropriateness for placement in our academy:

- We are able to accommodate the needs of students with language based learning differences unless they have been diagnosed with secondary conduct disorders or severe psychiatric problems.
- We can accommodate students with a diagnosis of Attention Deficit Disorder (with hyperactivity or inattentive-type) if the disorder is managed sufficiently through medical or other interventions so the student can participate successfully within the structure of the classroom without disrupting the learning of the other students.
- Student must be clean, sober, and free from any drug addiction.
- Student must be law abiding and not in the judicial system.

If we can assist you in any way during the admission process, please do not hesitate to call or email the School Registrar at 503-635-3088 or [kim@parkacademy.org](mailto:kim@parkacademy.org)

## ADMISSIONS PROCEDURE

*Please read carefully*

We accept applications at any time, as there may be occasional mid-year openings. However, the usual procedure is to submit an application as early as possible in the fall for the following school year. Applications received after February 16<sup>th</sup> will be reviewed, but may not be fully processed in time for a March decision. **We strongly suggest that you gather your documents, make necessary assessment appointments, AND SUBMIT YOUR APPLICATION as early as possible.**

Parents unfamiliar with Park Academy should attend one of our Parent Tours which are offered October through May. Call 503-635-3088 to register for a date.

Submit a complete packet which consists of the following documents:

- Application – **deadline February 16, 2012**
- The complete report of a current Psycho-educational Evaluation (administered within 2 years of submission of application) as well as any academic/educational testing if applicable or upon request.
- Most recent report card
- Student Strengths and Needs Profile (included) completed by current teachers(s)
- Individualized Education Plan (IEP) or 504 if applicable
- Speech/Language and Occupational Therapy evaluations and progress reports if applicable
- Non-refundable \$75 fee to cover processing of the application and a review of the records
- \* **Financial Aid application deadline February 24, 2012**
- If applying for 10<sup>th</sup> or 11<sup>th</sup> grade:
  - Official transcript as of date of application (must be received by July 15<sup>th</sup> of entering year)
  - Any standardized test reports (HAS, SOL, SSAT, PSAT, ACT)
  - Letter of Eligibility for Accommodations from College Board or ACT if previously approved
- **We cannot process incomplete applications.** Only when a **complete** application packet has been received can the Admissions Committee review the records. Please do not fax documents due to the sensitive nature of the material and because faxed copies are often unreadable. Please keep originals for your own files; any materials submitted to Park Academy remain part of our confidential records. **All evaluations and materials** included in the application are **considered the confidential property of Park Academy** and, as such, are discussed only with the members of the Admissions Committee.
- **If the student seems to be an appropriate fit for Park Academy, s/he will be invited for a classroom visit.** The parents will be sent a decision letter as soon as the student has been accepted and a response is due two weeks following your receipt of the acceptance letter, along with a tuition contract and a deposit of \$1,000. (to be applied towards the last tuition payment). There is also a \$50.00 activity fee due at this time. Those applicants for whom Park Academy is not appropriate will be notified as soon as possible after the Committee has reviewed their application materials. It is not part of the Park Academy Admissions procedure to conduct post-decision discussions.

\* FINANCIAL AID: Park Academy's Board of Trustees is committed to maintaining a diverse student body broadly representing the demographics of the community, therefore, we seek to enroll students who meet our criteria but may need financial assistance. In order to make the financial aid process equitable, Park Academy uses procedures developed by the School and Student Services for Financial Aid (SSS). Awards of scholarships will be based on the availability of funds as set forth by the Scholarship Committee and the Board of Trustees. You can access this application at our website [www.parkacademy.org](http://www.parkacademy.org)

***Prior to requesting financial assistance the family is required to document contact with their local school district requesting district funding for Park Academy tuition.***

# Admission Application & Fee 2012-2013 School Year

Submission of this document is required to begin the admission process.

## Applicant

Legal Last Name	Legal First Name	Legal Middle Name	Preferred Name
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth ___ / ___ / ___	Place of birth _____	SSN# _____ - _____ - _____
Current Grade 2011-2012 _____	Grade applying for 2012-2013 _____		
Home Address	City	State	Zip
Phone	Parent/Guardian primary email address		

## School Information

Current School	Telephone	Grade(s) attended	
Address	City	State	Zip

## Previous Schools

School Name	City	State	Zip	Grade(s) attended
School Name	City	State	Zip	Grade(s) attended

## Additional Family Members

Sibling Name	Birthdate	Current School	Grade
Sibling Name	Birthdate	Current School	Grade
Sibling Name	Birthdate	Current School	Grade

If your child is adopted, at what age did he/she join your family? \_\_\_\_\_

## Optional Information

Please mark the ethnic group with which your child identifies:

- |  |  |
|--|--|
| <input type="checkbox"/> African/African American    | <input type="checkbox"/> Pacific Islander American                 |
| <input type="checkbox"/> Asian/Indian/Asian American | <input type="checkbox"/> Latino/Hispanic American                  |
| <input type="checkbox"/> Native American             | <input type="checkbox"/> Middle Eastern/Middle Eastern American    |
| <input type="checkbox"/> Caucasian                   | <input type="checkbox"/> Multi-racial/Other (please specify) _____ |

*Park Academy does not discriminate on the basis of race, national or ethnic origin, religion, gender, sexual orientation or any other basis prohibited by law in the administration of its educational policies, admission policies, financial aid programs, athletic or other school-administered programs.*

## Parent/Guardian (A) Information

\_\_\_\_\_  
Parent/Guardian Name      Relationship to applicant

\_\_\_\_\_  
Spouse/Partner, if not child's parent/guardian

\_\_\_\_\_  
Address (if different from applicant)

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Phone #                      Ext.

\_\_\_\_\_  
Educational Background

Parents are:

Married     Partnered     Separated

## Parent/Guardian (B) Information

\_\_\_\_\_  
Parent/Guardian Name      Relationship to applicant

\_\_\_\_\_  
Spouse/Partner, if not child's parent/guardian

\_\_\_\_\_  
Address (if different from applicant)

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Phone #                      Ext.

\_\_\_\_\_  
Educational Background

Divorced     Other

## HEALTH INFORMATION

Please list any special health issues, including allergies:

Does your child have a history of any of the following?

- |   |                                    |   |                                     |
|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Constant Cold    | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Dizziness/fainting     | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Headaches        | <input type="checkbox"/> Migraines | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Seizures   |
| <input type="checkbox"/> Ear infections   | <input type="checkbox"/> Adenoids  | <input type="checkbox"/> Abdominal pains        | <input type="checkbox"/> Tonsils    |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Surgery   | <input type="checkbox"/> Accidents/broken bones | <input type="checkbox"/> Other      |

Is your child currently taking any medication?  Yes  No If yes, please list below:

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Medication	Diagnosis
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Medication	Diagnosis
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Has your child ever received counseling?  Yes  No If yes, please list below:

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Beginning date	Ending date	Frequency	Therapist(s)	Address(es)
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Beginning date	Ending date	Frequency	Therapist(s)	Address(es)
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## CURRENT DEVELOPMENT

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Name of Child's Pediatrician	Date of last physical exam
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Address	Phone Number
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Date eyes last examined: \_\_\_\_\_ By whom: \_\_\_\_\_

Vision problems:  Yes  No Glasses:  Yes  No Contact Lenses:  Yes  No

Date hearing last examined: \_\_\_\_\_ By whom: \_\_\_\_\_

Hearing difficulties:  Yes  No Hearing aid:  Yes  No

Has your child had a neurological examination: If so, when: \_\_\_\_\_

Physician's name: \_\_\_\_\_

SCHOOL HISTORY (Previous schools your child has attended)

School	Address	Grades attended
School	Address	Grades attended
School	Address	Grades attended

EDUCATIONAL HISTORY

When were you first aware of your child's learning disabilities? \_\_\_\_\_  
\_\_\_\_\_

Has your child been identified by a public school system as being learning disabled? \_\_\_\_\_  
\_\_\_\_\_

TESTING HISTORY

Date of most recent **psycho/educational testing** \_\_\_\_\_ Examiner: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date(s) of previous psycho/educational testing: \_\_\_\_\_

Date(s) of most recent **speech/language evaluation**: \_\_\_\_\_ Examiner: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Is your child currently receiving speech/language therapy?  Yes  No

Is your child currently receiving occupational therapy and/or physical therapy?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is your child being tutored?  Yes  No If yes, by whom? \_\_\_\_\_

Subject area(s): \_\_\_\_\_

## STUDENT PROFILE

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What has your child liked most in school? \_\_\_\_\_

\_\_\_\_\_

What has your child disliked most in school? \_\_\_\_\_

\_\_\_\_\_

Please list your child's favorite activities, games, and/or artistic interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any organizations, clubs, teams, or groups to which your child belongs: \_\_\_\_\_

\_\_\_\_\_

What types of technology does your child use for education and recreation? \_\_\_\_\_

\_\_\_\_\_

Describe your child's interaction with peers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any concerns you may have about your child's social, emotional, or behavioral functioning:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state briefly why you think **Park Academy** might be a good school for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever applied to Park Academy before?  Yes  No If yes, when? \_\_\_\_\_

Have you attended a Parent Tour/Open House at Park Academy? If yes, when: \_\_\_\_\_

From what source(s) have you heard of Park Academy? \_\_\_\_\_

Name of person who knows the whole family and can serve as a reference: \_\_\_\_\_

Address

Phone Number

Application completed and signed by: \_\_\_\_\_

Date: \_\_\_\_\_

A \$75 processing and record review fee must be enclosed with this form. Please make check payable to Park Academy.

The Admissions Committee will not process any application which fails to include copies of the most recent school reports, current intelligence evaluations, and all assessments you have listed in the application. It is the parents' responsibility to secure copies of all reports and forward them to Park Academy.

Park Academy's programs and policies are applied with equal consideration to all of its applicants and students. Candidates are not discriminated against on the grounds of race, ethnicity, gender, religion, nationality, disability or any other status protected by law. Park Academy is not able to accommodate the needs of students with Autism Spectrum Disorders, Pervasive Developmental Disorder, or learning disabled students with secondary conduct disorders or severe psychiatric problems.

# Confidential Math Teacher Evaluation

To current Math teacher of (Student Name): \_\_\_\_\_

This student is an applicant for \_\_\_\_\_(grade) at Park Academy for the 2012-2013 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy.

What are the first three words that come to mind to describe this student?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

1 = Outstanding 2 = Excellent 3 = Good 4 = Average 5 = Below Average

	1	2	3	4	5
Ability to apply basic skills to problem solving situations					
Listening skills					
Creativity and original thinking					
Study habits					
Class participation					
Ability to work in groups					
Ability to work independently					
Effort/self-motivation					
Seeks help when needed					
Uses suggestions or corrections					
Willingness to take intellectual risks					
Perseverance and thoroughness					
Honesty/integrity					
Emotional stability					
Self-esteem					
Self-discipline					
Consideration of others					
Peer compatibility					
Relationship with teachers					
Leadership					
School citizenship					
Maturity related to age					

1. Please further elaborate on the student's academic strengths, challenges, learning styles, and special needs.

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2. Please share any additional information you think would be helpful in evaluating this candidate for admission.

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Teachers Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ School Phone \_\_\_\_\_

# Confidential Language Arts Teacher Evaluation

To current Language Arts teacher of (Student Name): \_\_\_\_\_

This student is an applicant for \_\_\_\_\_ (grade) at Park Academy for the 2012-2013 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy. What are the first three words that come to mind to describe this student?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

1 = Outstanding 2 = Excellent 3 = Good 4 = Average 5 = Below Average

<i>Academic Evaluation</i>	1	2	3	4	5	Comments
Academic achievement						
Attitude towards subject						
Ability to reason abstractly						
Ability to think logically						
Reading comprehension						
Oral expression						
Listening skills						
Written expression						
Organizational ability						
Creativity and original thinking						
Study habits						
Class participation						
Ability to work in groups						
Ability to work independently						
Effort/self-motivation						
Seeks help when needed						
Uses suggestions or corrections						
Willingness to take intellectual risks						
Perseverance and thoroughness						
Honesty/integrity						
Emotional stability						
Self-esteem						
Self-discipline						
Consideration of others						
Relationship with teachers						
Leadership						
School citizenship						
Maturity related to age						

1. Please further elaborate on the student's academic strengths, challenges, learning styles, and special needs.

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2. Please share any additional information you think would be helpful in evaluating this candidate for admission.

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Teachers Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ School Phone \_\_\_\_\_