Application for Admission

Today's Date ___/___/___

Student's Name: _____/_____ M __ F__ Date of Birth ___/___/___
First Middle Last Nickname

Address _____ SS #: ____-___-_____ Grade Entering: _____ Age _____

City/State/Zip _____ Phone (____)_____ Unlisted? __Yes __No

School Last Attended _____ Address _____

City _____ State _____ Zip _____ Email_____

(Parents/Guardians living in student's household)

Father's Name: _____ SS #: ____-___-_____ Date of Birth: ___/___/___

Name of Firm: _____ Business Phone: (____)_____

Business Address: _____ Cell Phone: (____)_____

City _____ State _____ Zip _____ Email _____

Occupation and position: _____

Education (Schools, degrees, dates): _____

Mother's Name: _____ SS #: ____-___-_____ Date of Birth: ___/___/___

Name of Firm: _____ Business Phone: (____)_____

Business Address: _____ Cell Phone: (____)_____

City _____ State _____ Zip _____ Email _____

Occupation and position: _____

Education (Schools, degrees, dates): _____

□ I do □ do not give permission for *The* Rubicon Academy
to publish our family's name, address, and phone number in the school directory.

If the student's birth mother or father is not listed above, please enter the following:

Father _____ Mother _____

Address _____ Address _____

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

I give permission for the non-custodial parent, _____, to pick up my student during or after school: _____ (Signature of Custodial Parent)

The Rubicon Academy will need a copy of the Custodial Agreement.

Parent Observation Questionnaire

Developing a student profile helps to develop a deeper understanding of an individual's unique interests, styles, and abilities. By gathering information from a variety of sources, *The* Rubicon Academy staff is in a better position to make educational decisions that will enhance the student's development.

Five areas to be considered are the student's:

- Academic achievement
- Learning styles and strengths
- Interests
- Special abilities
- Visions and goals for the future

Please answer the following questions about your child **to the best of your ability**. You may attach extra sheets.

- Academic achievement tells us what the student can do in various areas of the curriculum. Watching a student during learning activities, analyzing student products, and using learning inventories are a few ways to gather information. In addition to academic achievement, tests that have a ceiling many years beyond a student's age level can provide information about the student's maximum level of performance. This information is valuable when selecting learning materials, activities, and environments that can provide a challenge.

  1. In what school subject(s) do you feel your child does best?

  _____
  _____
  _____
  _____
  _____

  2. In what school subjects(s) does your child need extra help?

  _____
  _____
  _____
  _____
  _____

- Learning styles and strengths refer to the way a student approaches learning. The general methods of instruction are: projects, drill and recitation, peer teaching, discussion. teaching games, independent study, lecture and simulation, and programmed instruction.

  1. Please explain which of these methods your child prefers when learning new information.

  _____
  _____
  _____

_____
_____

2. What methods of learning does your child find frustrating?

_____
_____
_____
_____
_____
_____

- Interests of the students can provide a basis for curriculum development.

  1. What topics interest your child? How does your child follow through in an area of interest? In what ways do you, as a parent, help support your child's quest for knowledge?

_____
_____
_____
_____
_____
_____

- Special abilities refer to the student's talents that may or may not be exhibited in school. The student may have a special ability in taking mechanical objects apart and putting them back together or may be an accomplished pianist, artist, dancer, etc.

  1. What are your student's hobbies, extracurricular activities, and outside interests?

_____
_____
_____
_____
_____
_____

- Vision and goals for the future are the student's personal values. Creating a vision of the future provides the student with a focus for personal planning.

  1. What are your child's long term visions and goals?

_____
_____
_____
_____
_____

2. What are your long term visions and goals for your child?

_____
_____
_____
_____
_____

Confidential Health Information

Student's Name _____ **Date of Enrollment** _____ **Grade** _____
First Middle Last
Address _____ **Date of Birth** _____ **Sex** _____
City, State, Zip Code _____ **Home Phone** _____

Mother or Guardian:
Name _____
First Middle Last
Address _____ **Phone** _____
Bus. Address _____
Bus. Phone/Cell _____

Father or Guardian:
Name _____
First Middle Last
Address _____ **Phone** _____
Bus. Address _____
Bus. Phone/Cell _____

If the parents/guardians can not be reached in case of an emergency please call:
Name _____ **Relationship** _____ **Phone Number** _____

I authorize *The* Rubicon Academy **to allow my child to leave ONLY with the following persons:**
Name _____ **Relationship** _____ **Phone Number** _____

Name _____ **Relationship** _____ **Phone Number** _____

Name _____ **Relationship** _____ **Phone Number** _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached for emergency medical attention, I authorize *The* Rubicon Academy **Director or person in charge to contact:**

Doctor _____ **Address** _____ **Phone Number** _____

Hospital _____ **Address** _____ **Phone Number** _____

I give my consent for necessary medical treatment by Emergency Medical Services and when my child is in the care at these health providers or their designees. I understand that I will be responsible for the costs of such services.

Signature – Parent/Legal Guardian _____ **Date** _____

Authorization for Academy Activities/Publications

I grant permission for my child to attend all school sponsored trips and activities throughout the school year unless I request non-participation for any event in writing prior to the event. I grant permission for the school to publish pictures, videos, and schoolwork produced by my student unless I request otherwise in writing.

_____ _____
Father's/Guardian's Signature Date Mother's/Guardian's Signature Date

Health Requirements

Student's Name _____ **Date of Birth** _____

Immunization Record					
Type of Vaccine	**Mo/Day/Year**	**Mo/Day/Year**	**Mo/Day/Year**	**Mo/Day/Year**	**Mo/Day/Year**
Diphtheria,Tetanus, Pertussis (DTP)	/ /	/ /	/ /	/ /	/ /
Diphtheria, Tetanus (DT)	/ /	/ /	/ /	/ /	/ /
Oral Polio Vaccine (OPV)	/ /	/ /	/ /	/ /	/ /
Measles, Mumps, Rubella (MMR)	/ /	/ /	/ /	/ /	/ /
Hemophilus Influenza b (HIB)	/ /	/ /	/ /	/ /	/ /
Hepatitis B (HBV)	/ /	/ /	/ /	/ /	/ /
Chicken Pox	/ /	/ /	/ /	/ /	/ /
TB Testing	/ /	/ /	/ /	/ /	/ /
Other	/ /	/ /	/ /	/ /	/ /

I certify that the immunizations documented above have been verified through careful review of a record, or records, issued by health care providers. (Note: You must attach a verified copy or obtain a doctor's signature below.)

Parent's or Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

Health History

Please check any conditions that apply and explain below:

☐ **Medications taken regularly**	☐ **Hospitalization in the past**	☐ **Surgery**	☐ **Allergy to bee stings**
☐ **Concussion**	☐ **Seasonal allergies**	☐ **Asthma**	☐ **Measles**
☐ **Physical limitations**	☐ **Learning disability**	☐ **Diabetes**	☐ **Broken bones**
☐ **Counseling or testing**	☐ **Frequent headaches**	☐ **Fainting**	☐ **Heart murmur**
☐ **Hearing impairment**	☐ **Chicken Pox**	☐ **Hepatitis**	☐ **Emotional problem**
☐ **Food Allergies**	☐ **Epilepsy/Convulsions**	☐ **Infection**	

Allergies to drugs:_____

Explain:_____

_____

_____

_____

List fractures and operations (type and date)_____

_____

Are there any other conditions or precautions of which we should be aware?_____

_____

YOUR CHILD MAY BE GIVEN: (please check)

__**Tylenol (Acetaminophen)** __**Advil (Ibuprofen)** __**Benadryl (Diphenylhydramine)**

Parent's or Guardian's Signature _____ Today's Date _____

Nursing Notes:

_____

_____

_____

_____

_____

The Rubicon Academy

Texas State Medical Requirement

Furnish one of the following options (please check option you have selected):

- ❑ **A doctor's statement:**
  I have examined_____within the past year and find that he/she is physically able to take part in all school activities.

  _____ _____
  Physician's Signature **Date**

- ❑ **A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. If no referral for further diagnosis and treatment is indicated.**

- ❑ **A form or written statement from a health service clinic.**

- ❑ **Parent's Statement:**
  My child has been examined within the past year by a licensed physician and is able to participate in all school activities. Within the next 12 months I will obtain and submit a physician's statement, a copy of the medical screening form from the EPSDT program, or a form or statement from a health service or clinic.

Name and address of Physician or address of EPSDT screening site:

OR

- ❑ **My child has an appointment for a physical examination. I will submit the physician's statement, EPSDT form, health service or clinic form.**

Name and address of Physician or address of EPSDT screening site:

_____ _____
Signature of Parent or Legal Guardian **Date**