

Application Form



Date: _____

Student Information

Student's Name _____

Birth date _____ Age _____ Sex _____

Social Security # _____

Grade (2008-09 school year) _____ School Name _____

Parent/Guardian Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Student resides with: _____

In Case of Emergency

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to Applicant: _____

Developmental History

Please mark primary diagnosis with a "P" and secondary with an "S"

- | | |
|---------------------------|---------------------------|
| _____ Asperger's Syndrome | _____ Anxiety |
| _____ ADD | _____ Depression |
| _____ ADHD | _____ Bipolar |
| _____ Autism | _____ Learning Disability |
| _____ Behavioral Disorder | _____ PDD/NOS |
| _____ Other: _____ | |

AUCOCISCO SCHOOL and LEARNING CENTER
126 Spurwink Avenue · Cape Elizabeth, ME 04107
Phone (207) 773-7323 · Fax (207) 773-6767
info@aucociscoschool.org · www.aucociscoschool.org

Medications

Please list both prescription and over-the-counter:

Medication	Dose	Times	Self Medication Status

Allergies

Please list all allergies to medications, food, animals, environment etc.

Individual Needs

Please list child's likes:

Please list child's dislikes:

Please list any sensory issues that your child may have:

Please inform us of anything else you think we should know about your child:

How did you hear about the Aucocisco Backstage program?

When are you available for interview? _____

Please attach a current picture of your child here.

Fall 2008 Sessions

Saturday mornings 9:00-11:00 am: Nov. 1, 8, 15, 22; Dec. 6, 13, 20 (\$450.00)

Saturday afternoons 12:00-2:00 pm: Nov. 1, 8, 15, 22; Dec. 6, 13, 20 (\$450.00)

(No Backstage in Thanksgiving week)

Application fee: \$10.00 (check or money order)

Once completed, please mail this application, along with the application fee, to:

Attn: Kathy Condon
Backstage Program
Aucocisco School
126 Spurwink Ave.
Cape Elizabeth, ME 04107

- Please attach a copy of your child's Individualized Education Plan (IEP), or contact Aucocisco School to arrange for its delivery.
- Also, once your child's application has been submitted, please contact Kathy Condon at (207)-773-7323 to arrange an informal interview. NOTE: This interview and application process is *not* intended to assess and/or accept students based upon a set of qualitative judgments, but is rather a means of developing a group that can function best *together* given the limited number of available spaces for students.

Applicant Signature

Date

Parent/Guardian Signature

Date