

Application Form



Date: _____

Student Information

Student's Name _____

Birth date _____ Age _____ Sex _____

Social Security # _____

Grade (2007-08 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.***

Session Choices

Please indicate your preference (1 for first choice, 2 for second, etc.):

- _____ Saturday afternoons May 3, 10, 17, 24 \$425.00
- _____ Summer Session 1: June 30-July 10 \$725.00 for 2 weeks
- _____ Summer Session 2: July 14-July 24 \$725.00 for 2 weeks
- _____ Summer Session 3: July 28-August 1 \$425.00 for 1 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