

**APPLICATION FOR ADMISSION**  
**The Gladys H. Oberle School**  
**2009-2010**

STUDENT NAME: \_\_\_\_\_

PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HANDICAPPING CONDITION: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

AGE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_

INVOICING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BASE SCHOOL: \_\_\_\_\_

GENDER: \_\_\_\_\_

GRADE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT FAX: \_\_\_\_\_

To be considered for acceptance, the following records must be provided with this application form.

\_\_\_\_\_ Copy of Current IEP including Addendums

\_\_\_\_\_ Copy of Latest Eligibility Documents

\_\_\_\_\_ Minutes

\_\_\_\_\_ Psychological Report

\_\_\_\_\_ Educational Report

\_\_\_\_\_ Sociocultural Report

\_\_\_\_\_ Medical Report

\_\_\_\_\_ Copy of Up-To-Date Student Transcript

\_\_\_\_\_ Copy of Student Attendance (Year to Date)

\_\_\_\_\_ Copy of Student Discipline Record (Including Year to Date Suspensions and Reasons for Suspensions)

\_\_\_\_\_ SOL Testing Results

\_\_\_\_\_ Copy of Physician's Certificate (Physical) with Doctor's Signature

\_\_\_\_\_ Up-To-Date Immunization (Shot) Record