

Start Date:

Interview/Tour Date:

STI #:

Acceptance/Denial Letter Sent:

APPLICATION FOR ADMISSION/INITIAL ASSESSMENT
The Gladys H. Oberle School
404 Willis Street P.O. Box 801
Fredericksburg, VA 22404
2022-2023

STUDENT: REVIEW DATE: START DATE:

BIRTHDATE: AGE: GRADE RACE: GENDER:

PARENT/GUARDIAN 1 PHONE: EMAIL:

PARENT/GUARDIAN 2 PHONE: EMAIL:

ADDRESS: STUDENT ALLERGIES:

LEA CONTACT: BASE SCHOOL:

LEA PHONE: LEA EMAIL: LEA FAX:

TO BE CONSIDERED FOR ACCEPTANCE, THE FOLLOWING RECORDS MUST BE PROVIDED WITH THIS APPLICATION FORM.

Copy of Current IEP including Addendums

Services:

Original Date:

Addendum Date:

Diploma:

Copy of Latest Eligibility Documents

Primary Disability / Secondary

Minutes

Date:

/

Psychological Report

Date:

FSIQ:

Verbal:

Nonverbal:

Working Memory:

Processing:

Educational Report Date:

Rdg:

Math:

Writing:

Sociocultural Report Date:

Medical Report Date:

Copy of Student Attendance (Year to Date)

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

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

Up-To-Date Immunization (Shot) Record (Please record date of immunization)

MenACWY (7th/12th)

Tdap (7th)

HPV (7th)

HepB (11-15Yrs)

Copy of Up-To-Date Student Transcript

Grade Level:

Administrator:

Case Manager:

Counselor:

SOL TESTING RESULTS:

SOL Test	Date	Score	To Take/Retake
Earth Science			
Biology			
Algebra I			
Geometry			
World History I			
VA/US History			
English 11 Reading			
English 11 Writing			

Report Card Date:	Grade:
English	
Math	
Science	
History	
PE	

Additional Notes: