

# Admission Application



920 Methuen Street  
 Dracut, Ma 01826  
 Ph. (978) 453-4900  
 Fax (978) 453-4944

STUDENT INFORMATION			
Name Last	First	M.I.	Date
Address			Apartment/Unit#
City		State	ZIP
Date of Birth	Gender	Age	Primary Language
PARENT/GUARDIAN INFORMATION			
Name Last	First	M.I.	Date
Address			Apartment/Unit#
City		State	ZIP
Phone	Email		
Occupation		Relationship to Student	
Do you have School District approval for out of district placement ? <i>Check One</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Responsible School District		Contact	Phone No.
PARENT/GUARDIAN INFORMATION			
Name Last	First	M.I.	Date
Address			Apartment/Unit#
City		State	ZIP
Phone	Email		
Occupation		Relationship to Student	
Do you have School District approval for out of district placement ? <i>Check One</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Responsible School District		Contact	Phone No.
Who referred you to Kenwood Academy ?			

**CURRENT EDUCATIONAL PLACEMENT**

Program Name

Address

City

State

ZIP

SPED Director

Phone No.

Program Description

**EDUCATIONAL HISTORY**

Program Name

From:

To:

Program Name

From:

To:

Program Name

From:

To:

Program Name

From:

To:

Program Name

From:

To:

Program Name

From:

To:

**CLINICAL HISTORY**

Primary Diagnosis

Performed By

Date of Diagnosis

Other Diagnosis

Performed By

Date of Diagnosis

**MEDICAL HISTORY**

Primary Care Physician

Phone No.

Please list all medical conditions, illness, surgeries and hospitalizations with dates

Allergies

MEDICATION HISTORY	
Please list all current medications including name, dosage, frequency, and date started.	
ADDITIONAL COMMENTS	
DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to admission, I understand that false, misleading or incomplete information in the application or interview may result in the termination of the student, if accepted based on such false, misleading or incomplete information	
Signature	Date

**Material to be submitted:**

- **Application Form**
- **Student Evaluation (within last 3 years)**

The Kenwood Academy admits students of any race, color, and national ethnic origin.

**Evaluations**

Please submit copies of student’s current or most recent I.E.P (Individual Education Plan) and evaluations. Examples of pertinent evaluations, including but not limited to: medical, neurological, psychological/psychiatric, speech and language, occupational and physical therapy.

***Please send all materials to:***

Kenwood Academy  
 920 Methuen Street  
 Dracut, Ma 01826  
 Attn: Admissions