

SCHOOL HISTORY

List all schools attended, school's location, dates attended and grades completed (additional page may be included):

<u>Name of School</u>	<u>Location</u>	<u>Dates attended</u>	<u>Grades</u>	<u>Language of Instruction</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child ever skipped a grade? Yes No What grade(s) _____

Has your child ever been retained? Yes No What grade(s) _____

Has your child ever been identified as (if yes to any of the below, please include a separate sheet providing details):

Yes	No	
		Attention Deficit Disordered/Hyperactive
		Speech and Language Disordered
		Having Behavioral Problems
		Having Difficulty with School Adjustment

Yes	No	
		Developmentally Delayed
		Emotionally Handicapped
		Learning Disabled
		Slow Learner

Has your child received any of the following services (if yes, please include a separate sheet providing details):

Yes	No	
		Gifted/Talented
		Learning Support
		Speech/Language
		Remedial Math (e.g. Chapter I)
		Remedial Reading (e.g. Chapter I)
		Full Time Special Education
		Assisted by a Teacher's Aide
		Modifications (courses, tests, assignments)

Yes	No	
		ESL
		Tutor
		Physical Therapy
		Occupational Therapy
		Supplemental Testing (e.g. psycho-educational)
		Special Education Assistance in the Classroom
		Counseling

If received any other services (please explain) _____

Is your child currently taking any medication? Yes No Please list and indicate reason:

Describe any physical problems, disabilities, or limitations your child may have:

Is there anything else you would like us to know about your child, including interests and hobbies?

- I hereby apply for the admission of the above named student to CAC and agree that my child and I will abide by all the rules and regulations of the school.
- I authorize CAC to administer all testing deemed appropriate by school personnel to assess my child's academic skills, educational needs, and progress during the term of my child's stay at the school.
- My child and I have reviewed Policy #8.4023 and are aware that enrollment in CAC includes random drug testing in grades 8-12.
- I/we consent to allow Cairo American College to use photographs and videos of my child on the CAC website and/or for CAC public relations purposes, with the understanding that at no time will my child's name appear in association with said photographs and/or videos without my express written permission.
- I/we certify that the information provided above is complete and correct and authorize Cairo American College to request further information from teachers/counselors/administrators for verification. I/we understand that if any information gained by Cairo American College through interviews or further reports does not match the information provided in this application, any offer of admission may be revoked. If the student has already been enrolled, he/she may be exited from CAC with no refund.

Signature of Parent or Guardian _____ Date _____

Student's Signature (if applying for grade 6-12) _____ Date _____