

PARK ACADEMY

Ignite. Empower. Imagine.



Admissions Application And Procedures 2017-2018

Please return this form to Park Academy, 1915 South Shore Blvd, Lake Oswego, OR 97034
Main Office: 503-594-8800; Admissions: 503-594-8776; Fax: 503-594-8801
Web site: www.parkacademy.org

Park Academy

Admissions Policy

Park Academy is a 501 (c)(3) not-for-profit organization that seeks and accepts students for admission without discrimination against any person because of race, color, religion, national origin, gender, or any other status protected by law.

- Following the tenets of our mission statement, “**empowering students with diverse learning challenges to reach their highest potential of giftedness,**” the Park Academy Admissions Committee adheres to the following guidelines when determining a student’s eligibility and appropriateness for placement in our academy.
- Student may exhibit symptoms of Attention Deficit Disorder (inattentive-type or with hyperactivity), **but the condition must be managed sufficiently through medical or other interventions so the student can interact with peers in a positive and appropriate manner and successfully participate in the classroom without disrupting the learning of other students**
- Student may have a diagnosis of dyslexia, language disorder, or processing disorder, but has sufficient attending and language processing skills to follow classroom instruction
- Student is in grades three through twelve or within the corresponding age group
- Student scores average or above on a standard measure of cognition
- Student can access the school curriculum with approved Park Academy modifications and accommodations
- Student has a record of school appropriate social behavior and conduct
- Student is clean, sober, and free from any drug addiction
- Student may display fine or gross motor delays, but is able to navigate a school environment and participate in academic tasks with standard accommodations and support
- Student and family agree to support and comply with the student conduct policy
- Parents/family agree to follow and comply with all of the requirements of the Admissions Procedure

Park Academy

Admissions Procedure

Park Academy's mission is to accept students who will benefit from our specifically designed program. **Park Academy is not able to accommodate students with excessive social/emotional and/or communication skills deficits or students with a pattern of behavior that is disruptive to the learning of other students.**

- 1) Parents/families contact the Admissions Coordinator at Park Academy to request information about the school and schedule an Admissions Tour. The tour dates and times are set by the Admissions Coordinator each fall.
- 2) Admissions Tours are led by the Admissions Coordinator and the Head of School to provide information about Park Academy and communicate the services we offer the student and their family. At the end of the tour, applications will be made available.
- 3) The application should be completed by the student and student's family and returned to the school. We accept applications at any time, however the usual procedure is to submit an application as early as possible in the fall for the following school year.
- 4) The complete admissions packet consists of the following documents:
 - Application and non-refundable \$75 application fee to cover processing the application and a review of the records
 - Student Profile
 - Student self-recommendation (grades 6-12)
 - A current psycho-educational evaluation (administered within 3 years of submission of the application), and/or any academic/educational testing
 - Speech/language and occupational therapy evaluations, if applicable
 - Individualized Education Plan (IEP) or 504, if applicable
 - Most recent academic report card, standardized test reports, and transcript, if applicable
 - Teacher recommendation forms from your child's current teachers.
Teachers should send completed forms directly to Park Academy
 - Wallet size picture

We will not process incomplete applications. Only when a complete application packet has been received can the Admissions Committee review the records. Please keep original documents for your own file. All evaluations and materials included in the application are considered confidential and, as such, are discussed only with members of the Admissions Committee.

- 5) **If the student appears to be an appropriate fit for Park Academy after careful review of the documentation submitted, s/he will be invited for a shadow visit.** When invited, the parent will schedule the shadow visit on two consecutive days. The student will spend the entire day and will accompany a host student from class to class. The visiting student should arrive with a family member by 8:00 AM and should bring a lunch or lunch money.

At selected times during their shadow visit, students will be given baseline assessments using standardized screening tools. Toward the end of the second day, the Admissions Coordinator or a School Administrator will interview the visiting student.

- 6) The Admissions Committee will meet to recommend whether the student will be admitted or not. The Head of School reserves the right to accept or reject the recommendation of the Admissions Committee.
- 7) A decision letter will be sent in a timely manner to the families of all applicants after completion of the Admissions Procedure.

Tuition

The tuition is \$19,500 for the 2017-2018 school year
Each family must volunteer for 24 Service hours or pay \$260

Financial Aid (Deadline for application is March 17, 2017)

Park Academy's Board of Trustees is committed to maintaining a diverse student body representing the demographics of the community, therefore, we seek to enroll students who meet our criteria for admission but may need financial assistance. In order to make the financial aid process equitable, Park Academy uses procedures developed by the School and Student Services for Financial Aid (SSS). Awards of scholarships will be based on the availability of funds as set forth by the Scholarship Committee and the Board of Trustees. You can access this application at our website www.parkacademy.org

Prior to requesting financial assistance the family is required to document contact with their local school district requesting district funding for Park Academy tuition.

Admission Application 2017-2018 School Year

Submission of this document along with the application fee is required to begin the admission process.

Applicant

Legal Last Name	Legal First Name	Legal Middle Name	Preferred Name
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth ___ / ___ / ___	Place of birth _____	SSN# _____ - _____ - _____
Current Grade 2016-2017 _____	Grade applying for 2017-2018 _____		
Home Address	City	State	Zip
Phone	Parent/Guardian primary email address		

School Information

Current School	Telephone	Grade(s) attended	
Address	City	State	Zip

Previous Schools

School Name	City	State	Zip	Grade(s) attended
School Name	City	State	Zip	Grade(s) attended

Additional Family Members

Sibling Name	Birthdate	Current School	Grade
Sibling Name	Birthdate	Current School	Grade
Sibling Name	Birthdate	Current School	Grade

If your child is adopted, at what age did he/she join your family? _____

Optional Information

Please mark the ethnic group with which your child identifies:

- | | |
|--|--|
| <input type="checkbox"/> African/African American | <input type="checkbox"/> Pacific Islander American |
| <input type="checkbox"/> Asian/Indian/Asian American | <input type="checkbox"/> Latino/Hispanic American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Middle Eastern/Middle Eastern American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Multi-racial/Other (please specify) _____ |

Park Academy does not discriminate on the basis of race, national or ethnic origin, religion, gender, sexual orientation or any other basis prohibited by law in the administration of its educational policies, admission policies, financial aid programs, athletic or other school-administered programs.

Parent/Guardian (A) Information

Parent/Guardian Name Relationship to applicant

Spouse/Partner, if not child's parent/guardian

Address (if different from applicant)

City, State and Zip

Home Phone

Cell Phone

E-mail

Profession

Place of Employment

Address

Work Phone #

Ext.

Educational Background

Custodial Status: (if other than mother and father).

Parent/Guardian (B) Information

Parent/Guardian Name Relationship to applicant

Spouse/Partner, if not child's parent/guardian

Address (if different from applicant)

City, State and Zip

Home Phone

Cell Phone

E-mail

Profession

Place of Employment

Address

Work Phone #

Ext.

Educational Background

HEALTH INFORMATION

Please list any special health issues, including allergies:

Does your child have a history of any of the following?

- | | | | |
|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Constant Cold | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Migraines | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Adenoids | <input type="checkbox"/> Abdominal pains | <input type="checkbox"/> Tonsils |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Surgery | <input type="checkbox"/> Accidents/broken bones | <input type="checkbox"/> Other |

Is your child currently taking any medication? Yes No If yes, please list below:

Medication	Diagnosis
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Medication	Diagnosis
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Has your child ever received counseling? Yes No If yes, please list below:

Beginning date	Ending date	Frequency	Therapist(s)	Address(es)
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Beginning date	Ending date	Frequency	Therapist(s)	Address(es)
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CURRENT DEVELOPMENT

Name of Child's Pediatrician	Date of last physical exam
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Address	Phone Number
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Date eyes last examined: _____ By whom: _____

Vision problems: Yes No Glasses: Yes No Contact Lenses: Yes No

Date hearing last examined: _____ By whom: _____

Hearing difficulties: Yes No Hearing aid: Yes No

Has your child had a neurological examination: If so, when: _____

Physician's name: _____

SCHOOL HISTORY (Previous schools your child has attended)

School	Address	Grades attended

EDUCATIONAL HISTORY

When were you first aware of your child's learning disabilities? _____

Has your child been identified by a public school system as being learning disabled? _____

TESTING HISTORY

Date of most recent **psycho/educational testing**: _____ Examiner: _____

Address _____ Phone Number _____

Date(s) of previous psycho/educational testing: _____

Date(s) of most recent **speech/language evaluation**: _____ Examiner: _____

Address _____ Phone Number _____

Is your child currently receiving speech/language therapy? Yes No

Is your child currently receiving occupational therapy and/or physical therapy? Yes No

If yes, please describe: _____

Is your child being tutored? Yes No If yes, by whom? _____

Subject area(s): _____

STUDENT PROFILE

What are your child's strengths? _____

What has your child liked most in school? _____

What has your child disliked most in school? _____

Please list your child's favorite activities, games, and/or artistic interests: _____

Please list any organizations, clubs, teams, or groups to which your child belongs: _____

What types of technology does your child use for education and recreation? _____

Describe your child's interaction with peers: _____

Please describe any concerns you may have about your child's social, emotional, or behavioral functioning:

Please state briefly why you believe **Park Academy** may be a good school for your child: _____

Have you ever applied to Park Academy before? Yes No If yes, when? _____

Have you attended a Parent Tour/Open House at Park Academy? If yes, when: _____

From what source(s) have you heard of Park Academy? _____

Name of person who knows the entire family and can serve as a reference: _____

Address

Phone Number

Application completed and signed by: _____

Date: _____

A \$75 processing and record review fee must be enclosed with this form. Please make check payable to Park Academy.

The Admissions Committee will not process any application which fails to include copies of the most recent school reports, and all assessments listed in the application. It is the parents' responsibility to secure copies of all reports and forward them to Park Academy.

Park Academy's programs and policies are applied with equal consideration to all of its applicants and students. Candidates are not discriminated against on the grounds of race, ethnicity, gender, religion, nationality or any other status protected by law. Park Academy is not able to accommodate the needs of students with Pervasive Developmental Disorder, or learning disabled students with secondary conduct disorders or severe psychiatric problems.

Applicant Name

Student Self-Recommendation

(For students applying for grades 6-12)

To the student: Please complete the following questions. You may attach a separate piece of paper if necessary. Your response may be typed or handwritten. Please make sure your name is on your paper.

1. Please tell us why you would like to attend Park Academy. _____

2. What are your strengths? _____

3. What are your weaknesses? _____

4. How would your teachers describe you? _____

5. How would your friends describe you? _____

6. Please list your primary interests and activities in order of importance to you in areas such as music, theater, art, science, math, writing, athletics, community service, leadership roles, etc...

Activity	Years of participation	Position held or award achieved

7. What new activities or organizations would you join if available to you? _____

To the student: Please complete the following essay questions. (Please limit your total response to 2 typed pages or less).

- Tell us about a book you have read that influenced the way you think about yourself, your community, or the world.
- Tell us about a personal experience or challenge that you faced and how you approached it.
- What is the most important thing you bring with you to school every day? Why is it important?
- Who is the most important person in your life? Why?
- What is your most impressive accomplishment? Why?

Confidential Math Teacher Evaluation

To current Math teacher of (Student Name): _____

This student is an applicant for ____ (grade) at Park Academy for the 2017-2018 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy.

What are the first three words that come to mind to describe this student?

1) _____ 2) _____ 3) _____

	1 = Above Average			2 = Average			3 = Below Average		
	1	2	3	1	2	3	1	2	3
Ability to apply basic skills to problem solving situations									
Listening skills									
Creativity and original thinking									
Study habits									
Class participation									
Ability to work in groups									
Ability to work independently									
Effort/self-motivation									
Seeks help when needed									
Uses suggestions or corrections									
Willingness to take intellectual risks									
Perseverance and thoroughness									
Honesty/integrity									
Emotional stability									
Self-esteem									
Self-discipline									
Consideration of others									
Peer compatibility									
Relationship with teachers									
Leadership									
School citizenship									
Maturity related to age									

1. Please elaborate on the student's academic strengths, challenges, learning styles, and special needs.

2. Please share any additional information you think would be helpful in evaluating this candidate for admission.

Teachers Name (please print) _____ Signature _____ Date _____

School Name _____ Address _____

City/State/Zip _____ School Phone _____

Confidential Language Arts Teacher Evaluation

To current Language Arts teacher of (Student Name): _____

This student is an applicant for ____ (grade) at Park Academy for the 2017-2018 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy. What are the first three words that come to mind to describe this student?

1) _____ 2) _____ 3) _____

1 = Good 2 = Average 3 = Below Average

Academic Evaluation	1	2	3	Comments
Academic achievement				
Attitude towards subject				
Ability to reason abstractly				
Ability to think logically				
Reading comprehension				
Oral expression				
Listening skills				
Written expression				
Organizational ability				
Creativity and original thinking				
Study habits				
Class participation				
Ability to work in groups				
Ability to work independently				
Effort/self-motivation				
Seeks help when needed				
Uses suggestions or corrections				
Willingness to take intellectual risks				
Perseverance and thoroughness				
Honesty/integrity				
Emotional stability				
Self-esteem				
Self-discipline				
Consideration of others				
Relationship with teachers				
Leadership				
School citizenship				
Maturity related to age				

1. Please elaborate on the student's academic strengths, challenges, learning styles, and special needs.

2. Please share any additional information you think would be helpful in evaluating this candidate for admission.

Teachers Name (please print) _____ Signature _____ Date _____

School Name _____ Address _____

City/State/Zip _____ School Phone _____