

# PARK ACADEMY

Ignite. Empower. Imagine.



## Admissions Application And Procedures 2018-2019

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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](http://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 from November 1, 2017 thru February 2, 2018 for the following school year.
- 4) The complete admissions packet consists of the following documents:
  - Application and non-refundable \$100 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 \$20,000 for the 2018-2019 school year  
Each family must volunteer for 24 Service hours or pay \$260

### **Financial Aid (Deadline for application is February 2, 2018)**

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](http://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 2018-2019 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 2017-2018 _____	Grade applying for 2018-2019 _____		
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

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Parent/Guardian Name      Relationship to applicant

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

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Address (if different from applicant)

---

City, State and Zip

---

Home Phone

Cell Phone

---

E-mail

---

Profession

---

Place of Employment

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Address

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Work Phone #

Ext.

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Educational Background

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

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## Parent/Guardian (B) Information

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Parent/Guardian Name      Relationship to applicant

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

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Address (if different from applicant)

---

City, State and Zip

---

Home Phone

Cell Phone

---

E-mail

---

Profession

---

Place of Employment

---

Address

---

Work Phone #

Ext.

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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:

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Medication

Diagnosis

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Medication

Diagnosis

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

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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

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Name of Child's Pediatrician

Date of last physical exam

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Address

Phone Number

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 \$100 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

**Directions for Teacher:** Please complete this form, put it into an envelope, seal it, and sign your name over the flap. Give it to the parent, as it must be submitted together with the rest of the admissions materials.

**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.

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

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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.

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

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Teachers Name (please print)

Signature

Date

School Name

Address

City/State/Zip

School Phone