

School Information

Current School: _____ School Contact and Position: _____

Telephone: _____ Email: _____

Address: _____

Date(s) of attendance: _____ Grade(s): _____

If applicant is not in school, please state reason: _____

What is your PUBLIC HIGH SCHOOL DISTRICT? _____

Academic History

Grade	Year	School Name	Public	Private	Day	Boarding	IEP	504	Private Tutor
K									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Private Tutor/Learning Specialist's Name _____ Telephone _____ Email _____

Do you grant Wolcott School administration permission to speak to this person? Yes No

Describe your student's strengths: _____

Has the applicant ever repeated a grade? No Yes Grade/s Repeated: _____

Has the applicant ever withdrawn from a school? No Yes State Reason and Date(s): _____

Has the applicant ever been dismissed or suspended from school? No Yes State Reason and Date(s): _____

Has the applicant ever been arrested? No Yes State Reason and Date(s): _____

Additional Information

List applicant's medical conditions, if any. _____

Is your student currently receiving any medication? No Yes List _____

Describe the condition for which it is being taken. _____

Prescribing Physician: _____ Phone _____

What diagnoses have been given for your student's learning differences? By whom and when? _____

Is there any history of behavioral difficulty in relationship to family or peers or in an academic setting? Please describe: _____

If your child has ever been under the care of a psychologist/psychiatrist, counselor or therapist, please state the reason, the names of the providers, and dates of service. Please sign and return the *Authorization to Release/Exchange Confidential Information* form if within the past 2 years.

Provider: _____ Phone: _____ Dates: _____

Reason: _____

Has your child ever been hospitalized for psychological reasons? Yes No

Explain: _____

If determined that information has been either intentionally or inadvertently withheld, Wolcott School reserves the right to withdraw a student's acceptance without refund of any amounts paid, or waiver of any amounts due. Wolcott School admits students of any race, color, national and ethnic origin, or gender identity to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin or gender identity in administration of its educational policies, and athletic and other school administered programs.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Return application forms and nonrefundable application fee of \$150.00 made payable to Wolcott School.

**Send to: Wolcott School
524 N Wolcott Avenue
Chicago, IL 60622**

Application fee must be received before application is reviewed.
Modified application fee may be available in cases of extenuating financial circumstances. Please contact the Admissions Office.