

Causeway Academy
Parent Admissions Application
2023-2024

430 Jamestown Avenue
Portsmouth, VA 23704
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Applicant's Name

Causeway Academy-Parent Application 2023-2024

Applicant's Name: _____
Last First Middle Name Used

Date of Birth: ____/____/____ M F

General Information:

Home Address: _____
Street

Home/Cell Phone: _____
City State Zip
(_ _) _____

Father's Name: _____ SS# _____

Father's Address: _____
(if different from above)

Home/Cell Phone: (_ _) _____

Occupation: _____

Place of Employment: _____
Name

Street City State Zip

Work Phone: (_ _) _____ Email: _____

Mother's Name: _____ SS# _____

Mother's Address: _____
(if different from above)

Home/Cell Phone: (_ _) _____

Occupation: _____

Place of Employment: _____
Name

Street City State Zip

Work Phone: (_ _) _____ Email: _____

Are both parents living? _____ Divorced? _____ Separated? _____

Where does your child attend school now? _____ Grade level? _____

Reason for leaving? _____

How did you hear about Causeway Academy? _____

Names and ages of other children in family and name of the school(s) currently attending:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical and Therapeutic Information

Child's Pediatrician: _____
Name _____ Phone Number _____
Address _____

Has your child been seen by a developmental or clinical psychologist? _____ If yes, please answer the following:

Name of professional _____ Date of last visit? ____/____/____

Has your child been seen by a developmental pediatrician? _____ If yes, please answer the following:

Name of professional _____ Date of last visit? ____/____/____

Insurance: _____ Group #: _____

Is your child receiving any medical intervention? _____

If yes, please indicate the medicine and dosage amount: _____

Is your child on a special diet? _____ If yes, please describe the diet: _____

Does your child have allergies? _____ If yes, please describe the allergies: _____

Please indicate all therapeutic or educational interventions that your child is receiving now
(Including names of provider and frequency).

Parent Questionnaire:

What are you looking for in a facility based program for your child? _____

Have you had negative experiences with programs where your child has been enrolled?

Interaction/Communication:

How does your child communicate with you/adults? (Form of communication) _____

How does your child communicate with peers/siblings? (Form of communication) _____

When does your child communicate with you and for what purpose? _____

Please provide any additional insight into the way you and your child communicates:

Social and Emotional

How would you describe your child?:

- Usually very active
- Active sometimes, but can play quietly
- Usually not active, has to be prompted
- Usually happy
- Can be moody
- Demands excessive attention
- Aggressive towards self and others
- Short attention span
- Lacks confidence in self
- Enjoys playing with others
- Prefers motor activities
- Prefers sit-down activities

Define the above marked items: _____

Does your child engage in problem behaviors? _____ If yes, please describe: _____

Under what conditions does the behavior occur? _____

What situations/interactions have been used in the past? (Effective and not effective) _____

Is your child afraid of anything? Please describe: _____

Skills & Interests

What kind of play or recreational activities does your child seem to enjoy most? _____

What are his/her favorite items? _____

Does your child enjoy playing alone? _____

With younger children? _____

With similar aged children? _____

With adults? _____

With a group of children? _____

Please describe: _____

ACADEMIC INFORMATION

Please describe the type of classroom setting your child was in? _____

Does your child enjoy art and if so, what kinds of activities? _____

Does your child enjoy music, and if so, what kinds of activities? _____

Please bring with you any IEP, testing from school systems, testing from private facilities, doctor's recommendations, etc.