



2015 Manchester Road, Ann Arbor, Michigan 48104-4917 Tel: 734-971-7991 Fax: 734-971-9663

## Application – Part 1

Application Date: \_\_\_\_\_

School Year Applied For: \_\_\_\_\_

### **Student Information**

Current Grade: Pre-K K 1 2 3 4 5 6 7

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Current School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

How did you hear about Summers-Knoll? \_\_\_\_\_

### **Parent Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Parent Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Application Fee:** The application fee is \$40 to accompany this application and is nonrefundable.

**Permission to Use Photo or Image:** As part of the application process, the classroom teacher will take a digital photo of each child to be included in the child's file. This helps us remember each child when the committee meets to make admissions decisions. May we have permission to take a photograph for this purpose? \_\_\_\_ Yes \_\_\_\_ No

**Agreement:** I have read the mission statement of Summers-Knoll School and will support it. I also understand that the \$40 application fee is nonrefundable and due with this application.

Parent's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

# Summers-Knoll School    Application – Part 2

## Child Information Record

**Please submit with application or bring with you on your child's visiting day**

Information on this form is required by Michigan State Law - Please type or print clearly

**Every line must be completed before your child is allowed to attend class**

<b>Name of child Last,First, M.I.</b> Nickname?		Birthdate	Home Phone
Address:		City	State      Zip
<b>Father/legal guardian name</b>		Address (if not child's)	Phone
Employer	Position	Employer address	
Employer Phone	Hours of Employment	E-mail address	
Cellular Phone	Pager		
<b>Mother/legal guardian name</b>		Address (if not child's)	Phone
Employer	Position	Employer address	
Employer Phone	Hours of Employment	E-mail address	
Cellular Phone	Pager		
AUTHORIZATION: Name(s) of Person(s) and Phone Number TO WHOM CHILD MAY BE RELEASED			
EMERGENCY CONTACT: (to be notified in an emergency if parent is unavailable.)			
Name	Phone (home/work/cell/pager)	Address	relationship to child
Name of Child's Physician or Health Clinic		Address	Phone
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name	Health Insurance Number	
Allergies, if any	Date of last Tetanus Shot		
Name of Child's Dentist	Address	Phone	

**MEDICAL TREATMENT:** Please check one of the boxes:

- I give my permission to Summers-Knoll School to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.
- I do **not** give permission to Summers-Knoll School to secure emergency medical and/or emergency surgical treatment for the above named child while in care.

*Upon signing this agreement, the parent, legal guardian or responsible adult verifies that the child listed above is current on all immunizations, in good health, and may participate in all program activities.*

**FIELD TRIP TRANSPORTATION:** I hereby give my permission to Summers-Knoll School for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent or Guardian \_\_\_\_\_ Date signed \_\_\_\_\_



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## Family Questionnaire

### **Student Information**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Current Grade: \_\_\_\_\_

Please list siblings and ages: \_\_\_\_\_

Please list any previous testing or evaluation your child has received: \_\_\_\_\_

### **For the prospective student to answer (take dictation if the student is not yet a writer)**

Please describe what a great school would be like.

### **For each parent to answer** (Please use the reverse, or additional paper if you would like.)

Ann Arbor is full of opportunities for education. Why are you interested in Summers-Knoll?

Describe how you have been involved in your child's school in the past. If you are new parents of a school age child, how do you envision being involved in your child's school?

List two or three aspects of an ideal educational program.

Please tell us about your child's creative nature.

What are your goals for your child?

Is there anything about your child that you would like to share in order to help us provide a positive educational experience for him or her?



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## Request for Release of Student Records

**To the Parent:** Please fill out and sign this form, and then give it to your current school's office personnel. They should forward your child's records to Summers-Knoll School, to complete the admissions process.

**To the School Requesting Records:**

Please send records to: Summers-Knoll School  
Admissions Coordinator  
2015 Manchester Road  
Ann Arbor, MI 48104-4917

**Phone Number:** 734-971-7991

**Fax Number:** 734-971-9663

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summers-Knoll is evaluating our child/children for enrollment. Please send records, including medical, social, psychological, and any other reports that would assist them in placement and evaluation.

These reports should be forwarded to the above address or fax number.

<b>Student Legal Name (Last, First)</b>	<b>Current Grade</b>	<b>Date of Birth</b> (mm/dd/yyyy)
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Thank you,

Parent Name: \_\_\_\_\_ (Printed)

Parent Signature: \_\_\_\_\_

*Please contact the Summers-Knoll Admissions Office at 734-971-7991 with any questions.*



# Teacher Questionnaire – Page 2

## Academic Behavior Assessment

Handles transitions comfortably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates curiosity in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readily participates in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is bright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Academic Behavior Assessment (continued)

Shows creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates motivation for academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates focus on tasks at hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When challenged, is willing to try	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can work in groups with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows multistep instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Grade Level:

**Below (1) At (3) Above (5)**

Present Academic Skills Assessment	1	2	3	4	5	N/A	Comments
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing (creative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing (mechanics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mathematics (problem solving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mathematics (computation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mathematics (conceptual understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In which subjects does this student show exceptional interest?

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**If the student is not a writer, then please answer the following:**

	1	2	3	4	5	N/A	Comments
Copying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Please provide any additional information you believe would be of value to us.**