The Harbour School

Dr. Linda J. Jacobs, Executive Director

Application for Admission

The Harbour School at Annapolis
1277 Green Holly Drive
Annapolis, MD 21409
Tel: 410-974-4248
Fax: 410-757-3722
Email: admissions@habourschool.org

Noël Butler, Program Director
Taylor Wheelock, Curriculum Coordinator

The Harbour School at Baltimore
11251 Dolfield Blvd
Owings Mills, MD 21117
Tel: 443-394-3760
Fax: 443-394-3765
Email: admissions@habourschool.org

Martha Schneider, Program Director
Kim Harrison, Curriculum Coordinator

Visit our website: www.harbourschool.org
Applying for:

Annapolis ________ School Year July ______
Baltimore Co. ________ to June ______
Either ________

Full Given name of Student ____________________________

Nicknames (if any) ____________________________ Grade: ____ Date of Birth: __/__/____ Age: ____ Gender: __________

Student’s Home Address ____________________________

________________________________________ Zip: ________ Telephone ( ) ____________________________

Student’s Social Security #: ____________________________ Student’s Medical Assistance #: ____________________________

Full Name of child’s Father ____________________________

Home Address ___________________________________ Zip: ________

Cell ( ) ____________________________ Home ( ) ____________________________ Email: ____________________________

Position & Occupation ____________________________

Employed by ____________________________

Business Address __________________________________________

________________________________________ Zip: ________ Telephone ( ) ____________________________

Full Name of child’s Mother ____________________________

Home Address ___________________________________ Zip: ________

Cell ( ) ____________________________ Home ( ) ____________________________ Email: ____________________________

Position & Occupation ____________________________

Employed by ____________________________

Business Address __________________________________________

________________________________________ Zip: ________ Telephone ( ) ____________________________

Names and Ages of Brothers and Sisters ____________________________

Name of Applicant’s Current School: ____________________________ Principal: ____________________________

Telephone ( ) ____________________________ School System: ____________________________

Is your child currently receiving special education services? ____________________________

Describe your child’s educational problems: ____________________________

Had your child had any evaluations: Include copies

☐ educational ☐ psychological ☐ medical ☐ other Explain (what, when, by whom)

Name of Step Parent (if any) residing with Child ____________________________
Child’s Height __________ Child’s Weight ______ (A picture of your youngster would also help us to get a “feel for your child”)

Child’s Attending Physician _____________________________________________________________

Address ____________________________________________________________ Zip ____________ Telephone ( ) __________

Is your child receiving medication? ________ If yes, please indicate the medication _____________________________

Dosage __________________, and the reason for the medication ______________________________________________

Describe any allergies or special diets which may apply to your child: _________________________________________

Describe any physical problems your child may have: ____________________________________________________

Describe any serious concerns you may have about your child: _____________________________________________

Describe any school related problems other family members have experienced: ________________________________

Describe any difficulties your child had in learning to eat, sleep, sit, walk or talk: _____________________________

Briefly describe any traumatic events which the child has experienced, for example, death of a close relative, divorce, family crisis ________________________________________________________________

Is English the usual language spoken at home? Yes _____ No _____ Other Language ______________________________

What does your child do well? ________________________________________________________________

What do you like best about your child? _____________________________________________________________
Is there anything else we should know about your child? ____________________________________________________________

__________________________________________________________

How did you hear about us? ____________________________________________________________

Who referred you to The Harbour School? ____________________________________________________________

Why do you want The Harbour School for your child? ____________________________________________________________

All information on this form will be strictly confidential and will be used to help us in developing the best education program for your child. This form will be kept in your child’s confidential folder.

If you have any questions, please call Niel Butler, Program Director (Annapolis Campus), 410-974-4248
or Martha Schneider, Program Director (Baltimore County Campus) 443-394-3750.

Parent’s Signature __________________________________________________________________________ Today’s Date ______________

Please check any of the following which describe your child:

☐ Physical challenge   ☐ Ear problems   ☐ Nailbiting   ☐ Lacks self control
☐ Eye problems       ☐ Daydreams      ☐ Mechanical    ☐ Frequent sudden changes in mood
☐ Surgery            ☐ Cooperative    ☐ Overactive    ☐ Excessive inconsistency in behavior
☐ Temperatures above 104° ☐ Nightmares    ☐ Athletic      ☐Needs constant approval or reassurance
☐ Unreasonable fears ☐ Gets idea quickly ☐ Musical       ☐ Unusually shy or withdrawn
☐ Frequent colds or sore throats ☐ Fantasies    ☐ Rocking       ☐ Difficulty completing jobs and activities
☐ Headaches          ☐ Artistic       ☐ Difficulty with organization  ☐ Difficulty with change in routine
☐ Heart disease      ☐ Outgoing       ☐ Frequently does not tell the truth ☐ Self confident
☐ Allergies          ☐ Avoids homework ☐ Enjoys reading  ☐ Avoids reading
☐ Asthma             ☐ Uncooperative ☐ Doesn’t seem to understand questions or directions ☐ Difficulty telling time
☐ Underactive        ☐ Frequently talks to self ☐ Dietary problems ☐ Difficulty making and keeping friends
☐ Diabetes           ☐ Sleepwalking   ☐ Creative       ☐ Tics
☐ Speech problems    ☐ Lacks motivation ☐ Easily influenced by others
☐ Resists going to school ☐ Bedwetting    ☐ Difficulty using numbers
☐ Flexible           ☐ Thumb sucking  ☐ Difficulty using numbers
☐ Consistently short attention span

Comments on any problems or behaviors above ____________________________________________________________

__________________________________________________________