

Gateway Lab School

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www.gatewaylabschool.org

APPLICATION FOR ADMISSION School Year 2019-2020

For office use only

Date/Time received _____

Entered in eschool _____

DELSIS ID# _____

Gateway Lab School is a tuition free public school serving students in grades 3-8. Parents, students, and teachers will be expected to attend conferences two times per year in which they promise to work together for student success.

Date _____

Name of Applicant _____ Name that child prefers to be called in school _____

Gender M F Date of Birth _____ Place of Birth _____ SSN# _____

Home Address _____

Applying for Grade _____ Present Grade _____ Present School _____ School District _____

Teacher's Name _____ May we contact them for additional information? Yes No

NAME AND ADDRESS OF PARENTS OR GUARDIANS (If information is the same as child write SAME)

Parent/Guardian

Name _____ Age _____

Street _____

City, State, Zip Code _____

Home Phone# _____ Cell Phone# _____

E-mail _____

Profession _____

Place of Employment _____

Address _____

Work Phone# _____ Ext. _____

Parent/Guardian

Name _____ Age _____

Street _____

City, State, Zip Code _____

Home Phone# _____ Cell Phone# _____

E-mail _____

Profession _____

Place of Employment _____

Address _____

Work Phone# _____ Ext. _____

How did you hear about Gateway Lab School? _____

Name of person who knows the whole family and serve as a reference _____

Address _____ Phone# _____

FAMILY INFORMATION

Will the student have brothers or sisters applying to Gateway Lab School this year? If yes, provide student name and grade. (A Separate application must be received for each student.)

Student name & grade _____

The following information will not be used for selection purposes. It will assist GLS in preparing a proper instructional plan for each student.

HEALTH INFORMATION

General health: check one Good Fair Poor

Please list any special health issues, including allergies _____

Does your child have a history of any of the following?

- Constant colds Asthma Respiratory infections Surgery
- Headaches Migraines Dizziness/fainting spells Adenoids
- Bladder problems Bedwetting Accidents/broken bones Other
- Abdominal pains Seizures Ear infections Tonsils

Is your child currently taking any medication? Yes No If yes, please list below:

Medication	Dosage	Times per day	Condition	Supervising physician
1 _____	ξ _____	ξ _____	ξ _____	ξ _____
2 _____	ξ _____	ξ _____	ξ _____	ξ _____
3 _____	ξ _____	ξ _____	ξ _____	ξ _____

CURRENT DEVELOPMENT

Name of child's pediatrician _____ Date of last physical exam _____

Address _____ Phone # _____

Date eyes last examined _____ By whom? _____

Vision problems? Yes No Glasses? Yes No

Date hearing last examined _____ By whom? _____

Hearing difficulties? Yes No Hearing aid? Yes No

Has your child had a neurological examination? Yes No If so, when? _____ Physician's name _____

Address _____ Phone # _____

SCHOOL HISTORY (Previous schools your child has attended)

_____	ξ _____	ξ _____
School	Address	Grades attended
_____	ξ _____	ξ _____
School	Address	Grades attended
_____	ξ _____	ξ _____
School	Address	Grades attended

What are your child's strengths? _____

What has your child liked most in school? _____

What has your child liked least about school? _____

Has your child ever been suspended or expelled from school? Yes No If yes, please describe _____

Does your child have an Individual Education Plan (IEP)? _____

TESTING HISTORY

Date of most recent psychoeducational testing _____ Examiner _____

Address _____ Phone# _____

Date(s) of previous psychoeducational testing _____

Date of most recent speech/language evaluation _____ Examiner _____

Is your child currently receiving speech/language therapy? Yes No If yes, please describe _____

Date of most recent occupational therapy evaluation _____ Examiner _____

Address _____ Phone# _____

Is your child currently receiving occupational therapy? Yes No If yes, please describe _____

Is your child being tutored? Yes No If yes, by whom? _____ How often? _____

Subject area(s) _____

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

Beginning date	Ending date	Frequency	Therapist(s)	Address(es)
ξ	ξ	ξ	ξ	ξ
ξ	ξ	ξ	ξ	ξ
ξ	ξ	ξ	ξ	ξ

Please list sports that your child most likes to take part in _____

Please list your child's favorite hobbies, activities, and games, other than sports _____

Please list any organizations, clubs, teams, or groups your child belongs to _____

Please list any part time jobs or chores your child has _____

Does your child play a musical instrument? _____

Does your child have difficulty in establishing and maintaining relationships? Yes No

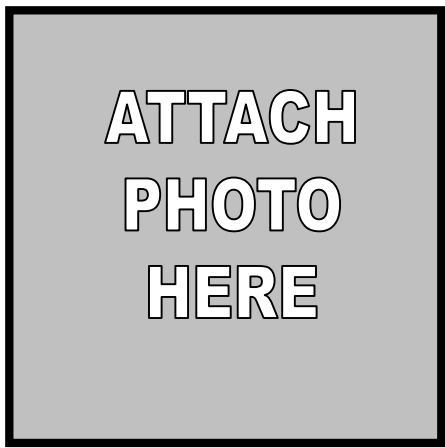
If yes, please describe _____

Please describe any concerns you may have about your child's social, emotional, or behavioral functioning:

Please state briefly why you think **Gateway Lab School** might be a good school for your child.

"I understand that my child is required to remain in this charter school in the absence of any condition constituting good cause, for at least one (1) school year" and this signed confirmation shall be kept on file at the school and made available for inspection to the Department of Education officials or representatives from the public school district in which the student resides. After a student's initial year of enrollment, it shall be presumed for school district planning purposes only that the student will continue to attend the charter school until completion of the school's highest grade level and no further written confirmation need be obtained by the charter school.

Application completed and signed by _____
Parent/Guardian Date



Please attach a small photograph (staple or paper clip) of your child here. Please write child's name on back of photo.



The Admissions Committee will not process any application, which fails to include copies of the most recent school reports, current evaluations, and all assessments you have listed in the application. It is the parents' responsibility to secure copies of all reports and forward them to Gateway Lab School. In addition a mandatory interview with the parent(s) and student is required prior to acceptance. Interviews will be scheduled only after a completed application is received with all required documents.

Gateway Lab School programs and policies are applied with equal consideration to all of its applicants and students. All information contained in this application and related documents will be held in the strictest confidence.

Document Requirements

We must have the following documents in order to accept the application.

1. Legal Birth Certificate with official seal
2. Social Security Card
3. Proof of Delaware Residency (Deed, utility bill)
4. Immunization Record/Health Assessment (completed in last 12 months)
5. Most recent report card (at the time of registration)
 - If your child is accepted, we will require the final report card from his/her current school year to verify promotion and grade placement
6. Proof of Identity – for parent or guardian registering the child
 - Driver's license or valid I.D.
 - Social Security card or Passport
7. I.E.P. or 504 Plan – copy of the most recent (if applicable)
 - For all special education students, we must have a copy of your child's most recent I.E.P .
8. Smarter Balance Scores (if available)
9. Legal Guardianship Documentation
 - If you are not the parent for the child you are registering, please provide legal documentation from Family Court or the Division of Social Services that indicates you are the caregiver.
10. Teacher Evaluation Form.
 - Please have your child's current teacher fill out the Teacher Evaluation Form and return it with the admissions documents in the envelope provided.