



Application for Admission to SAIL Program

Full name of applicant – Date

I understand that this application for enrollment for my _____
Relationship

is subject to the conditions stated in the printed materials and to the regulations of the school. (i.e., completion of all phases of the application process, determination of appropriate match between student needs and school resources).

Parent/Guardian Signature

.....

This application and all materials listed below must be returned to the Office of Admissions at Archbishop McNicholas High School in order for the student to be considered for admission to the SAIL Program. Upon receipt of the material, an admissions committee will review all the information. The Parents and the child may be invited for an interview. The Director of the SAIL Program will then advise you concerning the appropriateness of the program for your student.

Please check off each component of the full application as it is completed and mail the completed application (13 pages) to the Office of Admissions at Archbishop McNicholas High School.

- Multifactored Evaluation completed within the last three years (IQ and Achievement test results)
- Residence and Referral Form
- School Information Form
- Parent/Physician Form
- Parent Information Form
- Student Information Form
- Educational Specialist Form
- Application fee of \$50.00 in check or money order
- Student is scheduled for or has taken the entrance test on _____

This form must be completed by **November 11, 2011** and returned to:

Renee Herndon
SAIL Program
McNicholas High School
6536 Beechmont Avenue
Cincinnati, Ohio 45230

RESIDENCE and REFERRAL FORM

Applicant Information:

I am applying for the McNicholas High School Class of 20 _____

I am a transfer student _ yes ___ no

Name: _____
 First Middle Last

Preferred name: _____

Address: _____
 Street

Home Phone: _____

 City State Zip Code

Date of Birth / /

Current School _____

_____ Male _____ Female

Public School District of Residence _____

Parish _____

Parent Information (please print):

Father/Stepfather (Guardian)

Mother/Stepmother (Guardian)

Mr. / Dr. First Last

Mrs. / Ms. /Dr. First Last

Home Address

Home Address

City State Zip Code

City State Zip Code

_____ / _____
Home Phone # Cell Phone #

_____ / _____
Home Phone # Cell Phone #

Preferred Email

Preferred Email

Occupation Employer

Occupation Employer

McNicholas High School Alum? _____ Year of graduation: _____

McNicholas High School Alum? _____

Year of graduation: _____

With whom does the student reside: _____

Who referred you to McNicholas High School?

What was the reason for referral?

What have you told your child about the S.A.I.L. Program?

What was his/her reaction to come to McNicholas?

What are your expectations of the McNicholas High School S.A.I.L. Program if you child is enrolled?

McNicholas High School strives to work closely with each student enrolled. To be effective we need full information about each child and assume that you have included all important information of a medical, psychological or disciplinary nature.

Parent Signature _____ Date _____

List the names and phone numbers of specialists/tutors etc. currently working with your child.

Describe the services your child is currently receiving.

The final page of this application, a form labeled **EDUCATIONAL SPECIALIST/TUTOR FORM**, must be sent to your child's current educational specialist(s). When it is completed, please return the form by **November 11, 2011** to:

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ARCHBISHOP
MCNICHOLAS

THAT YOUTH MAY ATTAIN FULL STATURE IN CHRIST

Parent/Physician Form
(CONFIDENTIAL)

Student Name/Date

Parents, please complete this form and then submit it to your physician for review and signature. The physician must complete and sign the section marked **PHYSICIAN**. The parent must return this form to Renee Herndon, SAIL Program, McNicholas High School.

PARENT INFORMATION

Child's Physician and Phone Number _____

Physician's Address _____

Last Medical Examination _____. Were there any unusual findings?
If yes, please explain

Medication and mg or mcg currently being taken _____

Reason for medication _____

Medication taken in the past

Reason for medication _____

Has an EEG been done? _____ Date _____ Reason _____

What is the child allergic to? _____

Is the child being treated for allergies? _____

Does the child have frequent colds, ear infections, or other illnesses?

Has he/she had any serious illnesses, high fevers, convulsions, accidents, or hospitalizations?

Has your child ever had a speech and language evaluation? _____

If yes, when and where? _____

Describe any therapies or treatments which have been recommended in the past (eg. medication, counseling therapy, occupational therapy, physical therapy, visual tracking therapy, Sensory Integration therapy, etc).

Which of these did you utilize?

Please list all physicians, clinics, agencies which have evaluated or are treating this child:

Name	Address	Dates	Comments

Physician Information

_____ has been my patient since _____
(Name of student)

His/her last examination was conducted on _____. His/her vision, hearing and physical condition are within normal limits and are not primary contributors to this child's learning difficulties.

The child is currently on medication for _____.
School professionals should take the following information into consideration when working with this child

Additional comments

Physician signature/date

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Parent Information Form
(Confidential)

Student name/date

What is your understanding of your child's learning disability?

What methods or techniques have you found to be successful, as you have worked with your child during the last few years?

What instructional methods or techniques have teachers, tutors, or therapists used with your child that you feel have been successful?

Does your child utilize the services of Recordings for the Blind and Dyslexic for audio textbooks?

What are your child's greatest strengths?

What academic areas have typically been the most difficult for your child?

What impact has your child's learning disability had on his/her interpersonal relationships with peers?

In the McNicholas SAIL Program, students are mainstreamed in all classes. Tutorial support is offered one period per day, each day. Why do you feel this type of program best fits your child's needs?

Parents receive weekly progress reports and Parent/Teacher Conferences are held 2 times per year. Are you willing to attend 2 Parent/Teacher conferences per year?

Describe the child's relationship with various members of the family.

Describe the child's relationship with parents.

What type of discipline methods is most effective in dealing with your child?

Does your child frustrate easily? _____ What types of things frustrate him/her?

What does your child like to do with his/her free time?

Parent/Guardian Signature

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Student Information Form
(Confidential)

Student name/date

1. What is your learning disability?
2. What method or strategies do you use to help yourself cope with your learning disability so that you can succeed in school?
3. What methods or strategies have your parents used to help you with schoolwork?
4. What methods have teachers or tutors used to help you with schoolwork?
5. What are your greatest strengths?
6. What do you like to do in your free time?
7. What are the school subjects or school tasks, which are the most difficult for you?

8. How does having a learning disability affect your relationship with peers?

9. Why do you want to come to McNicholas High School?

10. Do you have any questions about the S.A.I.L. Program?

11. How was discipline handled at your previous school?

12. Were you ever disciplined at your previous school? _____ Explain Why.

13. What positive influence will you have on the McNicholas School community?

Student Name/Date

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Educational Specialist/Tutor Form

(To be completed by any specialist currently working with student)

Please make copies if more than one specialist is involved

1. How long have you worked with this student?
2. What has your role been in the student's life?
3. What is your understanding of the child's learning disability?
4. What instructional methods or techniques have you found to be the most successful in working with this student?
5. What are the student's greatest strengths?
6. What academic areas have typically been the most difficult for this student?
7. What impact has the student's learning disability on his/her interpersonal relationship with peers?

8. In the McNicholas SAIL Program students are mainstreamed in all classes. Tutorial support is offered one period each day. Why do you feel this type of program best fits this child's need?

9. What discipline strategies have you found to be effective with this student?

Please rate the following behaviors of the student as poor/fair/good.

	POOR	FAIR	GOOD
Ability to work independently			
Ability to follow oral/written directions			
Ability to complete class work			
Ability to complete homework			
Ability to work with adults			
Ability to work with peers			
Ability to interact with peers			
Ability to attend tasks			
Ability to organize self			
Ability to assume personal responsibility			

Sign and date

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