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## Enrollment Application

**Instruction:** Please complete this document to the best of your ability.

### Areas of Information:

- General Information
- Medical and Health Information
- Educational and Other Therapy Information
- Behavior Information
- Goals
- Supplemental Information
- Application Fee

**Date Received:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_



Others : \_\_\_\_\_

Please specify which foods he/she is allergic to:

\_\_\_\_\_

• Any dietary restrictions? YES \_\_\_\_ NO \_\_\_\_  
If YES, explain: \_\_\_\_\_

• Is the student's vision within normal limits? YES \_\_\_\_ NO \_\_\_\_  
If NO, explain: \_\_\_\_\_

• Is the student's hearing within normal limits? YES \_\_\_\_ NO \_\_\_\_  
If NO, explain: \_\_\_\_\_

• Is the student's weight within normal limits? YES \_\_\_\_ NO \_\_\_\_  
If NO, explain: \_\_\_\_\_

• Is the student currently on any medications? YES \_\_\_\_ NO \_\_\_\_  
If YES, please list medications below:

Name of Medication	Date Prescribed	Dosage	Purpose

• Are there any medical conditions to consider when delivering ABA/Educational services?  
YES \_\_\_\_ NO \_\_\_\_  
If YES, explain: \_\_\_\_\_

• Are there any other medical treatment interventions? YES \_\_\_\_ NO \_\_\_\_  
If YES, explain: \_\_\_\_\_

• Student's Primary Physician: \_\_\_\_\_  
Address of the physician: \_\_\_\_\_

• Is your child toilet trained? YES \_\_\_\_ NO \_\_\_\_  
If No, please provide more information:  
\_\_\_\_\_

**IMPORTANT: For health and sanitary reasons, children who are not toilet trained must wear protective undergarments.**

**EDUCATIONAL AND OTHER THERAPY INFORMATION**

**Please list the services the student is currently receiving (or the last place attended):**

- Public School (K – 12) County:\_\_\_\_\_ Name of School:\_\_\_\_\_
   
Grade:\_\_\_\_\_ ESE Program: \_\_\_\_\_
   
Has current IEP
   
Current Services: OT PT Speech Other:\_\_\_\_\_
- Private School County:\_\_\_\_\_ Name of School:\_\_\_\_\_
   
Grade:\_\_\_\_\_ ESE Program: \_\_\_\_\_
   
Has current IEP
   
Current Services: OT PT Speech Other:\_\_\_\_\_
- Pre-School or Daycare Name of Program: \_\_\_\_\_
- Home School Provided by: School Therapist Parents
- Early Steps Program Services:\_\_\_\_\_

**BEHAVIOR INFORMATION**

*The focus of our school programs is social and academic development. It may not be suitable for children with high levels of problem behaviors. These behaviors can be better addressed through our ABA therapy program.*

**What motivates your child? (List any items, activities, or foods your child likes)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there any behavior concerns that we should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does or has your child participated in other therapies? If so, what kind?

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**GOALS**

Please list some goals that you would like you child to achieve by attending Alpine Academy.

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What are your child's biggest strengths in regards to school?

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What are your child's weaknesses in regards to school?

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**SUPPLEMENTAL INFORMATION**

Please provide additional information to this Enrollment Application.

- Student current or most recent IEP, school reports/notes, data
- Other psychological or educational evaluations
- Other applicable medical evaluations

On behalf of my son( ) daughter( ) \_\_\_\_\_ / \_\_\_\_\_  
(first or given name) (last or family name)

I wish to apply for admission to Alpine Academy.

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

**APPLICATION FEE**

A \$250.00 (before June 30) or \$300 (after June 30) nonrefundable application fee must be submitted with the application. We accept check or cash only. Please make checks payable to Alpine Academy.