



**ROADSIDE ACADEMY**  
**APPLICATION FOR ADMISSION**  
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Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Stepparent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Persons to be called when parent cannot be reached: \_\_\_\_\_

\_\_\_\_\_

Name

Phone

**STUDENT'S DEVELOPMENTAL BACKGROUND**

Does your child have any learning difficulties? \_\_\_\_\_  
Yes No

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been tested for his/her learning difficulties? \_\_\_\_\_  
Yes No

If so, please provide the following:

When and where tested: \_\_\_\_\_

School and/or professional who conducted the exam: \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_\_

Recommended treatment: \_\_\_\_\_

\_\_\_\_\_

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Please list student's hobbies and/or sports interests: \_\_\_\_\_

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

Please describe why you have chosen to enroll your child in ROADSIDE Academy:

\_\_\_\_\_  
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**STUDENT PRE-ADMISSIONS HEALTH FORM**  
**ROADSIDE ACADEMY**  
**PO Box 209**  
**30 Brooks Road**  
**Middletown, Connecticut 06457**

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City State Zip

Has the child been under regular supervision of a physician? \_\_\_\_\_

Date of last examination by physician \_\_\_\_\_

**Past Illnesses:** Check those child has had and give approximate dates:

Chicken Pox \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Ten-day Measles (Rubeola) \_\_\_\_\_ Hay Fever \_\_\_\_\_

Three-day "German" Measles (Rubella) \_\_\_\_\_ Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Epilepsy \_\_\_\_\_

Poliomyelitis \_\_\_\_\_ Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

Other serious or severe illnesses or accidents: \_\_\_\_\_

\_\_\_\_\_

Does child have frequent colds? \_\_\_\_\_ How many in the last year? \_\_\_\_\_

Is child allergic to any foods? \_\_\_\_\_ Other allergies? \_\_\_\_\_

Connecticut law requires that all children attending any school must show proof that they have been immunized for diphtheria, tetanus, polio, measles, and rubella (German measles). Verification of these shots must be in the Academy office prior to the beginning of school.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian**