



Academy of Whole Learning

3500 Williston Rd.
Minnetonka, MN 55345

The Exceptional School for Exceptional Learners

Phone: (952) 737-6900
Fax: (952) 737-6901

Application for Admission to AOWL 2020-2021

Student's Full Name: _____

Student's Preferred Nickname: _____ Student's Pronouns: _____

DOB: _____ Age: _____

Gender Identity: _____

Address: _____

City: _____ State: _____ Zip: _____

Current School: _____ Current Grade: _____ Grade Applying for: _____

District you **live** in: _____

Race/Origin: Caucasian African American Hispanic American Indian Asian Pacific Islander

Other _____

Check if English is the student's second language. Student's primary language _____

Check if student is under guardianship.

Check if student is adopted. If so, what age at adoption? _____

Parent/Guardian Information

Parent/Guardian Name: _____ Check if deceased

Address, (if different from student): _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Occupation: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Employer Address: _____

Parent/Guardian Name: _____ Check if deceased

Address, (if different from student): _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Occupation: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Employer Address: _____

Parental Status: Married Separated Divorced Not Married

Student lives with: _____

Sole Custody (please provide legal documentation)

Send financial correspondence to (if different from parent or guardian): _____

Approx. Gross Household Income: \$ _____

Parent Questionnaire

Siblings:

Name	Relationship	Age	Lives With?

To help us know you and your child better, please complete the following:

What is your primary reason for seeking enrollment at AOWL?

Does your child have an IEP (Individual Education Plan)? Yes No

Has your child ever repeated any grades? Yes No If yes, which? _____

Has your child ever been expelled from school? Yes No If yes, please describe the circumstances:

Describe your student's strengths. (academic, social, emotional, motor, interests)

In what areas do you think your student needs the most help? (academic, social, emotional, motor, interests)

Describe your child's social/emotional development and behavior at home and school.

Describe your student's academic performance at his or her present school.

Describe how to best motivate your student.

Describe your student's current feelings about school.

What special considerations should we be aware of? (medical, physical, emotional)

Is your child currently taking any medications? Yes No If yes, list name, dosage and purpose:

Is your child currently seeing a related services professional outside the school setting?

Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Physical Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Speech Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Neurologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Nutritionist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Tutor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____

Please list your insurance provider info: Company: _____ ID# _____ Group # _____

Family Statement: Academy of Whole Learning relies on the strengths and talents of our AOWL families and larger community to support the school, its mission, student programs, and model of learning/growth. If you were to join AOWL, in what ways will you help?

How did you learn about Academy of Whole Learning?

- Friend
- Family Member
- Current or Past AOWL Family
- Professional Referral
- Online Search Engine- if so, which? _____
- Advertisement – if so, which? _____

Equal Opportunity

Academy of Whole Learning values each student's gifts as an individual, regardless of age, color, creed, national or ethnic origin, race, religion, sex, sexual orientation, or genetic information. Academy of Whole Learning is unable to meet the needs of students with emotional or behavioral issues that may negatively impact the learning environment. This policy applies to all areas of student concerns; including admissions, athletics, educational policies, tuition assistance, and other school-administered programs.

I authorize information in this application to be shared with AOWL Clinical Services

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

A non-refundable application fee of \$150.00 must accompany this form. Checks can be made payable to Academy of Whole Learning. Please enclose the application, application fee and all supporting documents to:

Academy of Whole Learning
Admissions Office
3500 Williston Rd.
Minnetonka, MN 55345

We provide a personalized learning path integrating academic, social and life skills for qualifying students with autism spectrum disorder and individual learning needs