



# 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 2021-2022

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?

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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:

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

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

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

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

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Describe how to best motivate your student.

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Describe your student's current feelings about school.

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

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

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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?

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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*