

# NOTRE DAME SCHOOL

**For Office Use Only**

Preplacement Application

2018 Allen Street  
Dallas, TX 75204  
214/720-3911 - 214/720-3913 (fax)

Date Received \_\_\_\_\_  
School Year \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Order \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Current or Most Recent School \_\_\_\_\_ Placement: Self-Contained Resource Regular

Parents' Present Marital Status: (Please circle.) Married Separated Divorced Widowed

**Custodial Parent(s):** Home Phone: \_\_\_\_\_  
Names(s) \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

If Applicable, **Non-Custodial Parent(s):** Home Phone: \_\_\_\_\_  
Name(s) \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Name of children in birth order (with ages), including the child applying:

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

**Medical Information:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

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

Address \_\_\_\_\_

What is the nature of your child's disability? (Please use medical/educational diagnosis.) \_\_\_\_\_

History of Seizures: None or Yes (Please explain.) \_\_\_\_\_

Does your child take any medications? No or Yes (Please detail.) \_\_\_\_\_

**Please attach most recent testing and educational records**

Additional Information:  
(Please circle any answers that apply.)

**Hearing/Speech/Vision**

- Uses Signs
  - Uses Signs/Words
  - Uses a Few Words
  - Uses Sentences
  - Talks in Sentences
  - with Speech
- Sometimes
- Some Trouble with Hearing
  - Wears Hearing Aid
  - No Problem with Hearing
- Legally Blind
  - Partially Blind Wears Glasses
  - Wears Contact Lenses
  - No Problem with Vision

Other Comments pertaining to hearing, speech, or vision: \_\_\_\_\_  
\_\_\_\_\_

**Physical Limitations**

Does your child use or wear any special appliance (e.g., leg brace, colostomy bag, etc.)? \_\_\_\_\_

Does your child need support to walk? \_\_\_\_\_ Comments \_\_\_\_\_

Are there any limitations regarding your child's physical participation in the program? \_\_\_\_\_

**Personal Care**

Is your child toilet-trained? \_\_\_\_\_ If not, describe any assistance needed. \_\_\_\_\_

Are there any feeding problems? \_\_\_\_\_ If so, describe any assistance needed. \_\_\_\_\_

Girls -Does your daughter menstruate? \_\_\_\_\_ If so, describe any assistance needed. \_\_\_\_\_

**Behavior**

Does your child have any known troubles, fears, disinterests or group problems? \_\_\_\_\_ If yes, describe. \_\_\_\_\_

Describe any behavior problems and/or other behavior-related concerns: \_\_\_\_\_

Is there anything else about your child that you feel we should know? \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

**Please attach most recent testing and educational records**