

NOTRE DAME SCHOOL

For Office Use Only

Pre-placement Application

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

Date Received _____
School Year _____

How did you hear of us? _____ Referred by: _____

Child's Full Name _____ Sex _____ Social Security # _____

Date of Birth _____ Age _____ Place of Birth _____ Religion _____
Parish _____

Current or Most Recent School _____ Placement: Self-Contained Resource Regular
Current grade in school: _____

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

Custodial Parent(s):
Names(s) _____ Home Phone: _____ Cell Phone: _____
Names(s) _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City _____ Zip _____

Father's
Occupation _____ Employer _____ Work Phone _____ Age _____

Email address(s): _____

Mother's
Occupation _____ Employer _____ Work Phone _____ Age _____

Father's Email address(s): Home: _____ Work: _____

Mother's Email address(s): Home: _____ Work: _____

****If Applicable, Non-Custodial Parent:**
Name(s) _____ Home Phone: _____
Cell Phone: _____

Home Address: _____ City _____ Zip _____

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.) _____

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

Additional information (Please circle any answers that apply.)

Hearing/Speech/Vision

- Uses Signs
- Uses Signs/Words
- Uses a Few Words
- Sometimes Uses Sentences
- Talks in Sentences
- No Problem with Speech
- 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: _____

Academic skills (if applicable): Reading _____ Math _____

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** ***