

Attach
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(optional)

Fairhill School Application

16150 Preston Road Dallas, Texas 75248
(972) 233-1026 FAX (972) 233-8205

APPLICANT INFORMATION

Date of Application: _____ Desired Date of Admission: _____ Desired Grade of Admission: _____

Applicant Name: _____
First Middle Last Name Used

Sex: M F Age: _____ Current Grade: _____ Date of Birth: _____

Address: _____
No/Street City State Zip

Home Phone:() _____ Cell Phone:() _____ Primary Email Address: _____

Who referred you to Fairhill School? _____
Name Address

FAMILY INFORMATION

Father

Name: _____
(Mr., Dr.) First MI Last

Check if deceased Date: _____

Home Address: _____
No. Street

City State Zip

Telephone : () _____

Bus. Telephone : () _____

Cell Phone: () _____

Mother

Name: _____
(Ms., Mrs., Dr.) First MI Last

Check if deceased Date: _____

Home Address: _____
No. Street

City State Zip

Telephone : () _____

Bus. Telephone : () _____

Cell Phone: () _____

Parents are: Married Divorced Separated Widowed
 Father remarried Mother remarried
Name(s) of Step-parent(s) _____

With whom does the applicant reside? _____ Legal guardian: _____

Names of siblings

Date of Birth

***ONLY ORIGINAL APPLICATIONS ACCEPTED.**

SCHOOL INFORMATION

School currently attending: _____

Date(s) of attendance: _____ Grade(s) _____

Please list other schools attended.

School	Dates attended	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant ever been dismissed or suspended from school? No Yes (state reason) Date: _____

Has the applicant ever repeated a grade? No Yes. Which grade(s)? _____

MEDICAL INFORMATION

List the applicant's medical conditions, if any. _____

Is your child currently receiving any medication? No Yes. List. _____

Describe the condition for which it is being taken. _____

What diagnoses have been given for your child's learning difficulties? By who and when? _____

Is there any history of behavioral difficulty in relationship to family or peers or in an academic setting? Please describe. _____

If your child has ever been under the care of a psychologist/psychiatrist, counselor or therapist, please state the reason, the names of the providers and dates of service. Provider: _____ Phone: () _____

Dates: _____

Reason: _____

Has your child ever been hospitalized for psychological reasons? No Yes. If yes, Dates: _____

Provider: _____ Phone: () _____

Reason: _____

PARENT STATEMENT

Fairhill believes that education is a partnership between the student, the family, and the school. Please answer the following questions so that we may have a parent perspective on the strengths and needs of your child. Feel free to attach additional sheets.

What are your child's chief strengths?

What are your child's areas of greatest need?

What are your child's hobbies or interests?

What academic goals do you have for your child? How do you think Fairhill can assist your child in meeting these goals?

What type of commitment do you as a parent make to your child's education? i.e. attending parent conferences; maintaining lines of communication; supervising homework as needed; volunteering ; etc.

Parent Signature: _____

APPLICANT STATEMENT

This portion is to be completed by students applying for **grades 5-12**. Please complete this form in your own handwriting if possible. You may dictate your answers to another person if that is more comfortable. (Use additional sheets if needed.)

What subjects do you like best in school? Please explain why.

What part of school do you like least? Please tell us why.

What do you like to do in your free time?

What are your personal academic goals? How can Fairhill support you in meeting your goals?

Student signature _____