

COMPLETE AND FAX TO: EXCELSIOR ACADEMY  
(619) 583-6764

## EXCELSIOR ACADEMY INQUIRY

Date \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Private/District \_\_\_\_\_ Are  
you working with an Advocate? \_\_\_\_\_ How can  
we best contact you?

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ E-

Mail Address \_\_\_\_\_ What  
are you hoping to find in a school for your child?

What prompted your call to Excelsior Academy?

How did you learn about Excelsior Academy?

Referral? \_\_\_\_\_

## UNIQUE LEARNING PROFILE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Excelsior Academy is a school designed to meet the needs of a wide variety of learning styles. In a few words, please describe your child's Unique Learning Profile?

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

	Name	Date-MOST RECENT (TRI-ENNIAL)	Results
Psychologist			
SLP			
Neurologist			
OT			

Has your child been tested by any learning specialists: (circle)

Does your child have an Individualized Education Plan (IEP)? Y/N

Date/Last IEP: \_\_\_\_\_ Does your child receive any additional services for this Unique Learning Profile? (circle below) Speech OT PT Counseling Other \_\_\_\_\_

Does your child have any special talents, interests, or hobbies?