ion	A C A D E M Y	Merrimac Heights 100 – 102 West M Merrimac, MA AerrimacHeightsAcade mmer Tat	lain Street 01860 my@gmail.com	Please atta of your ch	
issi	StudentName:	Date of	Birth:		
r Admi	Address:			Age: G	rade:
on fo	City/Town:	State:	Zip:	Home Phone:	
eights Academy – Application for Admission	Name of Parent/Legal G	uardian 1 Address	:		
A – A		City/Tov	vn:	State:	Zip:
aden	Home Phone:	Work Phone:	Cell:	Occu	pation:
ts Ac	Employer and Address:				
	Email Address(es):				
Merrimac H	Name of Parent /Legal C	Guardian 2: Address	:		
Merr		City/Tov	vn:	State:	Zip:
	Home Phone:	Work Phone:	Cell:	Occu	pation:
	Employer and Address:				
	Email Address(es):				

2				
page	Person with financial responsibility, if different from above	Address:		
	Relationship:	City/Town:	State:	Zip:
sio				
nis	How did you learn of Merrimac Heigh	ts Academy?		
or Adr	Current or last school:	Address:		
ion fo		City/Town:	State:	Zip:
cat	School District:	Contact Person:	Phone:	
pli	Is your local school supportive of this	placement?		
Heights Academy–Application for Admission–	What are this student's strengths?			
U	What are this student's interests or hob	bies?		
Merrima	Student's special education disability:			
	Primary:	Secondary:		
	If you wish to share additional informat testing provided, please attach addition		ddressed on thi	s form or in the

	In my opinion, my child needs special education s	services for:
	reading words	writing essays
çe 3	understanding what s/he reads	math
Jaβ	spelling	occupational therapy
l-u	handwriting	counseling
sio	social skills	speech and language therapy
mis		organization
or Ad		
n fe	Please accept this application for admission to Me	
atio	Enclosed is a non-refundable application	n fee of \$75.00.
lica		
-App	Signature of Parent or Legal Guardian:	Date:
ights Academy–Application for Admission-page	Signature of Parent or Legal Guardian:	Date:
Merrimac Heigh		

	1.	Speak with your local school representative regarding your intent to apply to MHA, unless you intend to make a private placement.
t	2.	Complete the application and send to MHA with non-refundable application fee.
cklis	3.	Complete MHA release-of-information forms and send to:
imac Heights Academy – Application for Admission - Checklist		your local school medical doctor social or other caseworker psychologist/psychiatrist evaluators
sion	4.	Submit copies of the following documents to MHA, if available.
dmis		academic testing reports
or A		neuropsychological, psycholinguistic, psycho-educational test reports
ion f		speech and language
plicat		occupational therapy
- Ap		other testing reports
emy		social-emotional and behavioral reports
Acad		classroom observation
ghts		current or latest IEP
Hei		audiologist testing reports (if applicable)
imac		<pre> psychological orpsychiatrictestingreports</pre>
Merr		samples of student's informal writing
		statement of commitment from your local education agency representative
	5.	Your child may be invited to spend a day at MHA. This visit is helpful during the admissions process so that the staff may observe your child's learning style. schedule the visit with MHA administration bring a lunch
	6.	complete and submit a waiver of liability and emergency contact form Within 5 days of the visit, speak with Executive Director regarding admission status.

	I,, the parent or legal guardian of
	, authorize the following person or organization,
	to speak with, and release copies of documents to, the staff at Merrimac Heights
	Academy regarding formal or informal observations and evaluations pertinent to my
	child's profile as a learner and potential enrollment at Merrimac Heights Academy.
	Please send these records to:
	Merrimac Heights Academy
	Attention: Admissions
	100 – 102 West Main St. Merrimac, MA 01860
	Signature of parent or legal guardian Date
Please	provide us the contact information for this person or organization.
	ct Person and Title
Please	