

Merrimac Heights Academy – Application for Admission



Merrimac Heights Academy
100 – 102 West Main Street
Merrimac, MA 01860
MerrimacHeightsAcademy@gmail.com

Please attach a photo
of your child, here.

Application for: Summer ☐ _____
School Year ☐ _____ Date: _____

Student Name: _____ Date of Birth: _____

Address: _____ Age: _____ Grade: _____

City/Town: _____ State: _____ Zip: _____ Home Phone: _____

Name of Parent/Legal Guardian 1 Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____ Occupation: _____

Employer and Address: _____

Email Address(es): _____

Name of Parent /Legal Guardian 2: Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____ Occupation: _____

Employer and Address: _____

Email Address(es): _____

Person with financial responsibility, if different from above

Address:

Relationship:

City/Town:

State:

Zip:

How did you learn of Merrimac Heights Academy?

Current or last school:

Address:

City/Town:

State:

Zip:

School District:

Contact Person:

Phone:

Is your local school supportive of this placement?

What are this student's strengths?

What are this student's obstacles?

What are this student's interests or hobbies?

Student's special education disability:

Primary:

Secondary:

If you wish to share additional information about your child, not otherwise addressed on this form or in the testing provided, please attach additional sheets.

In my opinion, my child needs special education services for:

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> reading words | <input type="checkbox"/> writing essays |
| <input type="checkbox"/> understanding what s/he reads | <input type="checkbox"/> math |
| <input type="checkbox"/> spelling | <input type="checkbox"/> occupational therapy |
| <input type="checkbox"/> handwriting | <input type="checkbox"/> counseling |
| <input type="checkbox"/> social skills | <input type="checkbox"/> speech and language therapy |
| | <input type="checkbox"/> organization |

Please accept this application for admission to Merrimac Heights Academy on behalf of my child. Enclosed is a non-refundable application fee of \$75.00.

Signature of Parent or Legal Guardian:

Date:

Signature of Parent or Legal Guardian:

Date:

Merrimac Heights Academy – Application for Admission - Checklist

1. Speak with your local school representative regarding your intent to apply to MHA, unless you intend to make a private placement.
2. Complete the application and send to MHA with non-refundable application fee.
3. Complete MHA release-of-information forms and send to:

your local school caseworker	medical doctor psychologist/psychiatrist	social or other evaluators
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4. Submit copies of the following documents to MHA, if available.
 - __ academic testing reports
 - __ neuropsychological, psycholinguistic, psycho-educational test reports
 - __ speech and language
 - __ occupational therapy
 - __ other testing reports
 - __ social-emotional and behavioral reports
 - __ classroom observation
 - __ current or latest IEP
 - __ audiologist testing reports (if applicable)
 - __ psychological or psychiatric testing reports
 - __ 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
 - complete and submit a waiver of liability and emergency contact form
6. Within 5 days of the visit, speak with Executive Director regarding admission status.

Merrimac Heights Academy-Permission for Release of Information

Please make copies of this form and complete one for each person or organization to whom you grant permission to release information regarding your child. When completed, this form should then be mailed or faxed to Merrimac Heights Academy.

Persons or organizations may include: your local school; medical, psychological or psychiatric doctors; social or other caseworkers; or other professionals who have evaluated your child.

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.

Contact Person and Title

Mailing Address

Phone Number