

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 |
|------------------------------|--|----------------------------|
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.

