



ADMISSIONS PROCESS

Students are admitted to Springer's day school on the basis of their potential for success in the program. Applicants should be 6 – 12 years of age.

PHASE I- PAPERWORK*

All paperwork may be emailed to cmendoza@springer-ld.org

Complete and submit the **Application for Admissions** (found online at www.springer-ld.org/admissions/application-download). You may complete the electronic form or print out the application to complete.

Submit an IQ test that indicates a full-scale intelligence quotient of 90 or above, scored on a **WISC-IV or Stanford Binet** only. (This test should be no more than two years old).

Submit all **previous testing** (speech and language, psychological and/or psychiatric therapy, occupational therapy or physical therapy, and neurological evaluations)

Submit **school reports (ETR and IEP)** and report cards. Include any evaluations and progress reports for any special services received.

Submit child's **immunization** record.

Submit copy of child's **birth certificate**.

Submit other pertinent information.

*Please note: If you reside within Cincinnati Public School district boundaries, you will need to provide additional documentation upon acceptance.

PHASE II- MEETINGS

Parent(s) and/or Guardian(s) meets with the Admissions Director for 60 – 90 minutes. The visit will include a more in-depth conversation about the student, answering of questions about Springer, and a tour of the school.

Child meets with the Admissions Director for 60 minutes. This visit will include a tour of the school and might include some brief testing.

PHASE III- DECISION

The Admissions Committee meets and the Admissions Director then notifies the parent(s) and/or guardian(s) of the Committee's decision.

After a student is accepted by the Admissions Committee, an enrollment and financial contract is mailed.

Each class is limited in size. If placement is not immediately available, the student is placed on a waiting list for future placement.



Empowering students with learning disabilities to lead successful lives.

Application for Admission

Full Name of Applicant

APPLICANT INFORMATION

Child's Full Name _____
FIRST MIDDLE LAST

Child's Preferred Name _____

Child's Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Date of Birth _____ Age _____

FAMILY INFORMATION

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Home Address (if different from child's) _____

Home Address (if different from child's) _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone Number _____

Home Phone Number _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Cell Phone Number _____

Cell Phone Number _____

Email Address _____

Email Address _____

Child's Siblings

Name	Birth Date / Age	School / Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL INFORMATION

Child is now in the _____ grade at _____ SCHOOL

Street Address _____

City _____ State _____ Zip _____

Phone _____ Name of Principal _____

School district of residence _____

District of school attended _____

Has your child ever repeated any grades? Yes No If yes, which grade(s) _____

Did your child attend pre-school/day care? Yes No If yes, where? _____

Please list all schools and teachers for the following grades:

K _____ 4th _____

1st _____ 5th _____

2nd _____ 6th _____

3rd _____ 7th _____

Does your child receive supportive help in school now or in the past? Yes No

If yes, please check grades in which help was received.

	Pre-school	K	1st	2nd	3rd	4th	5th	6th	7th
Academic Support in Reading									
Academic Support in Math									
Learning Disabilities Services									
Speech/Language Therapy - school									
Speech/Language Therapy - private									
Occupational Therapy									
Tutoring _____ <small>NAME OF TUTOR</small>									
Psychological Therapy									

Other relevant school history:

Who referred you to Springer School and Center?

What was the reason for referral?

Springer School and Center strives to work closely with each child enrolled. To be effective, we need full information about each child and require that you include all important information of a medical, psychological or disciplinary nature.

I understand that this application for enrollment is subject to the conditions stated in the printed materials, and to the regulations of Springer School and Center.

Parent/Guardian signature _____ Date _____

Please return the completed application and release of records form to:

Admissions Director
Springer School and Center
2121 Madison Road
Cincinnati, Ohio 45208

Springer School and Center does not discriminate
on the basis of gender, religion, race or national origin.