



CENTERS OF LEARNING

8854 HASKELL AVENUE • NORTH HILLS, CA 91343
TEL: 818.894.3213 • FAX: 818.893.8074

MAILING ADDRESS:
P.O. BOX 2037 • NORTH HILLS, CA 91343

APPLICATION FOR ADMISSION
Early Childhood Program

Date: _____ Grade in September: _____

Student Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____

Date of Birth: _____ Birthplace: _____ Male ___ Female: ___

Pupil lives with: _____ Home Language: _____

Family's home church affiliation: _____ Address: _____

School last attended: _____ Dates: _____

Reason for leaving: _____

Address: _____
Street City State Zip

Is student toilet trained? Yes _____ No _____

Was student premature? Yes _____ No _____ By how much? _____

Was or is student developmentally delayed? ? Yes _____ No _____

Has student ever received educational or psychological testing, tutoring, remediation, or special educational services? _____

If so what was the diagnosis? _____

What age(s) were services provided _____

What services were provided (i.e. Resource program, special day classes, speech, vision services, etc?) _____

* Has student ever been placed on an Individualized Educational Plan (IEP)? _____

If so, what is the IEP diagnosis and what services were recommended or received? _____

Date of last IEP meeting _____ Please supply COL with a copy of the most recent complete IEP.

* Is student taking any medications or receiving educational therapy? _____

If so, for what diagnosis? _____

*Please provide documentation of any tutoring, remediation or special services, IEP's, tutoring records, etc) with the completed application. Failure to disclose educational or psychological testing and/or remediation will result in the student's dismissal from Centers of Learning.

