

OROT Enrollment Application

Please Print



Check one: Male
 Female

Date of Application

Student's Name

Student's Date of Birth

Father's Name

Mother's Name

Address

Address

City, State, Zip

City, State, Zip

Home Phone Number

Home Phone Number

Occupation

Occupation

Work Phone Number with Extension

Work Phone Number with Extension

Cell Phone

Cell Phone

Email Address

Email Address

Please list all siblings and ages:

Name	Date of Birth	School currently attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Student's Present School

Name of Principal

School Phone Number

Name of Teacher

OROT location applying for: _____

By typing/signing my name below, I give permission to OROT to contact the current school, speak to my child's teacher and visit my child's current classroom.

Parent/Guardian Signature

Referred to OROT by: _____

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Primary Diagnosis: _____

1. Please describe your child's disability.

Describe your child's strengths.

Describe your child's weaknesses.

2. Please describe your child's current program.

Please state your reason for seeking alternative placement.

Please write a brief paragraph describing what you feel your child's school programming should include: i.e. inclusion, self-contained classroom, class size, staff to student ratio, etc.

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Please list below the current therapies your child is receiving. Check off whether the therapy is through school or private. If Private therapy is used, please be sure to list the name of the therapist as well as signing the final page of the application, giving OROT permission to contact the therapist.

OT School Private

Speech School Private

PT School Private

Psyco/Behavioral School Private

Tutoring School Private

Other School Private

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Please list the medications your child is currently taking (use the back if more than six.)

Name of Medicine (s)	Dosage	Frequency Given	Physician responsible for monitoring	Reason for medication	How long taking medication?

Please be sure to include the following items with this application:

- Letter of evaluation from classroom teacher to include:
 - Academic strengths and weaknesses
 - Classroom behavior
 - Social interaction
- Recent Psychoeducational evaluation
- Copies of reports you feel accurately describe your child's needs
- Medical evaluation
- A recent picture of your child

*** PLEASE NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED WITH A \$100 NON-REFUNABLE PROCESSING FEE***

Please send all documents to:

OROT
7601 Old York Road
Melrose Park, PA 19027



Release Form

Date: _____

Student's Name: _____

School _____

Grade: _____ Teacher _____

Names of all therapists:

By typing/signing my name below I hereby give the above therapists permission to release the information requested by OROT regarding my child, named above.

Signature of Parent/Guardian

Street Address

City, State, Zip Code

Phone Number



**OROT Financial Aid
Waiver to communicate with Host School**

Dear Parents:

If you are applying for financial aid for the OROT program, the OROT financial Aid Committee must be able to discuss your aid application with the Financial Aid Committee of your host school. The sharing of information is necessary in order for OROT to provide a tuition financial aid package that is equitable and meets the needs of our families.

Note that all inquiries regarding your financial aid application will remain confidential.

Please print Parent Name: _____

By signing this document, you agree to all the OROT financial Aid Committee to communicate with your host school regarding your application for financial aid.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



OROT PHOTO/VIDEO PERMISSION SLIP

We request permission to photograph your child in the OROT classroom. The areas of use for these photographs may include but are not limited to:

OROT Website

OROT Chronicle

OROT Publicity Materials

OROT Event Materials (including but not limited to invitation, ad journal, and program)

Under NO circumstances will identification of any kind be used in conjunction with your child's picture, such as child name or school name.

We are asking your permission for this privilege for the 2018-2019 school year ending August 31, 2019

Name of Child: _____

_____ I give my permission for my child to be photographed. I understand these photographs may be used at the discretion of the OROT staff and Board of Directors until August 31, 2019.

_____ I DO NOT give my permission for my child to be photographed.

Parent Signature _____ Date _____