



Admission Application

4401 Forest Hill Avenue, Suite 200; Richmond, VA 23225

admissions@lifebridgerva.com

I. Applicant Information

Applicant Full Name _____ Date of Application _____

Applicant Preferred Name _____ Date of Birth _____

Applicant Current Address _____

Gender _____ Race _____ Current grade _____ Last grade successfully completed _____

Does the student have a current IEP? YES or NO

IEP Primary Disability: OHI SLD ED

Does the student have Autism listed as a disability of a current IEP? YES or NO

DSM V Diagnosis (if applicable)

II. Current School Placement or Last School Attended

School Name _____

School Address _____

School Contact (principal; school or guidance counselor) _____

School Contact email _____ phone _____

Dates of attendance _____

Please state the reason why current placement is no longer appropriate:

**Requested Admission Date _____

III. Parent/Guardian Information

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Name _____ Relationship _____

Parent/Guardian address _____

Parent/Guardian email _____ Phone _____

IV. Funding

Funding Source (CSA locality) _____

Primary CSA Contact Name _____

CSA Contact address _____

CSA Contact email _____ Phone _____

V. Contact person to schedule an interview

Name _____ Title/Relationship _____

Email _____ Phone _____

VI. Behavioral History

Behavior History	YES	NO	If yes, please describe:
Does the applicant have or had court involvement?			What and when:
Has the applicant been found guilty of criminal violations?			What and when:
Is the applicant on probation? If yes, please provide a copy of the court order.			Terms of probation:
Has the applicant displayed any of the following behaviors?			
	YES	NO	If yes, please describe:
Fire setting			
Property Destruction			
Self-Harm			
Drug use/abuse			
Assaultive behavior			
Running away			
School suspensions			
Academic decline			
Negative peer relations/peer conflicts			

Social withdrawal			
Inappropriate sexual behaviors			
School avoidance/truancy			
Other			

VII. List All Medications

Medication	Dosage	Frequency	Start Date	Prescribing Physician Name

VIII. Medical Contact Information

Primary Care Physician

Practice Name _____

Practitioner _____

Phone _____

Other Prescribing Physician/Psychiatry

Practice Name _____

Practitioner _____

Phone _____

Other Medical/Mental Health Services

Practice Name _____

Practitioner _____

Service _____ Phone _____

Practice Name _____

Practitioner _____

Service _____ Phone _____

Practice Name _____

Practitioner _____

Service _____ Phone _____

IX. Medical History

Medical Condition	YES	NO	If YES, please provide further detail:
Asthma			
Diabetes			
Seizures (history/current)			
Cardiac Problems			
Allergies (food, medicine)			
Allergies (seasonal)			
Head Injury			
Visual Impairments			
Hearing Impairments			
Physical Handicaps			
Eating disorder (history/current)			
ADHD			
Digestive issues			
Autoimmune disorder			
Other (please specify)			

X. Strengths and Challenges

Academic Strengths:

Academic Challenges:

Behavioral Strengths:

Behavioral Challenges:

XI. Goals of placement:

Specify the behavioral and academic goals you would like LifeBridge Academy to assist your student in accomplishing:

1.	
2.	
3.	
4.	
5.	

XII. Supplemental Documentation Request

Please include copies of the following with this application:

School transcript to include:

- Report cards
- Standardized test scores
- SOL test scores
- Behavior records
- Most recent IEP
- Most recent Eligibility meeting minutes
- Educational evaluation
- Psychological evaluation
- Social History
- FAPT (ISFP) and current treatment plan
- Therapist's recommendation, if necessary
- Probation Court Order, if applicable

If accepted to LifeBridge Academy, the following additional documents will be required prior to admission:

- Immunization records
- Current Physical (within the last year)
- Birth Certificate

XIII. Additional Notifications

Who will need updates on the progress of the student?

Name _____ Agency _____

Email _____

Phone _____ Fax _____

Name _____ Agency _____

Email _____

Phone _____ Fax _____

Mail or Email application and additional documents to:

LifeBridge Academy Admissions

4401 Forest Hill Avenue

Richmond, VA 23225

OR

admissions@lifebridgerva.com