



The Piedmont School of Atlanta

1330 North Druid Hills Road
Atlanta, GA 30319
404-382-8200

Dear Parent:

Thank you for your interest in The Piedmont School of Atlanta. The School takes pride in offering excellent programming to meet the needs of the children we serve. The information requested in the application process is critical to our evaluation of whether The Piedmont School of Atlanta can meet the needs of your child and family. Enclosed please find all of the forms that must be completed in order to begin the application review process for admission to the School.

Your application will be complete when we have received the following 8 items:

- ❑ Completed Application for Admission form (must include parent signatures).
- ❑ Application fee: \$100.00 payable to The Piedmont School
- ❑ A recent photograph of your child
- ❑ Teacher Information/Observation form(s): (please submit one form for each current teacher)
- ❑ Reports of cognitive, academic and psychological assessments: (assessments must be completed within the past 12 months)
- ❑ Recent treatment plans and progress reports for support services: speech-language therapy, occupational therapy, physical therapy, etc., where applicable
- ❑ School records: your child's current school records can be mailed or emailed to us from the child's current school, including: most recent report card/progress report, IEP, standardized test scores, attendance/discipline record, Health record, Immunization record. Please give the enclosed Child Records Release form to your child's current school –records MUST be sent directly to us from your child's current school.
- ❑ Authorization for Information Release form: should include the professionals who know your child well

Kindly submit all application materials to: Catherine Trapani, Ph.D., Head of School, The Piedmont School of Atlanta 1330 North Druid Hills Road NE Atlanta, GA 30319

Once all of the materials have been received they will be reviewed in approximately 2 weeks. If the Committee approves the application children will be invited for an interview.

We would like this process to be as efficient and pleasant as possible. Please don't hesitate to contact me directly if you have any questions. I may be reached by phone at 404-382-8200 or e-mail all admissions related questions to Admissions@tpsoa.org. I look forward to talking with you soon.

With best wishes, I remain

Sincerely,

Catherine Trapani, Ph.D., BCBA
Head of School



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AUTHORIZATION FOR INFORMATION RELEASE

This form is designed for you to grant permission for The Piedmont School representative to speak to your child's current school, and any of the professionals who may submit helpful information about your child. Please list their full names, phone numbers and/or email addresses and the capacity in which they serve your child. Thank you.

As the Parent(s)/Guardian(s) of _____
(Full Name of Student)

I/we hereby authorize Catherine Trapani, Ph.D. of The Piedmont School of Atlanta to speak to the individuals listed below to receive information regarding my/our child.

Professional's Name

Phone Number and/or Email Address

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Signature of Parent/Guardian*

Signature of Parent/Guardian*

Date: ____/____/____

Date: ____/____/____

*Signatures of all parents and/or legal guardians of the above-named child are required, unless there is only one person who has full legal custody of the child.



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STUDENT RECORD RELEASE FORM

Parents: please complete this form and give/mail it directly to your child's current school with instructions to mail it directly to us. Thank you.

Full Name of Student: _____

Preferred Name: _____ Date of Birth: _____

Previous/Current School: _____

School Address: _____

City, State Zip: _____

Current School Phone: _____

I hereby authorize the release and furnishing of all school records for my child including, (but not limited to) to The Piedmont School of Atlanta, for the purpose of assisting in their review process of my child's application for enrollment:

- Most Recent Report Card/Progress Report
- Psychoeducational Evaluation
- Individual Educational Plan, Behavior Intervention Plan and Individualized Transition Plan
- Standardized Test Scores and results from any other formal/informal testing
- Attendance Record/Discipline Record
- Immunization Records

Printed Name of Parent/Guardian

Printed Name of Parent/Guardian

Signature of Parent/Guardian*

Signature of Parent/Guardian*

Date: ____/____/____

Date: ____/____/____

*Signatures of all parents and/or legal guardians of the above-named child are required, unless there is only one person who has full legal custody of the child.

Please mail all records to: Catherine Trapani, Ph.D., Head of School The Piedmont School of Atlanta
1330 North Druid Hills Road NE Atlanta, GA 30319 (404) 382-8200



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Application for Admission

Date: ____/____/____

___ Application fee enclosed

___ Recent photo of applicant enclosed

Applicant:

First Name Middle Name Last Name Preferred Name

Date of Birth: _____ Age: ___ yrs ___ mos ___ Female ___ Male

Home Address:

Street

City State Zip Code

Home Phone: _____

Contact e-mail address: _____

Educational History:

Has it been determined that the applicant is eligible for special education services?

Circle: Yes or No If yes, list eligibility category: _____

Does the applicant have an IEP and/or a BIP? ___ Yes ___ No

(If yes, please attach in its entirety.)

The Piedmont School of Atlanta conducts hiring and admissions without regard to race, color, gender, sexual identity, religion, creed, national origin, disability, age, veterans status, or any other category protected by law, in accordance with applicable state and federal laws

Name of Current School: _____

Address: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Grade Placement: _____ Dates of Attendance: _____

Reason for Leaving: _____

Please list Previous School (s):

Address: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Grade Placement: _____ Dates of Attendance: _____

Reason for Leaving: _____

Family Information:

Name of Parent or Guardian: _____

Home Address:

_____ Street

_____ City State Zip Code

Home Phone: _____ Cell Phone: _____

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Work Phone: _____ Email: _____

Occupation: _____

Employer: _____

Employer Address: _____

Name of Parent:

Home Address:

_____ Street

_____ City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation:

Employer:

Employer Address:

Marital status of parents: ___Married ___Divorced ___Separated ___Single

Custodial Parent/Guardian: _____

Special circumstances: _____

Siblings of Applicant:

Name Age School Attending

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List all prescribed and over-the-counter medications and/or homeopathic supplements your child takes:

Description Dose

Description Dose

Description Dose

Description Dose

Does your child have a history of difficulties in any of the following:

hearing vision speech language gross motor fine motor

If yes, please explain:

Is your child receiving speech-language therapy presently? Circle: Yes or No

SLP Name _____ Phone _____

Is your child receiving occupational therapy presently? Circle: Yes or No

OT Name _____ Phone _____

Is there a history of accident, illness, or hospitalization? Circle: Yes or No

If yes, please explain:

Please list all known allergies:

Is your child on a special diet? ____: Yes ____ No If yes, please describe.

Learning Profile/Social-Emotional Information:

What do you perceive to be your child's strengths and skills?

What do you consider to be your child's academic strengths?

What do you perceive to be areas of weakness for your child?

What do you consider to be your child's academic difficulties?

What circumstances or events cause your child to become upset?

When upset, what behaviors does your child exhibit?

What effective strategies do you use at home or in the community to help your child calm down?

Has your child ever presented as a danger to self or to others? yes no
(If you answered yes to this question please attach an explanation to the application form.)

What are some of your child's special interests, affinities, or aptitudes?
