



Application Procedures for Redwood Schools

Thank you for your interest in Redwood Schools. We look forward to meeting you and assisting your family in determining the best educational placement for your child. The following information will assist you in the application process.

Please provide completed information for all the items listed below via email to Angela Murphy at angela@redwoodschoos.org

Please complete and submit the following:

- Application for Admission
- Witness and signed Release of Confidential Information.
 - *This document must be witnessed by another adult. A notary is not necessary.
- Report card or progress report for the past 2 years.
- Most recent Individual Education Plan (IEP), if applicable.
- A complete neuropsychological or psycho-educational evaluation that includes a WISC-V or WISC-IV, current within 3 years, if applicable.
- The most recent speech and language and occupational therapy evaluation, if applicable.

Non-discriminatory policy: Redwood Schools does not discriminate on the basis of race, color, religion, national or ethnic origin, disability, or any other characteristic protected by applicable law.





Name of Primary Guardian: _____ Relationship to applicant: _____

Home Address: _____
no./street city state zip

Preferred Telephone Number: _____ Check if: home mobile work

Email: _____ Name of Employer: _____

Applicant's parents are: -Married -Divorced -Separated -Widowed Other

(check all that apply) -Father Remarried -Mother Remarried -Partners

Is applicant adopted? _____ Yes _____ No

Family Information, continued

Name(s) of step-parent(s), if applicable: _____

With whom does the applicant reside? _____

Who is the applicant's legal guardian? _____

Applicant's Current School Information

School currently attending:

Date(s) of attendance: _____ Grade(s) attended: _____





School personnel (case manager, learning specialist) who knows your child's learning profile best:

Name: _____ Position: _____ Email: _____

Phone: _____

Please list previous schools and the dates attended:

Has the applicant ever been dismissed or suspended from school? No Yes

If yes, please explain below.

Date: _____ Context _____

Has the applicant ever repeated a grade? No Yes

Which grade(s)? _____

Has the applicant ever participated in a PHP program? No Yes

If yes, please explain below.

Date: _____ Context _____





Applicant's Medical Information

Physician: _____ Telephone: _____

Student Medication(s): _____

Redwood's Core Values & Student Expectations:

Do you align with [Redwood's Core Values](#) and [Parent Handbook](#) and commit to partnership with Redwood Schools teachers and staff to create and maintain a healthy learning environment for all?

No

Yes

Guardian Signature: _____ **Date:** _____

Guardian (2) Signature: _____ **Date:** _____





Authorization for Release of Confidential Information

We, the undersigned, do hereby authorize the release of any and all oral or written social history, medical, academic, psychological, psychiatric, or educational planning, and testing information concerning our child _____ and our family from any public or private agency, included but not limited to those listed below, to Redwood Schools. We also give permission to administrators and faculty of Redwood Schools to observe our child in his/her school setting and/or with his/her tutor if needed.

We understand that we have a right to inspect and copy all the information and that we have the right to revoke this authorization in writing. Being fully apprised of these rights, it is our intent that this release remains in full force and effect until revoked in writing by the undersigned parties, or until the **expiration date** indicated below, in order that Redwood Schools can be fully informed on a continual basis without repeated requests.

Please list teachers (present and immediate past), principals, tutors, and other professionals with whom the child/student is presently seeing or has seen. If additional space is needed, please use back of release.

Name: Title: Telephone Number: Email:

Date Signed: _____

Parent/Guardian Signature: _____

Expiration Date: _____ Adult Witness: _____

Release expires after one year unless otherwise specified.

