



Compass High School

Application for Admission

Today's Date: _____

Mail Application To:
Compass High School
2040 Pioneer Court
San Mateo, CA 94403

STUDENT INFORMATION

Name of student: _____

Prefers to be called: _____ Age: _____

Date of birth: _____ Place of birth: _____

In family, child is # _____ of _____ children

If adopted, at what age did child join your family? _____

Gender: _____ Ethnicity: _____

Current grade: _____ Desired grade of admission: _____

Student lives with (check all that apply):

- Father 1
 Father 2
 Mother 1
 Mother 2
 Stepfather
 Stepmother

Other (please explain): _____

Family situation (check all that apply):
 Mother deceased
 Parents separated
 Mother remarried

Father deceased
 Parents divorced
 Father remarried

If parents are divorced or separated, what are the custodial arrangements? _____

With whom should we communicate about your child's application? _____

Brothers and sisters (names and ages of each): _____

Please attach a current photograph of your child to this application.

If you are filling out the attachment electronically and returning the application as an attachment, you can attach a digital photo to your email as a separate file.

PLACE PHOTO HERE

PARENT/GUARDIAN INFORMATION

Parent/Guardian name: _____ Parent/Guardian name: _____

Street address: _____ Street address: _____

City/State/Zip: _____ City/State/Zip: _____

Email address: _____ Email address: _____

Best phone: _____ Other phone: _____ Best phone: _____ Other phone: _____

Profession: _____ Employer: _____ Profession: _____ Employer: _____

ACADEMIC INFORMATION (CONTINUED)

List any special services received (academic tutoring, speech and language, occupational therapy, counseling, and special education services):

Type of service: _____ Provider: _____

Purpose: _____ Dates provided: _____

Type of service: _____ Provider: _____

Purpose: _____ Dates provided: _____

Please list the most recent testing administered to your child

Psychoeducational (date given): _____ Examiner: _____

Speech/language (date given): _____ Examiner: _____

Other assessments (type): _____

Date given: _____ Examiner: _____

Describe applicant's current difficulties and/or dissatisfaction with current placement: _____

DEVELOPMENTAL INFORMATION

What is your child's diagnosis? _____

When did you first observe a learning problem with your child? _____

When was your child first diagnosed with a learning disability and/or attention issues, and by whom? _____

Has your child ever been asked to leave a school? Yes No If yes, please explain _____

Has your child ever been in a residential treatment program? Yes No If yes, which one, and when? _____

Has your child ever been in a therapeutic/wilderness program? Yes No If yes, which one, and when? _____

Has your child ever faced disciplinary action for drugs or alcohol? Yes No If yes, please explain: _____

Has your child ever been hospitalized for psychiatric reasons? Yes No If yes, please explain: _____



STUDENT STRENGTHS

Please detail some of your child's notable strengths: _____

Please detail academic strengths or areas of passion for your child: _____

