

Student Educational Information

Current School _____ Current Grade _____

Previous School _____ Dates Attended _____

Tutoring Services? Yes No Dates of Service _____ Frequency _____

Has your child ever repeated a grade? Yes No

If yes, for what reasons? _____

Will you be applying for financial aid if admitted? Yes No

Has your child ever attended Camp Creekside? Yes No If so, When? _____

How did you hear about Camperdown Academy?

Student Clinical Information

Current Diagnoses (please list all) _____

Therapies and/or Counseling and dates _____

Therapies (Speech, vision, occupational) and dates _____

Student Medical Information

Medications (list all) _____

For what conditions? _____

Glasses/Corrective Lense(s) Yes No Hearing Aid Yes No

Dietary Restrictions _____

Allergies _____

Chronic Illness _____

Family Information

Sibling	D.O.B.	Current School	Grade
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Family members who attended Camperdown

Name	Relationship	Date
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Name	Relationship	Date
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Parent Questionnaire

Write a brief paragraph describing your child.

What are your child's primary strengths, both personal and academic?

What are his/her areas of greatest need?

How do you believe your child can benefit from Camperdown?