



ELIJA SCHOOL FOR AUTISM  
Championing Hope, One Child at a Time

## Application of Interest

Instructions: Please print out & fill out this form in its entirety. Incomplete applications will not be considered. PLEASE DO NOT SEND ANY OTHER FORMS OR LETTERS WITH THIS APPLICATION OF INTEREST

Today's Date: \_\_\_\_\_

### Parent/Guardian Information

Mother/Legal Guardian Name (first and last):

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone:(\_\_\_\_\_)\_\_\_\_\_ Work (\_\_\_\_\_)\_\_\_\_\_

Phone:(\_\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Father/Legal Guardian Name (first and last):

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone:(\_\_\_\_\_)\_\_\_\_\_ Work (\_\_\_\_\_)\_\_\_\_\_

Phone:(\_\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

### **Child Information**

Child's Name (first, last and middle):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

(please check) \_\_\_ Male \_\_\_ Female

Diagnosis:

\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Diagnosis given by: \_\_\_\_\_

Affiliated with \_\_\_\_\_

Town and State of Diagnostician:

\_\_\_\_\_

Other Conditions:

\_\_\_\_\_

\_\_\_\_\_

Current Placement: \_\_\_\_\_

How did you hear about The ELIJA School for Autism?

Please give us a brief description of your child:

Any additional comments: