



Student's Name \_\_\_\_\_

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

## STUDENT APPLICATION

REFERRED TO THE GRAY ACADEMY BY: \_\_\_\_\_

### STUDENT INFORMATION

Last Name		First Name		M.I.
Address		City	ST	Zip
Date of Birth	SSN		Gender	
Completed Schooling, if applicable				

### PARENT/GUARDIAN #1

Last Name		First Name		M.I.
Relationship to the Student				
Address		City	ST	Zip
Home Phone		Cell Phone		
Occupation		Employer		
Work Phone		Email Address		

### PARENT/GUARDIAN #2

Last Name		First Name		M.I.
Relationship to the Student				
Address		City	ST	Zip
Home Phone		Cell Phone		
Occupation		Employer		
Work Phone		Email Address		

### OTHER CAREGIVER EXPECTED TO BE ON CAMPUS

Last Name		First Name		M.I.
Relationship to the Student				
Home Phone		Cell Phone		



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**PLEASE DESCRIBE YOUR GOALS FOR YOUR CHILD IF ENROLLED AT THE GRAY ACADEMY:**

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## MEDICAL INFORMATION

### PLEASE INDICATE YOUR CHILD'S CURRENT MEDICAL DIAGNOSIS(ES) AND MEDICATION(S)

Diagnosis	Date of Diagnosis
Diagnosis	Date of Diagnosis
Diagnosis	Date of Diagnosis
Diagnosis	Date of Diagnosis
Diagnosis	Date of Diagnosis
Current Medication(s)	

### PLEASE PRIORITIZE YOUR CHILD'S CURRENT THERAPIES

Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week
Therapy	Start Date
Location	Hours Per Week

### PHYSICIAN INFORMATION

Pediatrician's Name	
Phone Number	E-mail Address
Neurologist or Other Specialist's Name	
Phone Number	E-mail Address



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**ANY OTHER MEDICAL ACCOMMODATIONS OR SYMPTOMS OF WHICH WE SHOULD BE AWARE?**

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**DOES YOUR CHILD HAVE ANY ALLERGIES?**

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**WHAT BEHAVIORAL ISSUES DOES YOUR CHILD DISPLAY, IF ANY?**

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## EMERGENCY CONTACT INFORMATION

### IN CASE OF EMERGENCY, PLEASE CONTACT

Contact #1's Full Name			
Relationship to the Student			
Address	City	ST	Zip
Home Phone	Cell Phone		
Work Phone	Email Address		

Contact #2's Full Name			
Relationship to the Student			
Address	City	ST	Zip
Home Phone	Cell Phone		
Work Phone	Email Address		

Contact #3's Full Name			
Relationship to the Student			
Address	City	ST	Zip
Home Phone	Cell Phone		
Work Phone	Email Address		

### PREFERRED PHYSICIAN IN CASE OF EMERGENCY

Name	Phone Number
Address	

### PREFERRED HOSPITAL IN CASE OF EMERGENCY

Name	Phone Number
Address	



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**MEDICAL RELEASE**

In the event of an illness or injury, I hereby authorize school officials to obtain emergency transportation and treatment on my child's behalf. I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. I will promptly notify the school when information on my child's medical and emergency contact forms changes, including new medications.

**MY SIGNATURE ACKNOWLEDGES ALL OF THE ABOVE**

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## WAIVER AND RELEASE FORM

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the physicians and/or health care providers named below to release information from my child's medical records to:

The Gray Academy  
info@thegrayacademy.org

This is for the confidential use of school personnel only.

I hereby authorize The Gray Academy to release information pertinent to my child's medical condition and academic progress to the physicians and/or caregivers named below.

This authorization shall become effective immediately upon my child's acceptance into The Gray Academy and shall remain in effect for the duration of my child's enrollment at The Gray Academy or until otherwise notified in writing.

### PHYSICIAN/HEALTH CARE PROFESSIONALS

Name or Agency #1	Phone Number
Specialty	
Name or Agency #2	Phone Number
Specialty	
Name or Agency #3	Phone Number
Specialty	

### PHOTO RELEASE

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via print, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

### HOLD HARMLESS

I hereby release, waive, absolve, indemnify and hold harmless The Gray Academy, its officers, directors, employees, agents, sponsors, therapists and volunteers of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's enrollment in The Gray Academy.

### MY SIGNATURE ACKNOWLEDGES ALL OF THE ABOVE

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## COMMITMENT CONTRACT

Upon acceptance into The Gray Academy, I pledge to:

- 🍏 Participate fully in my child's educational program by volunteering my resources and/or time in fundraising campaigns and events, and the day-to-day functioning of the school so that The Gray Academy can uphold its commitment to a high-quality educational and therapeutic based program for the ongoing benefit of all students and families.
- 🍏 Acknowledge that my child's success at The Gray Academy will highly depend on consistent attendance and program buy-in from my family.
- 🍏 Partake in the family informational and networking sessions organized and hosted by The Gray Academy as much as possible.
- 🍏 Contribute or crowdfund a minimum of \$5,000 to directly benefit The Gray Academy prior to the start date of each academic year.

### MY SIGNATURE ACKNOWLEDGES ALL OF THE ABOVE

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_