



Application for Admission

Logos ~ Turning Struggles into Strengths ~ Grades 6 -12
9137 Old Bonhomme Road St. Louis, MO 63132
Phone: (314) 997-7002 Fax: 314 997-6848 www.logosschool.org

We appreciate your interest in LOGOS. LOGOS is a therapeutic and academic program for middle and high school students. We are dedicated to assisting students and their families with academic and emotional needs which have not been met in the traditional classroom. LOGOS believes that all students can succeed. We value each applicant and hope to get to know you better through this process. Please contact us if you need assistance in filling out any part of this application. Call **Stephanie Kolker** (Director of Admissions) at **314-997-7002 ext. 116** or email Stephanie at skolker@logosschool.org.

Admissions Check List

- ***School transcripts have been sent to and received by the LOGOS Admissions Office at least 3 days prior to start date.***
- ***Admission application and all release forms have been completed, signed and turned into the LOGOS Admissions Office.***
- ***Contract and Fees have been arranged and finalized with LOGOS Business Office.***

All of the above documents must be completed and turned in before your child will be allowed to start attending LOGOS school. We must have complete and accurate information in order to best serve your child and to insure your child's safety. Thank-you for your understanding and cooperation.

-Stephanie Kolker
Director of Admissions

Non-Discrimination Policy: LOGOS is committed to embracing diversity and to anti-discrimination practices regarding race, ethnicity, national origin, religion, gender, age, socioeconomic status, physical disabilities and mental disorders.

Please continue to next page to start application



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Part I: Student and Family Information

Name of Student: _____ **Age:** _____ **Cell Phone:** _____

Nickname: _____ **Sex:** M F **Date of Birth:** _____ **SS#:** _____

Home Address: _____

Student lives with _____ **Relationship to student:** _____

Student's most current school: _____ **Student's grade level:** _____

School phone number: _____ **Home District:** _____

Is student currently attending school? ___yes ___no **Reason :** _____

Student's ethnicity: ___African American ___Asian American ___Caucasian ___Latino/Hispanic ___Multiracial
___Middle Eastern American ___Native American ___Pacific Islander American

How did you find out about LOGOS? ___Doctor ___Online search ___Radio ___Therapist ___TV
___Word of mouth: Other _____

Mother/ Guardian's Name _____

Address: _____

Phone: Home: _____ **Work:** _____ **Cell:** _____

Email: _____

Employer: _____ **Position:** _____

Work address: _____

Father/ Guardian's Name _____

Address: _____

Phone: Home: _____ **Work:** _____ **Cell:** _____

Email: _____

Employer: _____ **Position:** _____

Work address: _____

Parents are: ___Married ___Never married ___Separated ___Divorced ___Mom remarried ___Dad remarried

For divorced parents, please describe custody and visitation arrangements:

Did you adopt any of your children? ___yes ___no **Names and age of adoption:** _____

Names/ages of all siblings: _____

Other significant adult: Name: _____ **Relationship to student:** _____

Address: _____ **Occupation:** _____

Phone: Home: _____ **Work:** _____ **Cell:** _____

Other significant adult: Name: _____ **Relationship to student:** _____

Address: _____ **Occupation:** _____

Phone: Home: _____ **Work:** _____ **Cell:** _____



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Part II: Academic

1. a. Does your child enjoy school? yes no _____
 - b. Does your child have difficulty learning in the classroom? yes no
Please explain: _____
 - c. Is your child's attitude towards school: very positive somewhat positive neutral negative
 - d. Academic Strengths: _____ Weaknesses: _____
 - e. Has your child had inconsistent school attendance or excessive tardiness? yes no
Please describe: _____
 - f. Has your child ever been suspended or expelled from a school? yes no
Please describe: _____
 - g. Has your child received the following services: Tutoring Gifted program Special Education
Describe services: _____
 - h. Has your child ever been retained a grade? yes no Which grade? _____
2. Has your child been diagnosed with any of the following?

<input type="checkbox"/> Attention deficit disorder <i>with or without hyperactivity</i> (ADD/ADHD)	<input type="checkbox"/> Intellectual disability
<input type="checkbox"/> Behavior disorder	<input type="checkbox"/> Learning disorder (NOS)
<input type="checkbox"/> Developmental disorder	<input type="checkbox"/> Processing delay
<input type="checkbox"/> Dyscalculia (math disorder)	<input type="checkbox"/> Reading/comprehension
<input type="checkbox"/> Emotional disorder	<input type="checkbox"/> Verbal or written expression

Please provide any additional information that would be helpful in describing the checked items:

Part III: Psychiatric and Medical

3. Has your child been diagnosed with any of the following?

<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Obsessive compulsive disorder (OCD)
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Oppositional defiant disorder (ODD)
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Reactive attachment disorder (RAD)
<input type="checkbox"/> Chemical dependency	<input type="checkbox"/> Schizoaffective disorder
<input type="checkbox"/> Depression	<input type="checkbox"/> Tourette syndrome
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Post-traumatic stress disorder (PTSD)	_____

4.

Medications	Dosage	Prescribing Physician	Reason for medication

Does your child have any **medical** conditions or special medical needs? Please list, including diabetes, asthma, allergies, etc. _____

Current medications and dosage for medical conditions: _____

5. Has your child been hospitalized for any medical or psychiatric conditions? Please give dates and reasons for hospitalizations. _____



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6. Please list names and numbers of all current physicians, psychiatrists, therapists, DJO's, etc:

Physician: _____

Psychiatrist: _____

Therapist/ Social Worker _____

Other: _____

LOGOS may contact the above physicians and therapists? yes no

7. Has your child had any history of drug or alcohol abuse and/or substance abuse treatment? yes no

Substances used: alcohol marijuana cocaine LSD ecstasy stimulants inhalants
 tranquilizers heroine Over the counter medicine other _____

Describe use: _____

Does your child currently abuse drugs or alcohol? yes no not sure unknown

Does your child smoke cigarettes? yes no not sure

8. Has your child ever engaged in illegal activities or been in trouble with the law? yes no

Please describe: _____

9. At home, how would you describe your child's behavior?

very cooperative somewhat cooperative rarely cooperative oppositional / defiant

Explain: _____

11. Please check your child's interests, hobbies and talents:

- | | | |
|--|---|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Dancing | <input type="checkbox"/> Religious activities |
| <input type="checkbox"/> Board games _____ | <input type="checkbox"/> Drama/Theatre | <input type="checkbox"/> Singing or rapping |
| <input type="checkbox"/> Card Games _____ | <input type="checkbox"/> Internet | <input type="checkbox"/> TV/videos |
| <input type="checkbox"/> Clubs/Scouts | <input type="checkbox"/> Instrument | <input type="checkbox"/> Video games |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Working |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Reading | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Sports _____ | |

12. What are your academic and therapeutic goals for your child, if he or she is accepted at LOGOS?

13. What else would you like us to know about your child and/or family?

14. Who should we contact in case of emergency? Please list names and numbers:

The Application for Admission and related forms are considered confidential and will not be disclosed to anyone without parental permission.

Signature of Parent/Guardian _____ **Date:** _____