

MODEL SECONDARY SCHOOL FOR THE DEAF

ADMISSIONS APPLICATION

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME (LAST, FIRST, MIDDLE) _____

SSN _____

BIRTH DATE (MONTH/DAY/YEAR) _____

BIRTH PLACE _____

U.S. CITIZEN? YES NO

STREET _____

CITY/STATE/ZIP _____

Requesting residential (dorm) placement?
 Yes No

Does your child use ASL? Yes No If yes, please answer the following:

My child uses ASL/sign language: _____ % of the time in school _____ % of the time at home _____ % of the time with friends

The Model Secondary School for the Deaf (MSSD) requires the following documents for all the applicants: birth certificate, proof of residency, custody order (if any), and health insurance coverage. Please attach to the application, copies of the documents.

BIRTH CERTIFICATE: Copy attached **PROOF OF RESIDENCY:** Copy attached (i.e. utility bill, last year tax return, or rent/lease agreement)

HEALTH INSURANCE COVERAGE: Copy of Health Insurance Card (both sides) Plan to purchase school health insurance

CUSTODY STATUS: Has any court order ever been made concerning the care and/or custody of this applicant?

Yes No If yes, attach a copy of the court order.

This information is for statistical purposes only and will not be used in the admission decision process. Please check the appropriate boxes.

Sex:

- Female
 Male

Race: (Check one or more):

- African American/Black
 American Indian or Alaska Native
 Native Hawaiian/Pacific Islander

Caucasian/White

Asian

Other: _____

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

ADDITIONAL DISABILITIES:

If your child has any additional disabilities, please list them here and attach any evaluation and/or pertinent information related to these disabilities.

1. _____ 2. _____ 3. _____

I. _____ **ARE YOU THE:** Parent Other: _____
 Legal Guardian Foster Parent

PARENT'S/LEGAL GUARDIAN'S NAME

ADDRESS (address if different from applicant's permanent address) _____

HOME CONTACT NUMBER _____

OFFICE CONTACT NUMBER _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS _____

FAMILY LANGUAGE: (Check all languages used at home) American Sign Language English

Arabic Chinese French Russian Spanish Vietnamese Other: _____

What is the native language (first language) of this parent/legal guardian? _____

What is the hearing status of this parent/legal guardian? Deaf Hard of Hearing Hearing

II. _____ **ARE YOU THE:** Parent Other: _____
 Legal Guardian Foster Parent

PARENT'S/LEGAL GUARDIAN'S NAME

ADDRESS (address if different from applicant's permanent address) _____

HOME CONTACT NUMBER _____

OFFICE CONTACT NUMBER _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS _____

FAMILY LANGUAGE: (Check all languages used at home) American Sign Language English

Arabic Chinese French Russian Spanish Vietnamese Other: _____

What is the native language (first language) of this parent/legal guardian? _____

What is the hearing status of this parent/legal guardian? Deaf Hard of Hearing Hearing

THIS SECTION MUST BE COMPLETED:

A Local/State Educational Agency (LEA/SEA) is a representative from your local school district who is responsible for your child's education. The LEA/SEA is also responsible for finding proper placement of students with disabilities into appropriate educational programs. If you do not know your LEA/SEA, contact your principal's office or your local school district to get this information.

NAME OF LEA/SEA REPRESENTATIVE _____

TITLE _____

STREET _____

CONTACT NUMBER _____

CITY/STATE/ZIP _____

Does your LEA/SEA endorse this placement for your child? Yes No

MODEL SECONDARY SCHOOL FOR THE DEAF

SCHOOLS ATTENDED: (List present school first. Attach page if necessary.)

<p>A: _____ NAME OF SCHOOL (CURRENT)</p> <p>_____ STREET</p> <p>_____ CITY/STATE/ZIP _____ SCHOOL PHONE NUMBER</p> <p>_____ FROM MONTH/YEAR _____ TO MONTH/YEAR _____ HIGHEST GRADE COMPLETED</p> <p>REASON FOR TRANSFER/CHANGE: _____</p>	<p>LANGUAGES USED:</p> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Other: _____</p>
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<p>B: _____ NAME OF SCHOOL (PREVIOUS)</p> <p>_____ STREET</p> <p>_____ CITY/STATE/ZIP _____ SCHOOL PHONE NUMBER</p> <p>_____ FROM MONTH/YEAR _____ TO MONTH/YEAR _____ HIGHEST GRADE COMPLETED</p> <p>REASON FOR TRANSFER/CHANGE: _____</p>	<p>LANGUAGES USED:</p> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Other: _____</p>
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PARENT'S PERSPECTIVES

APPLICANT'S STRENGTHS	APPLICANT'S STRENGTHS	APPLICANT'S STRENGTHS
APPLICANT'S AREAS FOR IMPROVEMENT	APPLICANT'S AREAS FOR IMPROVEMENT	APPLICANT'S AREAS FOR IMPROVEMENT

At MSSD, we assist students in becoming independent and successful individuals. Succeeding in our school requires a certain measure of independence. We want all students to succeed. Please help us sharing any information about your child's social-emotional, independent living or behavioral needs:

What are your goals for your child? _____

PARENT CONSENT FOR PREPLACEMENT EVALUATION

It is required by Public Law 94-142 that parents' permission be obtained before the administration of these diagnostic tests. If we determine that further evaluation information is needed, you will be contacted to arrange a convenient date and time. A copy of the evaluation reports will be shared with you.

To the extent possible, we rely upon evaluation results submitted with this application to make admissions decisions. In the event that insufficient information is submitted, we may recommend comprehensive diagnostic tests. These may include all or some of the following:

- | | | |
|----------------|------------------------|------------------------------|
| Audiological | Educational Assessment | English as a Second Language |
| Medical/Health | Occupational Therapy | Physical Therapy |
| Psychological | Sign Language | Social Work |
| | | Speech and Language |

I have read the above statements and give my permission for the diagnostic tests listed to be administered to my child:

CHILD'S NAME (PLEASE PRINT)	SIGNATURE	DATE
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Check one: Parent Guardian

HOW DID YOU LEARN ABOUT MSSD?

- Gallaudet University
 Clerc Center Website
 Clerc Center Pamphlets/Materials
 MSSD Alumni
 Other: _____
- Current MSSD Student
 Current MSSD Parent

MODEL SECONDARY SCHOOL FOR THE DEAF

RELEASE OF INFORMATION

APPLICANT'S NAME

The student named above has applied for admission to the Model Secondary School for the Deaf (MSSD) located on Gallaudet University's campus in Washington, D.C. Applicants are not considered until all documents are received. Your cooperation is appreciated. Please forward any and all documents to:

Model Secondary School for the Deaf
ATTN: Admissions Administrator
Admissions Office
800 Florida Avenue, NE
Washington, DC 20002-3695
(866) 760-4825 (V/VP)
(202) 651-5362 (FAX)
MSSDAdmissions@gallaudet.edu

This signed release of information will be forwarded to those persons/agencies that have provided service to the applicant during the last three years. If any additional copy of this release is needed, feel free to duplicate it.

This is to authorize the following school(s) to release copies of any evaluations or educational records, including, but not limited to: psychological, social/case history, transitional plans, medical, occupational and/or physical therapy; current academic information, such as an Individualized Education Program, an Individualized Family Service Plan, and/or a school transcript/report card; an audiogram; academic achievement test results; Triennial Reports; Student Life (Dormitory) Summaries; Behavioral summaries; and other relevant information for admission review of my child to MSSD.

NAME OF SCHOOL

SCHOOL PHONE NUMBER

RECORDS OFFICE FAX NUMBER

* Records Office is where most schools keep students' educational records and evaluations (i.e. IEP, transcript/report cards, audiogram, test results).

NAME OF SECOND SCHOOL (if applicable)

SCHOOL PHONE NUMBER

RECORDS OFFICE FAX NUMBER

* Records Office is where most schools keep students' educational records and evaluations (i.e. IEP, transcript/report cards, audiogram, test results).

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF APPLICANT (IF OVER 18 YEARS OF AGE)

DATE