



Please complete this form in its entirety and return it to:

Gaitway High School
 P.O. Box 23129
 Chagrin Falls, Ohio 44023
 Fax: 440-708-0029

Application for Admission to Classrooms in the ESC of the Western Reserve Consortium
 (Only School Districts May Apply)

Identifying Information:

Student Name: _____ Sex: _____ D.O.B _____ Grade _____

Parent/Guardian: _____ Relationship to student _____

Address _____ City _____ Zip _____

Student resides with: _____

Student address if different from parent: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email Address(es) _____

Placing School District: _____ School _____

District Representative/Title: _____ Phone _____

Please send the following items for review:

- Attendance Record
- Official School Transcripts
- Current ETR
- Current IEP
- Discipline History
- Vaccination Records
- State Testing Records

Academic Information:

Ability (IQ) Level: _____

State of Ohio Testing Information: Please include all relevant testing data

Date of last ETR _____ Re-evaluation date: _____

Medical Information:

Present and past medical diagnoses

Past and present medications: _____

If Medicaid Eligible, contact person and phone number _____

Community Involvement:

Case Manager/Agency _____ Phone Number _____

Counselor, Social Worker, Psychologist (Name/Agency Providing Service)

_____ Phone: _____

Probation Officer (Name/Court) _____ Phone: _____

Job & Family Services Caseworker: _____ Phone: _____

Psychologist/Neurologist/Other Medical Doctor (Name/Specialty)

_____ Phone: _____

Other Community Professional: _____ Phone: _____

Behavioral Information:

Has this student demonstrated any of the following behaviors:

Incidents of arson related crimes: _____

Incidents of animal abuse: _____

Incidents of physical aggression: _____

Incidents of weapon usage: _____

If you responded yes to any of the above items, please describe the event in more detail along with the treatment or supportive action that was taken post event:

Placement Information:

Does this student require any related services? If so, please check next to the appropriate service below:

Occupational Therapy: _____

Physical Therapy: _____

Speech/Language Therapy: _____

Social Work: _____

Other (Please List) _____

Reason for out of county placement request: _____

Please list any additional information to assist with our determination of placement:

Home School Contact Person (Name, Phone and Email) _____