

4. Why have you applied to The Elisabeth Morrow School? _____

5. What are your goals for your child? _____

6. Please describe some of your child's strengths: _____

7. Please describe some of your child's challenges: _____

8. Has your child worked with any of the following? (please circle all that apply):

Allergist

Psychologist

Audiologist

Speech/Language Therapist

Learning Specialist

Occupational Therapist

Please feel free to elaborate on any services that your child has participated in. If there is any other information that you feel would be important to share with us, please include it in the space provided or on a separate piece of paper: _____

9. As a parent, what do you expect from your relationship with a school? _____

10. Please list your child's extracurricular activities both inside and outside of school (athletic activities, music, art lessons etc):

11. Please describe some of your child's favorite activities: _____

12. Please describe how much and what kind of reading is done in your home: _____

Your comments will be very helpful to us as we review your child's candidacy. We thank you for taking the time to provide us with this information. Please return to: The Elisabeth Morrow School, Office of Admissions and Financial Aid, 435 Lydecker Street, Englewood, NJ 07631. Telephone: 201-568-5566 ext. 7212 Fax: 201-568-2065. Email: admissions@elisabethmorrow.org. For more information about our School, please visit www.elisabethmorrow.org. Please call if you have any questions.

The Elisabeth Morrow School is fully committed to complying with any applicable federal and state laws with respect to the administration of its educational policies, admissions policies and practices and financial aid programs.