

THIS FORM IS FOR APPLICANTS WHO ARE NOT REGULAR YEAR LAB SCHOOL STUDENTS

The Lab School of Washington 4759 Reservoir Road, NW Washington, DC 20007 202-965-6600 www.labschool.org

Application for Admission to the 2009 Summer Session • Monday, June 22 – Friday, July 24

Fill out the entire form and return by mail.

New to The Lab School? Welcome! Please fill out this entire form and mail with supporting documents to the **Admissions Department**. Use the checklist below to make sure your application is complete. Mail all materials together - we are unable to process incomplete applications. Sorry, faxed materials are not accepted. Please keep original documents for your files; materials submitted with this application remain part of The Lab School's confidential files. Space is limited, so be sure to mail your application as soon as possible. Thank you!

- Summer Session Student Strengths and Needs Profile completed by teacher **even if you have submitted this form for a regular year application**
- Copy of most recent psychoeducational evaluation Most recent school progress report/report card Current IEP if applicable
- Recent photograph of applicant Application fee (\$100 new applicant, \$25 re-applicant)

Please check one of the programs below

- Lower School
9 am-2 pm (\$2,580)
- Junior High School
8:30 am-12:30 pm (\$1,860)
- High School
8:30 am-12:30 pm (\$2,000)
- Shakespeare Theatre (JHS/HS)
9 am-2 pm (\$1,600)

Last name _____ First name _____ Prefers to be called _____

Date of birth _____ Current grade _____ Male Female Previous LSW Summer Attendance yes no

Please list any: Allergies _____ Medical conditions _____

Medications _____

Custodial parents' names _____

Mailing address _____

City _____ State _____ ZIP _____

Home phone _____ Mother's work/cell phone _____ Father's work/cell phone _____

Email addresses _____

Speech/Language Therapy

*If you have any questions, call the Speech/Language Department at (202) 944-2236 **before** you fill out this section.*

These sessions are factored into the daily schedule.

- One individual session per week (\$500)
- Two individual sessions per week (\$1000)
- One small group session per week (\$425)
- Two small group sessions per week (\$850)

These programs are contracted separately. Please contact SP/L Dept. directly if interested.

- **Intensive Phonological Awareness and Reading Fluency** for all ages (\$2,500)
Note: This program runs from June 22 – July 23
- **Learning and Language: Organizing Higher-Level Thinking, Through Abstract Language** for all ages (\$2,500)
Note: This program runs from June 22 – July 23
- **2009 Problem Solvers' Brigade** for 7-14 year olds (\$1,540)

Occupational Therapy

*If you have any questions, call the Occupational Therapy Department at (202) 454-2246 **before** you fill out this section.*

These sessions are factored into the daily schedule.

- One individual session per week (\$520)
- Two individual sessions per week (\$1040)
- One small group session per week (\$440)
- Two small group sessions per week (\$880)

These programs are contracted separately. Please contact OT Dept. directly if interested.

- **Imagine: Improved Sensory Integration and Motor Skills** for 5-8 year olds (\$2,735)
- **Interactive Metronome Training** for all ages (\$1,700)
- **Ready, Set, Go!** for seniors and rising college freshmen (\$1,200)

If you are interested in individualized tutoring (\$90/hour) during the Summer Session, please call (202) 944-3086

The Lab School's programs and policies are applied with equal consideration to all of its applicants and students. Candidates are not discriminated against on the grounds of race, ethnicity, gender, religion, nationality, disability or any other status protected by law. The Lab School is not able to accommodate the needs of students with autism, Pervasive Developmental Disorder, or learning disabled students with secondary conduct disorders or severe psychiatric problems.

Summer 2009 – Recreational After School Options

Monday, June 22 – Friday, July 24

Student's name _____

Current grade _____ School _____

Custodial parents' names _____

Address _____

City _____ State _____ ZIP _____

Home phone _____

Mother's work/cell phone _____

Father's work/cell phone _____

E-mail addresses _____

Please check one of the programs below

After School Options for Lower School (School Grades 1-6)

- Swimming.....\$620
- Basic Digital Film Making.....\$650
- Puppetry.....\$620
- Chilly Treats.....\$620
- Extended Day Program.....\$930

After School Options for Junior High (School Grades 7-8) and High School (School Grades 9-12)

- Water Sports.....\$1240
- Basic Digital Film Making.....\$650
- Tennis.....\$725

Additional Programs

Club Dragon*(1 hr. minimum).....\$10/hr.

This can be calculated as a "drop in" or by the number of hours times the number of days needed (there are 23 days in this session).

of hours a day X # of days X \$10

TOTAL FEE: \$ _____

If you have any questions about after school program, please call Lisa Holley at 202-641-5847 or e-mail at lisa.holley@labschool.org

Please note: Even if the student applied for the regular year program, this form must be filled out to apply for our Summer Session.

THE LAB SCHOOL OF WASHINGTON® Student Strengths and Needs Profile

Directions for Teachers (PLEASE BE SURE TO KEEP A COPY OF THE COMPLETED FORM FOR YOUR FILES)

- This form must be completed by the applicant's current teacher.
- The application cannot be processed without this form.
- Please put it into an envelope, seal it, and sign your name over the flap.
- Give it to the parent, as it must be submitted together with the rest of the admissions materials.

Child's name _____ Date of Birth _____

School _____ Grade _____

Name of person completing form _____ Date completed _____

Please indicate specific grade levels below. Do not simply write at, above, or below grade level.

Math grade level _____ Reading grade level _____ Spelling grade level _____

Please list the child's strengths (e.g. good auditory or visual perception, good vocabulary, following directions, good calculation skills, strong reading comprehension, determined, etc.), as well as areas of weakness, (poor visual or auditory discrimination, distractibility, weak decoding, literal thinker, poor math skills, inability to adapt learned information to a new situation, poor expressive language, weak memory for sight words/math facts, etc.) Include specific goals.

Math Skills

Strengths	Weaknesses	Specific Goals <small>e.g. 2-digit addition with regrouping</small>

Reading Skills

Strengths	Weaknesses	Specific Goals <small>e.g. decoding (cvc, cvcc, multi-syllabic); comprehension (literal vs. critical thinking)</small>

Please continue on other side

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Written Language Skills

Strengths	Weaknesses	Specific Goals e.g. sentence level, paragraph level

Behavior/social skills

How does this child follow directions, get along with his/ her peers, transition to different activities, tolerate frustration? How long is his/her attention span? Is the child easily distractible?

Please list teaching techniques that have proved helpful.

Signature _____ Date _____

Please be aware that the information provided herein cannot be kept confidential from the child's parents/guardians.