



580 Pleasant Ridge Dr.
Mansfield, TX 76063
(817) 473-7125
www.lifepointinc.org

Application for Admission

Applicant's Name _____

Home Address _____

Home Phone Number _____

Date of Birth _____ Sex (please circle) M F

Diagnosis _____

Current School, or Last Attended _____

Parent/Legal Guardian Full Name _____

Home Address (if different from above) _____

Contact Phone (Home) _____ (Cell) _____

(Work) _____ Email _____

Employer/Occupation _____

Preferred Method of Contact _____

Special Learning Needs _____

Does the applicant have any “negative” triggers? Please list

Health Needs

How does the applicant communicate

In which of the following activities should we include the applicant? Please circle

- | | |
|-------------------------------|------------------------------|
| All | Academic Tutoring – Reading, |
| Music Therapy | Writing, Math |
| Transportation to Equitherapy | LifeSkills (please specify) |
| PE | _____ |
| Swimming | _____ |
| Crafting | Field Trips |
| Labs – Reading, Computer | |

What additional information about the applicant would be helpful to provide a positive experience throughout the day? _____

How did you learn about LifePoint? _____

What influenced your decision to apply? _____

Parent/Guardian Signature

Date