



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

## Application for Admission

Applicant 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

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Health Needs

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How does the applicant communicate (verbal, nonverbal, dynavox, etc)

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

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|-------------------------------|------------------------------|
| 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? \_\_\_\_\_

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How did you learn about LifePoint? \_\_\_\_\_

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What influenced your decision to apply? \_\_\_\_\_

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Parent/Guardian Signature

Date