



CLIFFORD ACADEMY AT THE HOME IN WALPOLE

ADMISSIONS APPLICATION		
Name:		
Grade Level:	DOB:	Phone:
Current Address:		
City:	State:	ZIP Code:
PARENT / GUARDIAN INFORMATION		
Parent/Guardian Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	Mobile Number:
SENDING SCHOOL DISTRICT INFORMATION		
School District:		
District Contact Name:		
Phone:	Email:	Mobile Number:
CURRENT SCHOOL INFORMATION		
Primary Disability:		
IEP Services Needed (Speech, OT, etc.):		
Medical Services Needed:		
Placement Needed (Day, Res/Ed, Summer):		
Placement Timing:		
Additional Information:		

ADMINISTRATION ONLY	
Date Received:	Administrator Assigned:
Entered into Evolv by:	
<input type="checkbox"/> Interview	
<input type="checkbox"/> Accepted on:	<input type="checkbox"/> Followed up by:
<input type="checkbox"/> Rejected on:	<input type="checkbox"/> Intake Date: