



## ***PILLARS Program Application***

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Has student been diagnosed with a learning disability? \_\_\_\_\_ Is there an IEP/504 Plan? \_\_\_\_\_

Has student been diagnosed or suspected to have ADD or ADHD? \_\_\_\_\_

Is student currently taking medications? \_\_\_\_\_

Has student received formalized educational/psychological testing? \_\_\_\_\_

If so, please attach copies or indicate tests and dates taken: \_\_\_\_\_

\_\_\_\_\_

Please check programs in which student has participated:

\_\_\_\_\_ resource (rsp)      \_\_\_\_\_ special day class      \_\_\_\_\_ professional tutoring

\_\_\_\_\_ other: \_\_\_\_\_

*I/We understand that neither Rock Academy nor PILLARS guarantees that my child will receive specific improvements or results from participation in the PILLARS program. There is an additional fee of \$300 per month, contracted per semester, for participation in the program.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_