



PILLARS Program Application

Date: _____

Student's Name: _____ Gender: _____

Birth Date: _____ Current School: _____ Current Grade: _____

Parent/Legal Guardian: _____

Address: _____

Home Phone: _____ E-mail: _____

Please respond to the following questions:

<u>Questions:</u>	<u>Write "Yes" or "No"</u>	<u>If yes, explain below:</u>
Has student been diagnosed with a learning disability?		
Has student received formalized educational/psychological testing?		
Has student received a formalized medical evaluation?		
Do you have a past/current IEP/504 Plan?		
Has student been diagnosed or suspected to have ADD or ADHD?		
Is student currently taking medication?		Type and dosage:

Please check programs in which student has participated:

Resource (RSP)____ Special day class____ Professional tutoring____ Other_____

Please indicate any other information past or current that would help us understand your child's learning challenges:

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 annually, for participation in the program.

Signature: _____

Date: _____