



# RETURNING STUDENT APPLICATION

Today's Date: \_\_\_\_\_

Applying for Session: \_\_\_\_\_

Last Conductive Education school session attended: \_\_\_\_\_

## CHILD PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Child Resides with: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

## MEDICAL AND HEALTH RECORD UPDATE

**Current Medications (name/doses/times):**

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**Any changes in medical condition since last attendance at program:**

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**Current therapies/schooling (type, frequency/where):**

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**PRESENT CONDITION**

Please provide an update regarding current skills in:

**Mobility:**

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**Self-care:**

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**Speech/Language:**

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**Please list the equipment and adaptive devices that your child uses (i.e. AFOs, splints, etc.):**

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**What current goals do you have for your child?**

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**Please provide any other information you feel should be known by the staff:**

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**This application has been completed by:**

_____	_____
Name	Relationship

**Please send application form to:**

**Andrea Swiger**  
Program Director, Senior Conductor-Teacher  
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