

In order to successfully meet the needs of the students for whom the Lake Michigan Academy is organized, the following criteria for admission is as follows:

1. Diagnosis of a Specific Learning Disability or Attention Deficit Disorder with or without Hyperactivity (AD/HD).
2. Average or above average intellectual potential.
3. No primary emotional, social or medical pathology. No sensory deficits.
4. Willingness to make a commitment to a program of intensive remediation and study.

Additional admissions criteria for students with a primary diagnosis of AD/HD:

- Processing speed index score below 85
- Achievement scores discrepant in reading comprehension, math, or writing
- Documented history of AD/HD
- Diagnosis of AD/HD from a continual performance test

The following materials must be completed and forwarded to Lake Michigan Academy. Please do not send original documents; photocopies must be clear and legible.

1. Completed admissions application along with a \$25.00 application fee.
2. School records: transcripts, teacher's comments, personal recommendations, work samples, etc.
3. Results of all previous educational testing including current levels of academic functioning and current achievement test scores.
4. Report of a complete recent psychological evaluation including the scores of a Wechler all sub-test scores. Any student who had gone through the Individual Educational Planning and Placement Committee (IEPC) would have a psychological evaluation in the school file. If such testing has not been done, it is suggested that your present school be requested to provide this service. However, if necessary, Lake Michigan Academy can provide you with names to contact for this evaluation.
5. For students with a primary diagnosis of AD/HD, a copy of the original diagnosis evaluation.
6. Student questionnaire.
7. A non-refundable registration fee of \$500.00 will guarantee placement for a student.

Upon receipt of the above documents, Lake Michigan Academy will evaluate the data. If it appears that our program would be appropriate for the student, the parents will be notified. Because we feel it is important that we get to know the student prior to making our final decision, the Executive Director will interview the prospective student and parents.

At the completion of the combined interview and if all parties are in agreement as to the appropriateness of the program for the student's needs, an enrollment contract will be offered to the student and parents. The family is asked to defer their final decision about enrolling the child for at least 24 hours to insure that their child feels positive about attending.

Please mail all documents, completed application, and a \$25.00 application fee to:

Lake Michigan Academy  
Admissions Office  
2428 Burton SE  
Grand Rapids, MI 49546  
(616) 464-3330 • [www.wmldf.org](http://www.wmldf.org)



For Office Use Only

Application Reviewed By: \_\_\_\_\_

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

Program: FT/HS PT/HS FT/FP Schol.

Entry Grade Level: \_\_\_\_\_

Date of Application \_\_\_\_\_

For Academic Year \_\_\_\_\_

**Family Information**

Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Child's primary language if other than English \_\_\_\_\_ Child's SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check if applicant is under guardianship \_\_\_\_\_, or is adopted \_\_\_\_\_.

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Check if deceased

Address \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name and Address \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Check if deceased

Address \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name and Address \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Applicant's Legal Guardian \_\_\_\_\_

Please provide name and address of step-parent, if any \_\_\_\_\_

Please send financial correspondence to \_\_\_\_\_

Names and ages of other family members \_\_\_\_\_

\_\_\_\_\_

Which, if any, of the family members other than the applicant

1. are left handed \_\_\_\_\_

2. have had difficulty with reading, spelling, writing or arithmetic \_\_\_\_\_

\_\_\_\_\_

**Educational Information**

Present School \_\_\_\_\_ Grade \_\_\_\_\_

Public school district or system \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Education Director \_\_\_\_\_

Has your child received any special education tutoring? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

**School History**

| Grade | Dates | School | Grade | Dates | School |
|-------|-------|--------|-------|-------|--------|
| _____ | _____ | _____  | _____ | _____ | _____  |
| _____ | _____ | _____  | _____ | _____ | _____  |
| _____ | _____ | _____  | _____ | _____ | _____  |
| _____ | _____ | _____  | _____ | _____ | _____  |

At what point did you suspect that your child might have learning problems? Why?

Please list the clinics or private practitioners who have evaluated your child and the dates of the evaluations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What diagnoses have you been given for your child's learning difficulties?

Who referred you to Lake Michigan Academy? \_\_\_\_\_

Had you heard of Lake Michigan Academy before this referral? \_\_\_\_\_ How? \_\_\_\_\_

## Medical History

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Child's height \_\_\_\_\_ weight \_\_\_\_\_ hair color \_\_\_\_\_ eye color \_\_\_\_\_

Does this child use right hand \_\_\_\_\_ left hand \_\_\_\_\_ both hands \_\_\_\_\_

Were there any difficulties during pregnancy, labor or the birth of this child?

Does this child have any history of speech problems or other developmental delays?

Has your child received speech therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain where, when and purpose:

Is there any history of behavioral difficulty, either in relationship to family, peers, or in academic settings?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, has any evaluation or treatment been conducted in relationship to these problems?

Please list any medical conditions such as allergies, seizures, high fevers, hyperactivity, accidents, serious illnesses, or hospitalizations which have been significant to your child's well being.

Is your child currently receiving any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the medication? \_\_\_\_\_

What is the purpose of the medication? \_\_\_\_\_

## **Parent's Perceptions**

Write a brief description of your child.

How do your child's difficulties affect his/her functioning in the home?

What are your child's hobbies or interests?

What are your child's major strengths?

What are your child's areas of greatest need?

What goals do you have for your student at Lake Michigan Academy?

## **Procedural Information**

Application and admission policies are outlined in the enclosed letter. An application must be accompanied by a non-refundable \$25.00 application fee\*. With this application, we request that you submit photocopies of your child's most recent psychological evaluation and all available assessments.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*\*For scholarship applicants, this fee is waived.*

# Lake Michigan Academy — Student Questionnaire

To the Applicant: To learn more about you as an individual, we would like you to take some time and thought to answer the following questions. You may dictate your answers to your parent/guardian if you wish.

Name \_\_\_\_\_ Date \_\_\_\_\_

1. What do you hope to accomplish while you are attending Lake Michigan Academy?

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2. Other than school work, what new things would you like to learn how to do?

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3. Have you thought about what you want to do after high school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what?

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4. What do you enjoy doing in your free time?

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5. List any camp, work or travel experiences you have had.

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