



**WESTONWOOD
RANCH**
SUSTAINABLY DIFFERENT

PRE-ENROLLMENT APPLICATION



Dear Applicant,

At Westonwood Ranch, we offer educational and vocational training to maximize the potential for adolescents and young adults with autism and related developmental disabilities to lead productive, satisfying, self-sustaining lives.

We are pleased to be accepting pre-enrollment applications for Summer/Fall Semester of 2019 year. Please note that completion of the pre-enrollment application does not guarantee admission to Westonwood Ranch.

Westonwood Ranch considers all pre-applications as they are completed and will produce a waiting list for future enrollment. Pre-applicants will be contacted to submit the full application process and a tour of the program prior to enrollment.

As placement may fill quickly, we encourage prospective students to submit the pre-enrollment application as early as possible.

PRE-APPLICATIONS MAY BE MAILED TO:

WESTONWOOD RANCH

Att: Admissions

4390 Highway 20 W

Freeport, FL 32439

PRE-APPLICATIONS MAY BE EMAILED TO:

westonwoodranch@gmail.com



PRE-ENROLLMENT APPLICATION

STUDENT AND FAMILY INFORMATION

Prospective Student

first name _____ last name _____

date of birth _____ mailing address _____

city _____ state _____ zip _____

email _____ phone _____

Person Submitting the Application

first name _____ last name _____

date of birth _____ mailing address _____

city _____ state _____ zip _____

email _____ phone _____

relationship to student _____

With whom does the student reside? _____

Do you have legal custody of the above prospective student ? Y* N

Does anyone else have legal custody or have legal rights regarding the treatment or education of the above prospective student ? Y* N

Does the prospective student have any siblings ? Y* N

* If yes, please provide additional information here _____

PROSPECTIVE STUDENT MEDICAL HISTORY

allergies _____

primary diagnosis _____

secondary diagnosis _____

please list all medications currently prescribed _____

please list all ongoing medical conditions _____

does the student require any special accomodations _____

PROSPECTIVE STUDENT EDUCATIONAL HISTORY

Current or most recent school attended

Name of school _____

Address _____

Ages/grades attended _____ dates attended _____

What was the student:teacher ratio in last classroom? _____

Does the prospective student currently receive ABA therapy ? Y* N

Has the prospective student received ABA in the past? Please list current or previous ABA Provider _____

Approximate date(s) of previous ABA therapy _____

Does the prospective student currently receive the State of Florida McKay or Gardiner Scholarship Funding? _____

Please describe primary mode of communication (verbal, sign, communicative device, other) _____

ADDITIONAL INFORMATION

Does the prospective student display the following behaviors. If response is "yes" please describe the behavior on page 4.

Tantrums	Y*	N
Self-Injury	Y*	N
Aggression towards others	Y*	N
Aggression towards animals	Y*	N
eloping	Y*	N
non-compliance	Y*	N
self stimming		

