



ODYSSEY SCHOOL

Building Bright Futures

Application for Admission

Student Name _____

Current Grade _____

Date of Application _____

Odyssey School Admissions Procedure

Odyssey students must have average or above intelligence with a significant discrepancy in one or more areas of learning. Children whose primary disability is emotional or behavioral are not eligible for Odyssey School admissions.

Step 1. Consultation

- Meet with Head of School and tour the school. Tours are conducted on Tuesdays and Thursdays by appointment.
- Bring copies of your child's past school records and any formal testing, which have been completed

Step 2. Application

- Completed application with \$100, non-refundable application fee
- Complete copies of all testing and medical records (including speech/language, neurological, educational, psychological, physical, and occupational therapy)
- Up-to-date school records
- Provide a release of records from the applicant's current school
- Provide teacher recommendation forms

Step 3. Admissions

Upon completion of the file, a three-day visit will be schedule. The admissions committee meets after the three day visit to discuss the applicant. The committee will make one of three recommendations for the student:

- Placement in Odyssey School
- Request for additional information
- Alternative placement

Parents are notified immediately by the Admissions Committee. Individualized diagnostic testing will be set up through our Testing Center (additional fee)

Non-Discrimination Policy

Odyssey School admits children of any race, color, creed, national and ethnic background, and similarly accords all children all rights, privileges, programs, activities, and responsibilities available to students. Odyssey School does not discriminate on the basis of race, color, creed, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and other school administered programs.

Odyssey School Application

Applicant Information:

_____ Male _____ Female _____
Last Name First Name Middle Name Preferred Name

Home Address, Including: City, State, Zip

_____ Date of Birth Place of Birth Current Age

Parents/Stepparents or Guardians with whom Applicant lives:

Mother/Stepmother/Guardian

_____ Last Name First Name Relationship to Applicant

_____ Home Phone Cell Phone email address

_____ Employer Position Work Phone

Father/Stepfather/Guardian

_____ Last Name First Name Relationship to Applicant

_____ Home Phone Cell Phone email address

_____ Employer Position Work Phone

Check here if applicable: _____ Parents separated _____ father deceased _____ father remarried

_____ Parents divorced _____ mother deceased _____ mother remarried

If parents are separated or divorced, who has legal custody? (Please provide documentation) _____

Who has physical custody and what are the arrangements? (Please provide documentation) _____

Parents/Stepparents or Guardians with whom Applicant does NOT live:

Mother/Stepmother/Guardian

_____ Last Name First Name Relationship to Applicant

Home address, including City, State, Zip

_____ Home Phone Cell Phone email address

_____ Employer Position Work Phone

Father/Stepfather/Guardian

_____ Last Name First Name Relationship to Applicant

Home address, including City, State, Zip

_____ Home Phone Cell Phone email address

_____ Employer Position Work Phone

Name _____

Are any languages other than English used in the home? ____ No ____ Yes, Please specify _____

Siblings in the home:	Brothers	Age	Sisters	Age
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Others residing in the home: _____

Do/Did relatives of the applicant have significant problems in school? ____ No ____ Yes

Please Explain: _____

Applicant's current school and address: _____

Present teacher(s): _____

Other schools previously attended:	Address	Grade(s)	Reason for Leaving
School			
_____	_____	_____	_____
_____	_____	_____	_____

Has applicant repeated a grade? ____ No ____ Yes Which one? _____

Has applicant skipped a grade? ____ No ____ Yes Which one? _____

Please describe any tutoring applicant has had, including dates: _____

When did you first become aware of a problem in school? _____

Please list areas of applicant's significant talent or interest: _____

Name _____

Diagnosis of applicant's learning difference or attention deficit disorder (ADD or ADHD) Copy provided _____

The applicant is happiest when _____

The applicant is resistant or unhappy when _____

Applicant's Physician or Pediatrician: _____

Address: _____ Phone: _____

Does applicant take prescribed medication for attention/focus/activity/mood level? ____ Yes ____ No
If yes, please specify name of medication and times administered:

Other professionals who have worked or are working with applicant (speech/language pathologist, psychologists, counselors, etc. Please be thorough, use additional page if necessary)

Name Address Phone

Name Address Phone

Name Address Phone

Please explain: _____

Has applicant had any history of experimentation with drugs or alcohol? ____ Yes ____ No If yes, please explain on separate sheet

Please give names, address and telephone numbers of two persons to contact in case of emergency (if parents cannot be reached).

Name Address Phone

Name Address Phone

If applicant's health is poor, or if there is any condition which might interfere with the applicant's full participation in all aspects of Odyssey School (including classwork, athletics, class trips, etc.), please explain below or on a separate sheet.

How did you hear about Odyssey School? _____

Name _____

Please describe applicant's strengths and learning needs in the following areas:

Reading: Phonics _____

Reading Comprehension _____

Spelling: _____

Handwriting: _____

Written Expression (ability to express thoughts in writing): _____

Arithmetic: Memory for Math facts (addition, multiplication, etc.): _____

Understanding of Math concepts (such as, knowing how to add or multiply): _____

Solving word problems: _____

Science: _____

Social Studies/History: _____

Social skills and ability to get along with peers: _____

Leadership Skills: _____

Other: _____

Please state your expectations of Odyssey School in its work with your child: _____

The involvement and support of each student's family is an integral part of Odyssey School and is critical to our success. Odyssey School is committed to working as a team consisting of student, teacher, and parent to provide every opportunity for success. Parents (or guardians) of each student are requested to participate in the Partners with Parents program. Parents will also be asked to contribute time and talent at various times during the school year. Please make sure you understand the commitment we ask of parents prior to submitting this application.

Parent Signature(s): _____

Date: _____

Odyssey School admits qualified students and does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, or disability in the administration of its educational program, admissions, financial aid, athletics or other school policies. All students are afforded the rights, privileges, programs and activities generally accorded or made available to Odyssey school students.

STUDENT RECORDS RELEASE AUTHORIZATION

Parents: Please return this form to Odyssey School.

I hereby grant Odyssey School permission to request records pertaining to my child, _____ from his/her previous school or professionals who have worked or working with him/her.

Name and address of previous school or other professional:

Name **Phone**

Address **City, State** **Zip**

Parent Signature **Name (please print)**

Date

Please mail or fax this form along with all student records to:

Odyssey School Phone: (512) 472-2262
4407 Red River FAX (512) 236-9385
Austin, Texas 78751

ODYSSEY SCHOOL

Parents: Please provide your child's current/past schools with this form and three copies of the teacher recommendation forms.

I hereby grant Odyssey School permission to request information and records pertaining to my child, _____ from his/her previous school or other professionals who have worked or are working with him/her.

I further request that the school principal and two other teachers from the current or previous school year submit the following recommendation to Odyssey School. I waive my right of access to this recommendation and understand that it will not become part of his/her permanent record. **(Parents, please forward this form to the appropriate persons).**

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

Teacher's please fill out the recommendation form and mail or fax it to:

Odyssey School
4407 Red River
Austin, TX 78751
Ph. (512) 472-2262
Fax (512) 236-9385

Name and address of School or Institution: _____

Phone Number: _____

Name of Evaluator: (Please Print)

Signature of Evaluator

Date

Relationship to student

Teacher Recommendation Form

Name of person completing form: _____

How long and in what capacity have you known the applicant?:

Has the child named on the reverse of this form had discipline problems (either major or minor)?
Yes No (Please circle appropriate answer). If yes, please explain below:

To your knowledge, has this student had any violations of the law? Yes No

Has this student been known to use drugs or alcohol? Yes No

Has this student been suspended? Yes No

Is this student allowed to return to your school? Yes No

Please rank the student in the following areas – Circle the correct answer

	RANK 1-5				
	Seldom		Most Times		Always
	1	2	3	4	5
This student is cooperative	1	2	3	4	5
This student is respectful.	1	2	3	4	5
This student is in compliance with school rules.	1	2	3	4	5
This student is in good standing (regarding discipline)	1	2	3	4	5
This student has good peer relationships.	1	2	3	4	5
The parents are supportive of the school and its policies.	1	2	3	4	5

Please mark the appropriate space:

_____ Strongly recommend

_____ Recommend

_____ Recommend with reservations

_____ Do Not Recommend