

## Application Form

### Child

First name

Last name

Gender

Female

Male

Siblings

Religion

Language(s) spoken at home (underline principal language)

Postal code

Country

Also known as

Date of birth

Ethnicity

Address

City

**Parents / Carers 1**

Title Dr / Mrs / Miss / Mr / Ms / Other

First name

Last name

Relationship to child

Address (if different )

Home telephone

Work telephone

Mobile

Email

Add to mailing list?  Yes  No

**Parents / Carers 2**

Title Dr / Mrs / Miss / Mr / Ms / Other

First name

Last name

Relationship to child

Address (if different)

Home telephone

Work telephone

Mobile

Email

Add to mailing list?  Yes  No

**Diagnosis**

Has the child had an autistic spectrum disorder diagnosis  Yes  No  In hand

If yes, date of diagnosis

Name of doctor who made diagnosis

Address & Telephone

Additional diagnosis: eg dispraxia / dyslexia / ADHD / epilepsy / others

**Please attach relevant documents**

**Statement**

Does the child have a statement of Special Educational Needs (SEN)?  Yes  No

If yes, date of statement  **Please attach a copy**

If no, is the child being assessed for a SEN statement?  Yes  No

**Further information**

**About the child**

No

Is the child vocal? Yes

Sign? Yes

Is the child toilet trained?

No  Use PECs?  Yes  No

No  If yes, which sign language  Yes

Does the child have allergies and/or medical conditions of which the school should be aware?

How did you hear about Snowflake?

Have you visited Snowflake?  Yes  No If yes, when:

Have you requested a place at Snowflake from your LEA?

Has the LEA accepted the need to fund the place at Snowflake?  Yes  No  Pending

If pending, date of Tribunal

If no, are you considering paying the fees privately?  Yes  No

Are there any family/other considerations of which we should be aware in order to care appropriately for the child?

Psychologists and Therapists who have worked with your child in the last 2 years

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Full name	Role (eg Education Psych. Occupational Therapist)	Date last seen	Contact details

*Continue on a separate sheet if necessary*

**Education**

Local Educational Authority (LEA)

LEA Caseworker: Name / telephone number

Include all education whether at home or in school

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From	To	Name of school / lead tutor and address & telephone

Has the child any experience of Applied Behaviour Analysis (ABA)?  Yes  No

ABA provider / scheme:

Start date  End date

***Please note that evidence will be required that any financial commitment to an existing educational provider has been met or appropriate notice given.***

## Attachments

What documents have you enclosed with the application:

Diagnosis

Special Educational Needs (SEN) Statement

Correspondence with LEA

Others

Please list

## Declaration

I/we give permission for Snowflake to contact any of the Agencies detailed above. Please list any exceptions:

The information we have given is correct to the best of my/our knowledge.

I/we accept that one complete term's notice in writing of my/our intention to withdraw the child, or payment in lieu of notice, is an absolute condition of the child being offered a place at Snowflake School for children with autism.

By sending your child to us, you are accepting our Terms & Conditions.

BOTH parents/carers MUST sign this document.

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Signed:

Date:

Signed:

Date:

**Additional information**



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**Please post application to:  
Snowflake School for Children with Autism  
46a Longridge Road,  
London  
SW5 9SJ**