



ARROWSMITH SCHOOL

Providing a solution for learning disabilities

Application for Saturday Motor Symbol Sequencing Program

Student Information:

Student's full name: _____
(surname) (given names – please indicate preferred name)

Age: _____ Date of Birth: _____ M/F: _____
(years) (month/day/year)

Present School: _____ Grade: _____

Family Information:

Parents/Guardians: _____

Home Address: _____

(city) (postal code)

Telephone – Home: () _____

Mother Work: () _____ Father Work: _____

Email address: _____

Please include with your application:

_____ a current writing sample from your child.

_____ copies of the two most recent school report cards.

_____ copies of previous assessments.

(If previously enrolled or tested at Arrowsmith School, previous assessments are not required)

Date: _____

(parent/guardian)