



THE CRAIG SCHOOL

10 Tower Hill Road, Mountain Lakes, NJ 07046

Admissions
973 334-1295

Dr. Eric M. Caparulo, Head of School

Fax: 973 334-1299

The Craig Lower School/Middle School

www.craigschool.org

The Craig High School

15 Tower Hill Road, Mt. Lakes, NJ 07046

200 Comly Road, Lincoln Park, NJ 07035

973 334-4375 ♦ fax: 973 334-2861

973 305-8085 ♦ fax: 973 305-8086

Janet M. Cozine, Director

Eric M. Caparulo, Director

Application for Admission to The Craig School

This application is intended to provide information which will be helpful to the School in getting to know the prospective Craig student. Please complete and return it to the Admissions Office at 10 Tower Hill Road, Mountain Lakes, NJ 07046 Attn: Marci Taub, Director of Admissions along with evaluative material describing your child's needs. This evaluative material includes: Psycho-educational Evaluation report, Individualized Education Plan (IEP) or 504 if available all completed within 3 years of submission of application and a recent report card. In addition, please provide copies of Speech/Language and Occupational Therapy testing if applicable.

APPLICANT INFORMATION

Applying for Admission to: _____ in: _____, _____ Date: _____
Grade Month Year

Candidate's Name: _____ Age: _____ yrs _____ mos.

Home Address: _____
City State Zip

Home Phone: _____ Cell phone (#1): _____

E-mail: _____ Cell phone (#2): _____

Place of Birth (City, State, Country): _____ Date of Birth: _____

School currently attending: _____ Current Grade: _____

School Address: _____

Referred to The Craig School by: _____

Other schools being considered this year: _____

Ethnicity (Optional):

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian (Including Pacific Islanders)
- Native American
- Multiracial
- Other (please specify) _____

FAMILY INFORMATION

Father/Guardian: _____ Mother/Guardian _____

Marital Status of Parents (married, divorced, separated, etc.): _____

Parent responsible for child if divorced: _____

Grandparents: _____
Name Address

Other members of household:

Children (oldest first):

Name	D.O.B.
_____	_____
_____	_____
_____	_____

Other:

Name	Relationship
_____	_____

FATHER/GUARDIAN

Place of Birth: _____ Date of Birth: _____ Citizenship _____

Residence (if different from applicant's): _____

Occupation: _____ Title: _____

Employer's Company Name: _____

Employer's Address: _____

Business Phone: _____ E-mail: _____

Father's Educational History:

High School: _____ Years completed: _____

College: _____
_____ Degree: _____

Graduate Study: _____
_____ Degree: _____

MOTHER/GUARDIAN

Place of Birth: _____ Date of Birth: _____ Citizenship: _____

Residence (if different from applicant's) _____

Occupation: _____ Title: _____

Employer's Company Name: _____

Employer's Address: _____

Phone: _____ E-mail _____

Mother's Educational History:

High School: _____ Years completed: _____

College: _____
_____ Degree: _____

Graduate Study: _____
_____ Degree: _____

FAMILY BACKGROUND

Years in present school: _____ School District of Residence: _____

Other schools: (most recent first)	Name _____	Dates enrolled _____	Grades _____
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Age at entrance to kindergarten: _____ Grades skipped: _____ Grades repeated _____

Has school attendance been regular? (State cause and amount if irregular) _____

Quality of work in present school: _____

Conduct in school: _____

Pupil's reaction to present school: _____

What are the student's academic strengths and weaknesses? _____

Pupil's reaction to present difficulty: _____

How much does he/she read voluntarily? _____

What does he/she read? _____

Briefly discuss the history of your child's difficulty in school? _____

Does student acknowledge his/her learning difficulties? How does he/she view them? _____

In what activities, in or out of school, has he/she been most successful? _____

What are the areas in which your child has a special interest or talent? _____

Previous Professional Involvement: (Please attach all current testing results)

Testing:	By Whom _____	Date _____	Nature of tests _____
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Remedial Instruction:

_____	By Whom _____	Date _____	Subject(s) _____
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Counseling:

_____	By Whom _____	Date _____	Reason _____
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STUDENT'S ACADEMIC HISTORY

STUDENT'S MEDICAL BACKGROUND

Birth weight: _____ lbs. _____ oz. Age of mother at birth of child: _____

Conditions at birth: _____

Health in infancy: _____

Age of sitting up: _____ Age of crawling: _____

Age of walking: _____ Age when child began talking: _____

Was this child adopted? _____ If so, at what age? _____

If yes, does the child know? _____

Disease, illness, and chronic ailments (give details including age and severity): _____

Accidents: _____

Operations: _____

Current medications: _____

General health now: _____ Last medical check: _____

Pediatrician: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Last hearing check: _____ Are glasses worn? _____

Eye specialist: _____ Last check: _____

Was visual training ever taken? _____ By whom? _____

Other specialists: _____

ADDITIONAL INFORMATION

Why would you like your child to attend The Craig School? _____

If your child is accepted at The Craig School what academic goals do you have for your child?

Please enclose a non-refundable application fee of \$50.00 payable to The Craig School.

Name Signature Date

The Craig School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at the School. It does not discriminate on the basis of race, color, national or ethnic origin.