



APPLICATION OF INTEREST

Date Received at The Joy Academy: _____

Student's Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Main) _____ (Other) _____

E-mail: _____

Age: _____ Date of Birth: _____ Female Male

High School Completion Date: _____ School/District Name: _____

Estimated Acceptance & Subsequent Start Date at the Academy: _____

Who is the student's legal guardian? _____

Parent/Guardian: _____

Same address as Student or Address: _____

City: _____ State: _____ Zip: _____

Phone: (Main) _____ (Other) _____

E-mail: _____

NOTES:

STUDENT'S DIAGNOSIS: *(rank primary #1, secondary #2, other #3, etc.)*

Asthma Down syndrome Autism Cerebral Palsy

Epilepsy ADD/ADHD Diabetes: Type I or II Heart

condition

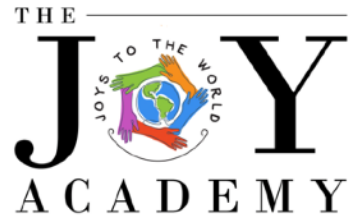
Asperger's Traumatic Brain Injury Dyslexia Blind

Seizure disorder Hypertension Developmental delay Visual

impairment

Deaf Communication delay Obesity Learning

disability



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- Spina Bifida Intellectual disability Hearing impaired Muscular dystrophy
- Multiple sclerosis Breathing difficulties
- Spinal cord injury: Quadriplegic or paraplegic
- Other

NOTES:

Any recent, upcoming surgeries, hospitalizations, or medical issues that might affect regular attendance: _____

List other Concerns/Cautions/Emergencies: (breathing, eating, broken bones, etc.)

NOTES:

MEDICAL INFORMATION:

- Mobility: Ambulatory (no assist) Wheelchair-power Wheelchair-manual
 Cane(s) Walker
- Transfers: Standby Two person Mechanical lift
- Other _____
- Independent Stand and pivot One-person total lift None

NOTES:



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Seizures: Yes No
 Type: Simple Partial Complex Partial Status Epilepticus
 Frequency: _____ Duration: _____
 How is a seizure treated? Regular meds Emergency meds Both
 Symptoms/Outward Signals: Tonic Clonic Tonic-Clonic
 Myoclonic Absence

NOTES:

Medication: Taken at home: Yes No (more details on medical form)

Taken at school: Yes No (more details on medical form)

Catheterization: Yes No (more details on medical form)

G-Tube: Yes No Type of G-Tube: _____

Food: Yes No Liquids: Yes No

Medications: Yes No

Tracheostomy: Yes No Specify type: _____

Hyperactive: Yes No Specify: _____

Other: Yes No Specify: _____

NOTES:

BEHAVIOR: General disposition: (Check all that may apply)

Generally easygoing

Unsure of new situations

Wanders

Temper tantrums

Shy/withdrawn

Helpful



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Comments: _____

Describe your student's personality: _____

Does your student have mental issues: _____

In your opinion, what is your son/daughter's developmental age? _____

NOTES:

Please indicate how often your student exhibits the following behaviors and the consequences:

Behavior	How many times does behavior occur? Daily or monthly?	What causes behavior?	How do you address this behavior?
Scratches, pinches or hits self or others			
Bangs head			
Grabs others			
Touches others inappropriately			
Throws things			
Gets into personal belongings			



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Runs away			
Climbs on furniture			
Uses inappropriate language			
Spits on others			
Dumps food or liquids			
Strips clothing			
Other			

PERSONAL CARE INFORMATION:

Eating: No assist Partial assist Total assist

Describe assistance and equipment required for feeding: _____

Drinking: No assist Partial assist Total assist

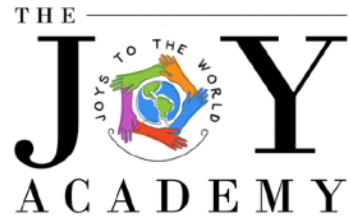
Describe assistance and equipment required for drinking: _____

Any difficulty swallowing: Yes No

NOTES:

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Toileting:

Bladder control: No assist Needs reminder Occasional accidents
 Incontinent Total assist

Bowel control: No assist Partial assist Total assist

Does your student wear: Underwear Pull-ups Diapers
 Double Diapers Other _____

Please explain toileting routine and special aids: _____

NOTES:

Student's Academy attendance plan:

FULL TIME: 20 to 40 hours per week \$1,392 per month
 Specify days and hours: _____

HALF TIME: 20 or less than 20 hours per week \$696 per month
 Specify days and hours: _____

Would you be interested in BEFORE or AFTER Academy day care? Yes No
 Regular Academy hours: 8:00 until 4:00 PM
 Describe what you would need: _____

My student receives an Oklahoma DDS Waiver or a Respite Voucher? _____

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Please explain below why you believe your student will benefit from The Joy Academy? (This application will not be considered complete without this information.)

PLEASE READ

Completion of the **Application of Interest** verifies that you are expressing interest for your son/daughter to attend The Joy Academy. Submitting this application and the non-refundable application fee does not assure your student will be offered official enrollment in The Academy, but they will be placed on a waiting list to be considered for acceptance. Your **OFFICIAL** acceptance does **NOT** occur until the required documentation has been received, reviewed, and brought before the eligibility committee. Once a decision has been made, your student will receive a letter of acceptance from The Joy Academy.

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Student signature (if able to sign)

Date

Parent/Legal Guardian signature

Date

Parent/Legal Guardian signature

Date