



## Student Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Age: \_\_\_\_\_ Gender.: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Does student have any fine motor skill limitations? YES  NO  If yes, explain: \_\_\_\_\_

Has student ever attended classes/therapy at Nature's Place before? YES  NO  If yes, when? \_\_\_\_\_

Does student require any special accommodations? YES  NO  If yes, explain: \_\_\_\_\_

Is student verbal? YES  NO

If no, explain primary communication method: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

### References

*Please list an educator/therapist who may be contacted for a reference.*

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

