

**TASA WAITING LIST APPLICATION**

PLEASE COMPLETE ALL INFORMATION ACCURATELY OR YOUR APPLICATION WILL NOT BE PROCESSED

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| ***Pico Gramercy - Emerald Terrace - Beverly Hills - Hollywood - Burbank*** |

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| Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_  Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_ |

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| Parent/Guardian Name (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Does your child have grades below average in academic achievement? (Grades below D’s or 2’s) \_\_\_\_

2. Does your child have any identified learning disability at home or at school? \_\_\_\_\_\_\_\_\_ (Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3. Does your child have any identified behavior problems at home or at school? \_\_\_\_\_\_\_\_\_ (Yes, please describe :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

4. Child is fluent in or speaks English ( \_\_ Yes \_\_No)

5. Parent(s) Guardian(s) are fluent in or speak English ( \_\_ Yes \_\_No)

6. Child has other siblings attending TASA (\_\_ Yes \_\_No)

7. Parent /Guardian (s) graduated high school / college (High Schoor / College) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What is your primary purpose for enrolling your child in the TASA program? (Please include any immediate needs your child has.

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| **Referral Source**  Friend Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Counselor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*PLEASE RETURN THIS COMPLETED WITH A COPY OF YOUR CHILD’S LATEST REPORT CARD AND HIS/ HER STATES TEST SCORES. YOUR APPLICATION WILL NOT BE PROCESSED IF ANY OF THIS INFORMATION MISSING. THANK YOU.*

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| **OFFICE USE ONLY**  Date of Application: Input By: Comments: |