

**SEGULA  
(SPECIAL EDUCATION, GROWTH, UNDERSTANDING AND  
LEARNING ASSOCIATION)**

**APPLICATION FOR REGISTRATION**                      Date \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Diagnosis and a brief description of child's disability:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**School last attended** \_\_\_\_\_ **Grade last attended** \_\_\_\_\_

**Child has been accepted at** \_\_\_\_\_ **School**

**Date to start** \_\_\_\_\_ **Grade to start** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Office Phone** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Marital Status** \_\_\_ M \_\_\_ D \_\_\_ W

**Mother's Name** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Office Phone** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Marital Status** \_\_\_ M \_\_\_ D \_\_\_ W

**Academic goals to be achieved** \_\_\_\_\_

\_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

<b><u>Name</u></b>	<b><u>School</u></b>	<b><u>Birth Date</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACTS**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Note: the Permission, Consent for Release of Information form and an Admission Check in the amount of \$75.00 must accompany the applications.**