

BROOKLYN AUTISM CENTER

A not-for-profit, non-public school for school-age (5-21 year old) children with Autism.

APPLICATION of INTEREST

The Brooklyn Autism Center admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis or race, color, national origin and ethnic origin in administration for its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent/Guardian Information

Mother/Legal Guardian Name (first and last): _____

Address 1: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Occupation: _____ Title: _____

Employer: _____

Father/Legal Guardian Name (first and last): _____

Address 1: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Occupation: _____ Title: _____

Employer: _____

Child Information

Name of Child: _____ Date of Birth: _____

Diagnosis: _____

Date of Diagnosis: _____

Diagnosis given by: _____

Affiliated With: _____

Town and State of Diagnostician: _____

Other Conditions:

Current Placement: _____

Additional Information

How did you hear out about the Brooklyn Autism Center?

Please give us a brief description of your child:

Do you have a special needs attorney? If so, please list their name and contact information:

Where are you in the legal process?

Any additional comments:

Today's date: _____