



## Down Syndrome Academy: Student Application

Today's Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Is applicant currently enrolled in high school? YES NO Grade \_\_\_\_\_

Is applicant currently enrolled in a day program? YES NO Program Name \_\_\_\_\_

### Choose 3-, 4- or 5-Day Schedule (minimum of 3 days is required to attend DSA)

Monday       Tuesday       Wednesday       Thursday       Friday

Please describe the applicant. Include health and/or behavioral issues that are relevant \_\_\_\_\_

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Does applicant receive HCS/THL benefits YES NO

How did you hear about Down Syndrome Academy? SCHOOL FRIEND HCS/THL PROVIDER OTHER \_\_\_\_\_

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### Application Process

1. Complete application and send (mail or fax) to Down Syndrome Academy.
2. Student will be evaluated prior to starting at the Academy. To set up an appointment, please call Down Syndrome Academy at (281) 989-0345.

Return application to Down Syndrome Academy c/o Friends of Down Syndrome, 5200 Mitchelldale, Suite D4, Houston, TX 77092. Or, you may fax to 1-866-566-9530. Scans may be emailed to [president@friendsofdownsyndrome.org](mailto:president@friendsofdownsyndrome.org).