



The Trilogy School

3810 Merton Drive
Raleigh, North Carolina 27609
(919) 781-7804

Application

Please complete all parts of the application, including the educational history portion, and mail to the address at left with a _____ registration fee.

Name _____

Address _____

City, State _____ Zip _____

Parents _____

Phone: Home _____ Work _____

Mobile _____ Emergency _____

Email _____

Current School _____ Rising Grade _____

Age of Student _____ Birthdate _____

Half Day Session Full Day Session

Application Process

The following are needed to complete the assessment and make an admission decision:

_____ Application Fee

_____ Educational History

_____ Psycho-educational Testing done by a licensed psychologist and includes:

- Wechsler Intelligence Scale for Children, third edition
- Woodcock Johnson Psycho-Educational Battery, Tests of Achievement, Form A or the WIAT
- Bender Visual Motor Gestalt Test

_____ Current IEP or comparable record of current accommodations/goals

_____ Current Report Card

_____ Teacher Recommendation Form—sealed and signed

_____ Teacher BASC Assessment—sealed and signed

_____ Parent BASC Assessment

_____ Parent and/or child visit and interview—you may schedule this anytime between the hours 8:00 and 2:00 Monday through Friday

For Office Use Only

Date Application Rec'd _____

Reg. Fee Rec'd _____

Deposit Rec'd _____

Balance _____

Date of Interview _____

Admission Decision _____

Confirmation Rec'd _____ Date _____

Timetable

Jan–Feb Preregistration for Current Students

March Admissions Decisions for New Students

April Parent Confirmation and Deposit Due for following school year

Students are also considered for acceptance on a rolling admission basis as space and classes permit.



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Educational History

1. Did your child attend a preschool? Yes No
2. Has your child ever been retained? Yes No Grade retained: _____
3. Has your child changed schools frequently? If so, please list schools and dates of attendance: _____

4. Describe what difficulties your child is experiencing at school or areas of need (i.e., specific subjects, behavioral, etc.). Please indicate how long these difficulties have been a concern: _____

5. Has your child ever had an academic or psychological evaluation? If yes, please describe: _____

6. Has your child received special help or special education at school? If yes, please explain: _____

7. Have any other siblings experienced social or academic difficulties? Describe: _____

8. Did either of the child's natural parents experience any developmental, medical, social, language, speech, or academic difficulties as a child? Describe: _____

9. What have you been told about your child's behavior or relationships in school? _____

10. Briefly describe how your child relates to teachers: _____

11. Describe your child's homework routine? _____

(Over)



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Educational History

12. Please indicate interventions you have already done to help your child solve the problem (i.e., tutors, outside agencies, specialists, etc.). Please include dates, length of time, etc. _____

13. Describe your child's difficulties at home and in school: _____

14. Describe your child's strengths at home and in school: _____

13. Please list any additional information you view as relevant about your child or family: _____

Completed by: _____

Relationship to child: _____