



TKA Discovery Services _____

1015 S. Ebenezer Road Florence, SC 29501

Phone 843. 661.7464 Fax 843.661.7647

The King's Academy Discovery Program
Returning Student Application
School Year _____

Name of Student _____ Date _____

Birth date _____ Age _____ Grade (application year) _____ Gender M / F

Father _____ Occupation _____ Work Phone _____

Email _____ Cell Phone _____

Mother _____ Occupation _____ Work Phone _____

Email _____ Cell Phone _____

Home Address _____ City _____ State _____ Zip Code _____

EDUCATIONAL HISTORY

Date and location of most recent testing _____

Student has been diagnosed as: Learning Disability ____ ADHD ____ Executive Function ____ Anxiety/Depression ____
Other _____

Is she/he currently on medication? Y / N

Pertinent information:

Y / N - repeated grade(s); if so, grade(s) repeated _____

Y / N - receives/received speech/language; if so, subjects(s) & dates _____

Y / N - enrolled in a physical/occupational; if so, describe & dates _____

Y / N - receives/received counseling services & dates _____

Y / N - receives/received special class & dates _____

Y / N - receives/received tutoring services, if so, type & dates _____

Y / N - receives/received other services/therapy & dates _____

Additional comments or information regarding child's schooling: _____

State the area (s) in which you feel the child needs help: _____

PERMISSION FOR TESTING

We give permission to The King's Academy Discovery Program to test:

Student: _____

Signature(s): _____

Date: _____

ADDITIONAL PERMISSION TO:

1. Allow the student's TKA Discovery therapist to disclose any pertinent diagnostic information from the most recent psycho-educational or pertinent testing report(s) to teacher(s) and other significant personnel (nurse, coach, etc.).

Signature: _____

2. Allow teacher(s) and other significant personnel (nurse, coach, etc.) to review with an Educational Therapist the most recent psycho-educational or pertinent testing report(s).

Signature: _____

2. Allow the child's Educational Therapy session to be observed/recorded for the purpose of evaluation and/or training of therapists/teachers.

Signature: _____

3. Allow the child's picture to be used on a brochure, display, or website for the purpose to provide information about the TKA Discovery Program.

Signature: _____

4. Allow the child's Educational Therapy session to be observed by a prospective parent/employee for the purpose of answering questions about the nature of Educational Therapy.

Signature: _____