



ADMISSIONS PROCEDURE

Thank you for your interest in Odyssey School. If you have any questions about the application process, please feel free to contact Andi Kelly, Administrator, at (512) 472-2262.

STEP 1 – CONSULTATION

If you decide to pursue enrollment in Odyssey School for your child, please call us at (512) 472-2262 to arrange a time to meet with a member of the admissions committee, tour the school, and discuss your child's past school records and any formal testing which has been completed (a copy of the most recent evaluation should be sent in with your application). These visits are made by appointment and are scheduled for Tuesdays and Thursdays.

STEP 2 – APPLICATION

The admissions process includes a three-day student visit. This will be arranged after a prospective student's application is complete.

A completed application includes the following:

- Completed application
- \$100 non-refundable application fee
- Copy of all testing and assessments (including speech-language, neurology, educational and psychological evaluations, OT, PT, and school records)
- Release to Odyssey School of records from the applicant's present school
- Teacher recommendation forms

Once the application has been reviewed, Odyssey staff will contact you to schedule your student's three-day visit.

STEP 3 – ADMISSIONS

Following the three-day visit, the admissions committee meets to discuss each application. The admissions committee will make one of three recommendations for a student: recommend placement in Odyssey School, request additional information, or recommend alternative placement in a program other than Odyssey for the student. Parents are then notified by the admissions committee. Individualized diagnostic testing will be set up through our Testing Center (additional fee). The three minimum criteria for admission are:

- Applicant must have a documented learning disability
- Applicant must have an average-to-above-average intelligence quotient
- Applicant's enrollment will not negatively effect the school community and/or the learning experiences of other students



WHO WE SERVE

Odyssey School can best help students with a variety of learning disabilities, including:

ADD/ADHD

Dyslexia

Dysgraphia

Processing disorders

Executive functioning issues

Low academic self-confidence

ODYSSEY SCHOOL IS NOT EQUIPPED TO HELP STUDENTS WHO HAVE:

Limited intellectual functioning

History of violence or aggression

Emotional disturbance or mood disorder

Severe autism

Drug or alcohol problems

Issues that are primarily behavioral or emotional in nature

We want to build successful experiences for your child and our school. Whether or not your child is accepted, we appreciate your interest in Odyssey School.



ODYSSEY SCHOOL

4407 Red River Austin, TX 78751
(512) 472-2262 (512) 236-9385 fax
www.odysseyschool.com

APPLICATION FOR ADMISSION

STUDENT NAME _____

CURRENT GRADE _____

DATE OF APPLICATION _____

**PLEASE ATTACH
A RECENT PHOTO
OF STUDENT**

FOR OFFICE USE ONLY

D/T _____

P _____



APPLICATION FOR ADMISSION

APPLICANT INFORMATION

First Name	Middle Name	Last Name	Preferred Name
Home Address		City	State Zip Code
Date of Birth	Place of Birth	Current Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

PARENTS OR GUARDIANS WITH WHOM THE APPLICANT LIVES

Parent/Guardian #1

First Name	Last Name	Relationship to Applicant
Home Phone	Cell Phone	Email Address
Employer	Position	Work Phone

Parent/Guardian #2

First Name	Last Name	Relationship to Applicant
Home Phone	Cell Phone	Email Address
Employer	Position	Work Phone

Please check if applicable: Parents separated Father deceased Father remarried
 Parents divorced Mother deceased Mother remarried

If parents are separated or divorced, who has legal custody? (Documentation required) _____
Who has physical custody and what are the arrangements? (Documentation required) _____

PARENTS OR GUARDIANS WITH HOME THE APPLICANT DOES NOT LIVE

Parent/Guardian #1

First Name	Last Name	Relationship to Applicant
Home Phone	Cell Phone	Email Address
Employer	Position	Work Phone

Parent/Guardian #2

First Name	Last Name	Relationship to Applicant
Home Phone	Cell Phone	Email Address
Employer	Position	Work Phone

THIS APPLICATION IS FOR:

IMMEDIATE PLACEMENT PLACEMENT AT THE START OF THE NEXT SCHOOL YEAR

FAMILY BACKGROUND

Are there any languages other than English used in the home? If so, please specify _____

Are there any other siblings in the home? Please list both names and ages:

Brothers	Sisters
_____	_____
_____	_____
_____	_____

Others residing in the home _____

Do/Did relatives of the applicant have significant problems in school? If so, please explain _____

Please give the names, addresses and telephone numbers of two people to contact in case of emergency if the parents cannot be reached.

Name	Relationship to Applicant	City/State	Phone
_____	_____	_____	_____
_____	_____	_____	_____

LEARNING CHALLENGES

Diagnosis of application learning difference or attention deficit disorder (ADD or ADHD) _____

Applicant's physician or pediatrician _____

Does the applicant take prescribed medication for attention/focus/activity/mood level? If yes, please specify the name of the medication and times administered:

Other professionals who have worked or are working with applicant (speech/language pathologist, psychologists, counselors, ect. Please be thorough, and use additional pages if necessary.

Name	Relationship to Applicant	City/State	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEARNING CHALLENGES cont.

Has the applicant had any history of experimentation with drugs or alcohol? If yes, please explain. _____

Does the applicant have any condition which might interfere with their full participation in all aspects of Odyssey School (including but not limited to classwork, field trips, physical activities, ect.)? If so, please explain.

ACADEMIC HISTORY

Applicant's current school and address _____

Present teachers _____

Other schools previously attended:

School

City/State

Grade(s)

Reason for Leaving

Grade the applicant is in at time of application _____

Has the applicant repeated a grade? If so, which one _____

Has the applicant skipped a grade? If so, which one _____

Please describe any tutoring the applicant has had, including dates. _____

Has your student received intervention services? (Ex: Special education services, 504, IEP, etc.) _____

When did you first become aware of a problem in school? _____

Please state your expectations of Odyssey School in its work with your student _____

LEARNING PROFILE

Please list the areas of the applicant's talent or interest. _____

The applicant is happiest when _____

The applicant is resistant or unhappy when _____

Please describe the applicant's strengths and learning needs in the following areas:

Phonics _____

Reading comprehension _____

Spelling _____

Handwriting _____

Written expression (ability to express thoughts in writing) _____

Memory for math facts (addition, multiplication, ect) _____

Understand of math concepts (such as knowing *how* to add or multiply) _____

Solving word problems _____

Science _____

Social Studies/History _____

The involvement and support of each student's family is an integral part of Odyssey School and is critical to our success. Odyssey School is committed to working as a team consisting of the student, teachers and parents to provide every opportunity for success. Parents will also be asked to contribute time and talent at various times during the school year. Please make sure you understand the commitment we ask of parents prior to submitting this application.

Parent Signature

Date

Parent Signature

Date

Odyssey School admits qualified students and does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, or disability in the administration of its education program, admissions, financial aid, athletics or other school policies. All students are afforded the rights, privileges, programs and activities generally accorded or made available to Odyssey School students.