



Pacific Learning Centers, Inc
14550 Westminster Way N
Shoreline, WA 98133
425-672-6805
Fax: 425-672-8867

Enrollment Application

Today's Date: _____ Student: _____

CONTACT INFORMATION

Mother's name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Employer _____

Father's name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Employer _____

Emergency Contact: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Emergency Contact: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

MEDICAL INFORMATION

Doctor's name, phone, and address:

Insurance Carrier: _____

Group Number: _____ Policy Number: _____

Telephone _____

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____

Is on an IEP or 504? Yes No Was on an IEP or 504? Yes No

Briefly describe the student's learning needs: _____

Briefly describe any medical or psychological diagnoses: _____

Does the student take medication? Yes No If yes, please list medications:

Is the student required to take medications at school? Yes No

Does the student have any allergies or health conditions? Yes No Describe:

Please list any limitation to student's participation in physical activities

Please list student's dietary limitations and preferences

Are we allowed to discuss the student's "disability" with him or her? Yes No

Explain if necessary

Will the student take district or state assessments? (Including but not limited to the Measurement of Student Progress, the High School Proficiency Examination, the Washington Alternative Assessment System, the Iowa Test of Basic Skills, etc.) Yes No

Will Pacific Learning Center be allowed to administer assessments to the student?
(Including but not limited to the Woodcock Johnson Tests of Achievement or Cognitive
Abilities Assessment, the Wechsler Individual Achievement Test, the Peabody Individual
Achievement Test, the Norris Educational Achievement Test, the Wide-Range
Achievement Test, etc.) Yes No Only Under the following conditions:

Can the student's picture be used in brochures, on the Web site, or be displayed at
school? Yes No By: _____

Will the student be allowed to use the Internet at school? Yes No
(PLC computers have filtering software and students are closely monitored at all times.)

Does the student get easily frustrated? If yes, please describe any known triggering
events and successful strategies known to help calm the student.

Does the student like school? What are his/her favorite subjects? Least favorite?

Will the student be allowed to spend short, supervised time with students of other ages?
Yes No

Explain _____

Will the student say the Pledge of Allegiance? Yes No

Will the student be allowed to play video games during breaks or “reward” periods?
Yes No

With limits _____

Please list acceptable rewards for the student _____

Please explain anything else about the student that would help us serve him or her.

Pacific Learning Center responds to parents’ concerns and will attempt to serve students in a manner consistent with parents’ wishes.

Pacific Learning Center is a secular and nonsectarian school.

Signatures

Mother _____ Father _____

Student (if applicable) _____

Pacific Learning Center Staff _____