

**MODEL SECONDARY SCHOOL FOR THE DEAF**

**STUDENT'S INFORMATION:** (Please type or print neatly)

Student's Name (first, middle and last)

Street

City/State/Zip

**U.S. CITIZEN:**

Yes  No

**DATE OF BIRTH:**

Month/Day/Year

**REQUESTING DORM PLACEMENT:**

Yes  No

**AMERICAN SIGN LANGUAGE (ASL)/SIGN LANGUAGE:**

Does your child use American Sign Language (ASL)/sign language?

Yes  No If yes, my child uses ASL/sign language:

\_\_\_\_\_ % of the time in school

\_\_\_\_\_ % of the time at home

\_\_\_\_\_ % of the time with friends

**FAMILY LANGUAGE:**

(Check all languages used at home)

- ASL  English  Spanish
- Arabic  Chinese  French
- Russian  Vietnamese
- Other: \_\_\_\_\_

This information is for statistical purposes only and will not be used in the admission decision process. Please check the appropriate boxes.

**GENDER:**  Female  
 Male

**ETHNICITY:** What is this child's ethnicity?  
 Hispanic or Latino  
 Not Hispanic or Latino

Latino

**RACE:** What is this child's race? Mark one or more races to indicate what this person considers himself/herself to be.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**SCHOOL ATTENDING**

Present School (applicant is currently attending)

Street/City/State/Zip

From Month/Year

To Month/Year

Current Grade

**LANGUAGES USED:**

- American Sign Language
- English
- Other: \_\_\_\_\_

Reason for transfer/change from previous school: \_\_\_\_\_

**PARENT'S PERSPECTIVES OF CHILD**

Succeeding at MSSD requires a certain measure of independence. Please share any information about your child's strengths, areas for improvement, and interests in academics, sports, and extra-curricular activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your child? \_\_\_\_\_

\_\_\_\_\_

**MODEL SECONDARY SCHOOL FOR THE DEAF**

**PARENT/GUARDIAN INFORMATION:** (Please type or print neatly)

I. \_\_\_\_\_  
 Name of Parent/Legal Guardian

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Home Contact Number      \_\_\_\_\_  
 Work/other Contact Number

What is the native language (first language) of parent/legal guardian?  
 \_\_\_\_\_

**RELATIONSHIP TO CHILD:**

- Parent
- Legal Guardian
- Other: \_\_\_\_\_

**HEARING STATUS:**

(of this parent/legal guardian):

- Deaf
- Hard of Hearing
- Hearing

II. \_\_\_\_\_  
 Name of Parent/Legal Guardian

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Home Contact Number      \_\_\_\_\_  
 Work/other Contact Number

What is the native language (first language) of parent/legal guardian?  
 \_\_\_\_\_

**RELATIONSHIP TO CHILD:**

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- Legal Guardian
- Other: \_\_\_\_\_

**HEARING STATUS:**

(of this parent/legal guardian):

- Deaf
- Hard of Hearing
- Hearing

**HOW DID YOU LEARN ABOUT MSSD?**

- Current MSSD Student
- Current MSSD Parent
- MSSD Alumni
- Clerc Center Pamphlets/Materials
- Clerc Center Website
- Gallaudet University
- Other: \_\_\_\_\_

**PARENT CONSENT FOR PREPLACEMENT EVALUATION:**

It is required by Public Law 94-142 that a parent's permission be obtained before the administration of these diagnostic tests. If we determine that further evaluation information is needed, you will be contacted to arrange a convenient date and time. A copy of the evaluation reports will be shared with you. To the extent possible, we rely upon evaluation results submitted with this application to make admissions decisions. In the event that insufficient information is submitted, we may recommend comprehensive diagnostic tests. These may include all or some of the following:

- Audiological
- Medical/Health
- Educational Assessment
- English as a Second Language
- Sign Language
- Speech and Language
- Psychological
- Social Work
- Occupational Therapy
- Physical Therapy

I have read the above statements and give my permission for the diagnostic tests listed to be administered to my child:

\_\_\_\_\_  
 Student's Name (please print)      \_\_\_\_\_  
 Signature (Parent/Guardian)      \_\_\_\_\_  
 Date

Check one:  Parent     Guardian

Does your LEA/SEA support this placement for your child?     Yes     No     N/A

The Model Secondary School for the Deaf (MSSD) requires copies of the following documents attached to the application:

- BIRTH CERTIFICATE:**     Copy of birth certificate (or other legitimate document)
- PROOF OF RESIDENCY:**     Copy attached (i.e. utility bill, last year tax return, or rent/lease agreement)
- CUSTODY STATUS:**    Has any court order ever been made concerning the care and/or custody of this applicant?  
 Yes     No    If yes, attach a copy of the court order.