



Dakota Memorial School Day Program Application

Upon making referral, please complete this form and submit it along with other requested materials and information.

Date: _____

Student: Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (to be verified): _____ Age: _____ Gender: _____

Race: _____ Student's Cell Phone: _____

Mother: _____ Phone: _____

Address: _____

Email Address: _____

Father: _____ Phone: _____

Address (if different than mother): _____

Email Address: _____

Person completing application: _____

Referring school/agency: _____

Legal guardian of child: _____

Address (if different from above): _____

Phone: _____ Email Address: _____

Bismarck

1227 35th St. N.
Bismarck, ND 58501
(P) 701-221-5310
(F) 701-250-7230

Fargo

7151 15th St. S.
Fargo, ND 58104
(P) 701-551-6808
(F) 701-551-6809

Minot

P.O. Box 5007
Minot, ND 58702-5007
(P) 701-857-4211
(F) 701-837-0700

DMS Purpose: *"Our greatest contribution is to be sure there is a teacher in every classroom who cares that every student every day learns and grows and feels like a real human being." Donald O. Clifton*

Billing Information:

School district of residence (financially responsible): _____

Out-of-state districts please include Address: _____

City: _____ State: _____ Zip: _____

Education:

Present grade: _____ Current school attending: _____

Previous schools attended: _____ Dates: _____

Does student have an Individual Education Plan (IEP)? Yes No

If yes, what is their handicap? _____(SLD)Speech/Language _____(ED)Emotional
_____(OHI)Other Health Impairment _____Learning Disability

Special Education Unit: _____

Case Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of last Individual Education Plan (IEP): _____

Date of last IEP 3-year evaluation: _____

****Official school records including IEP or 504 Plan must accompany this packet
or be sent to Dakota Memorial School to be considered for enrollment.**

Describe Reason for Referral:

Describe briefly the reason for referral: _____

Education History:

1. At what age did child begin school? _____
2. What subject(s) does child excel in? _____
3. What is child's most challenging subject? _____
4. How does child learn best? _____

5. What educational interest does child have? _____

6. What are child's usual grades? (circle one) A&B B&C C&D D&F F

7. Have there been changes in child's behaviors over the past year? Please circle: Yes or No

If yes, explain: _____

8. How many days has child been absent this year? _____

9. Has child been retained in any grade? Please circle: Yes or No

If yes, what grade? _____

10. Has child been expelled or suspended from school? Please circle: Yes or No

If yes, explain: _____

11. Has child been expelled or dropped from extra-curricular activities? Please circle: Yes or No

If yes, explain: _____

Check below challenges interfering with this student's learning:

Attendance:

___ Increased absences from class

___ Absent from class but in school

___ Tardiness

___ Suspension or expulsions

___ Frequent need to leave the classroom

Academic Performance:

___ Lower grades, lower achievement

___ Always behind in class

___ Elaborate excuses

___ Lacks motivation, apathy

___ Decrease in problem solving

___ Decreased attention and thinking ability

___ Decrease in quality of work

Challenging Behavior:

___ Verbally abusive

___ Threats of physical violence

___ Sudden changes in behavior

___ Defensive

___ Blaming

___ Withdrawn

___ Fighting or physically aggressive

___ Destruction to property

___ Attention seeking behaviors

Family Strengths and Dynamics:

List your family's strengths. _____

Are there other children living in the student's home? _____ If yes, please indicate the following:

Name	Age	Full or half sibling	Relationship w/student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other significant people in the child's life (teachers, community ties, family friends, etc.):

Social History:

1. Please describe how this child gets along with peers: _____

2. Does he/she have many friends or just a few? _____
3. Are most friends the same age, older, or younger? _____
4. What does child really enjoy doing?
 1. _____
 2. _____
 3. _____

Medical Information:

1. Does this child have any food or drug allergies? _____ If yes, specify: _____
2. Please indicate any illnesses this child has had by writing in their age when they had the illness:

___ Asthma	___ Allergies	___ Pneumonia	___ Ear Infection	___ Strep Throat
___ Diabetes	___ Encephalitis	___ Meningitis	___ Epilepsy	___ Ulcers
___ Rheumatic fever	___ Hepatitis	___ Headaches	___ Urinary Tract	
___ Enuresis (bedwetting)	___ Infections			

What medical diagnosis and treatment were given? _____

3. Has this child ever experienced convulsions or seizures? _____ If yes, at what age was the last seizure? _____
Petit Mal or Grand Mal

What medication does he/she now take to control these seizures? _____

4. At the present time, does your child have any difficulty with the following?

___Vision	explain:	_____
___Hearing	explain:	_____
___Speech	explain:	_____
___Movement	explain:	_____
___Eating:	explain:	_____
___Bowels	explain:	_____
___Sleeping:	explain:	_____

Is there anything else medically DMS needs to know about your child? Please circle: Yes or No

If yes, please explain: _____

Medical Services:

Primary Physician's Name: _____

Address: _____

Phone #: _____

Psychiatrist/Med Provider Name: _____

Address: _____

Phone: _____

Therapeutic Services:

Therapist's Name: _____

Address: _____

Phone: _____

Other Services:

1. Type of Service: _____

Provider's name: _____

Address: _____

Phone: _____

2. Type of Service: _____

Provider's name: _____

Address: _____

Phone: _____

***Signed releases from each of these service providers (allowing us to exchange information) are required prior to admission.**

Learn more about Dakota Memorial School at www.DakotaRanch.org

If you have any questions regarding this application or the enrollment process, please contact the Principal at the location your child would attend (listed below).

Minot

Tina DeGree, Principal
Dakota Memorial School
6301 19th Ave. N.W.
Minot, ND 58703
[701-857-4275](tel:701-857-4275)
t.degree@dakotaranch.org

Bismarck

Mallory Halvorson, Principal
Dakota Memorial School
1227 35th St. N.
Bismarck, ND 58501
[701-221-5303](tel:701-221-5303)
m.halvorson@dakotaranch.org

Fargo

Shayla Leinen, Principal
Dakota Memorial School
7151 15th St. S.
Fargo, ND 58104
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s.leinen@dakotaranch.org