

APPLICATION FORM FOR ADMISSION*

**For 4 to 10 years only. Applicant of lower age can also be considered provided parents have accepted the Autism diagnosis of their child.*



Name: **DoB** **Age:**

Gender: **Height (cm):** **Weight (kg):**

Diagnosis:

..... **CARS score:**

Father's Name: **Mother's Name:**

Age: **Age:**

Occupation: **Occupation:**

Mobile: **Mobile:**

e-mail: **e-mail:**

Residence Address:

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Detail of child's sibling, if any

Languages spoken at home

Signature of Parents/Guardian:

Father: **Mother:** **Guardian:**

MEDICATIONS & SUPPLEMENTS

Does the child have any co-occurring conditions like Epilepsy, Juvenile Diabetes etc.

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Is the child on any medications

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Is the child on a restrictive diet like GFCE (Gluten Free, Casein Free)

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Is the child on any supplements

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STRESS, ANXIETY AND MOOD

Does the child have challenging behaviours

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Does the child have frequent meltdowns

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What are the reasons for such behaviours / meltdown

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Is the child prone to hyperactivity and faces difficulties in settling down

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How would you describe the mood of your child in general

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Is the child hypersensitive or hyposensitive to touch, smell and sound

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Does the child have trouble relaxing

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CAREGIVING

Please specify the level of support the child needs

- (I) High
- (ii) Medium
- (iii) Low

Does the child have independent toileting skills

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Please describe the eating ability of your child:

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SPECIAL EDUCATIONPROFILE

Is the child verbal or non-verbal

Does the child have pre-academic skills

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Can the child hold a pencil

Is the child exposed to Alphabet and Numbers

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Can the child fix puzzles

Please specify the in-seat behavior of your child

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Interest level of the child in learning material

- (i) No interest
- (ii) Low interest
- (iii) Has specificinterests

Comprehension level of the child

- (i) Can understand Y/N instructions
- (ii) Cannot understand Y/N instructions

In terms of mobility, please specify the walking, running ability of your child

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What is the play conduct of the child

- (i) Engages in self-play
- (ii) Shows no interest in others
- (iii) Shows interest in others
- (iv) Shows interest in interactions with adults

Any other input about the child

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Eligibility: Higashi Autism School (HAS) employs a rolling admissions process and the admissions will **close on reaching its capacity of 45 autistic students. Fresh Admissions** are considered only for Autistic children in the age group of 4 to 10 years. The school may keep providing the services till the child reaches 21 years of age.

Application Process: For admission, please take a print out of this form, fill-up, scan it, and e-mail to contact@hasdelhi.org. No fee is payable for submission of Application Form. You may ask a question through email on contact@hasdelhi.org or WhatsApp messages / Call on **8130768408**.

Selection Process: For eligible children (4 to 10 years, Autistic children), HAS Coordinator, through e-mail and/or WhatsApp, will inform you a date for evaluation and interaction with the child and parents.

Fee: The fee is **Rs 65,000/- per month** which includes Sports activities, Special Education, Occupational Therapy, Speech & Language Therapy, and freshly cooked Meals. There is no security deposit. **Transportation facility is not provided by the School.**

School Timings: 8 AM to 3 PM (Monday-Friday)