



School for Autistically Impaired Learners, SAIL
Enroll At Any Time !!!

Mailing Address: 3740 Cavalear Drive, Toledo, Ohio 43606

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or

DrBossSAIL@bex.net

Date Received _____ U.S.P.S. Delivered, Web Contact, and/or e-mailed

Child's Name _____ Age: _____ Gender _____

Child's Address _____ City, State, Zip Code _____

School District of Residence: _____ County _____ State _____

Mother's Name & Address _____

Father's Name & Address _____

Contact Numbers: Home _____ Work _____ Cell _____ Cell _____

E-mail Address(es) _____

Is your child currently enrolled in a public setting with an active IEP? _____

Has your child received an Evaluation Team Report (ETR) _____

Has your child been diagnosed with autism or suspected to demonstrate behaviors within the autistic spectrum disorders (ASD) YES _____ NO _____

[not to worry if "No" ~ SAIL serves children even *suspected* with autism.]

Do you have a current Individualized Education Plan (IEP)? YES _____ NO _____

Have you applied for the Ohio Autism Scholarship Program? YES _____ NO _____

____ **Please contact me for an appointment with you**

____ **Please enroll my child in the first opening within SAIL.**

____ **Please call me. I have additional questions.**

Signature of Parent/Guardian

Date