

**LIBERTY ACADEMY AT THE PRIORY**  
**ENROLLMENT APPLICATION FORM**

LIBERTY ACADEMY AT THE PRIORY

32 HOPE ROAD

KINGSTON 10

JAMAICA

Tel. (876) 630-0013/ (876) 630-0016

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**STUDENT PROFILE FORM - PREP/HIGH SCHOOL**

Name of School: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Period of Attendance/Years Attending Institution: \_\_\_\_\_

*The above student is seeking admission to enter Liberty Academy at the Priory. Please complete this form and return it together with the relevant records to us directly by email or hand delivered in a sealed envelope for validity, to the person making the request.*

Please select the most suitable response for each item in **ALL SECTIONS** of the Form. Provide any additional comments or observations in the designated section. This information will help the administrator understand the student's behaviour and determine if they can be accommodated in our school.

**SECTION A**

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequently</i>	<i>Unable to Comment</i>	<i>Not Applicable</i>
<b>Emotional Maturity</b>					
Usually remains calm and composed					
Adapts well to changes					
Shows empathy towards others					
Displays aggressive behaviours					
<b>Conflict Resolution Capability</b>					
Will engage or initiate a fight					
Communicates effectively during conflicts					
Seeks peaceful resolution					
Displays low tolerance to frustration					
Responds well to authority					
<b>Academic Discipline</b>					
Frequently distracted					
Completes tasks on time					
Actively participates in class					
Completes homework and assignments					
Punctuality					

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequently</i>	<i>Unable to Comment</i>	<i>Not Applicable</i>
Shows willingness to learn and do his/her schoolwork					
<b>Social Maturity</b>					
Student may avoid interacting with peers or prefer to sit alone.					
Works well in group settings					
Understands and responds to social cues well					
Is respectful to adults and peers					
Student might speak very little in class, respond with minimal words, or avoid eye contact with teachers and classmates					

## SECTION B

The following behaviours listed below may at times be displayed by students diagnosed with Autism Spectrum Disorder. Please select the most suitable response for each behaviour if it has been observed within the classroom/school environment.

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequently</i>	<i>Unable to Comment</i>	<i>Not Applicable</i>
<b>Social Interaction</b>					
Difficulty making eye contact					
Prefers to play alone					
Struggles with understanding personal space					
Shares toys or items of interest with others					
<b>Communication</b>					
Repeats phrases or words					
Difficulty understanding simple instructions					
Limited vocabulary					
Uses non-verbal communication (gestures, pointing or pulling towards desired objects)					
Difficulty initiating and maintaining conversations					
<b>Behavioural Patterns</b>					
Repetitive movements (hand flapping, rocking, fidgeting)					
Strong attachment to specific objects or toys					
Displays tantrums or meltdowns					
Able to transition between activities					
<b>Displays the following behaviours:</b>					
Hitting					
Biting					
Spitting					
Screaming					

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequently</i>	<i>Unable to Comment</i>	<i>Not Applicable</i>
<b>Cognitive Skills</b>					
Displays advanced skills in specific academic areas					
Strong visual or detail-oriented learning style					
Difficulty with executive functioning (planning, organizing)					
Challenges with abstract thinking and problem-solving					

## SECTION C

Please select the most suitable response for each behaviour if it has been observed within the classroom/school environment.

<i>Areas of Evaluation</i>	<i>Never</i>	<i>Seldom</i>	<i>Frequently</i>	<i>Unable to Comment</i>	<i>Not Applicable</i>
Takes weapons to school					
Uses objects as weapons to threaten or harm others					
Takes property belonging to others without permission					
Uses hostile or abusive language towards peers or authority figure.					
Uses curse words					
Smokes marijuana or cigarettes in school					
Engages in inappropriate sexually explicit behaviours					
Defaces school property					
Displays intimidation/bullying behaviour					
Participates in gambling activities					
Coerces others for money or favours through threats					
Engages in drinking alcoholic beverages					
Displays self-harm behaviours					
Pays attention to personal hygiene and grooming					

**Comments:**

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*Is the student in good standing at your school?*

YES

NO

*Has any disciplinary action been taken against this student?*

YES

NO

*If your answer was yes, please explain:*

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*If your school is private, has the family met its financial responsibilities?*      YES       NO

*Is the child receiving financial assistance from the MOEY?*      YES       NO

*Are the parents involved in the school?*      YES       NO

*Are the parents involved in the education of the student?*      YES       NO

**Please write any additional information about this student that you may think is important.**

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**Date:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **School Seal/Stamp:**

**School's Email Address:** \_\_\_\_\_ **School's Phone Number:** \_\_\_\_\_