



*** School for Autistically Impaired Learners, S.A.I.L., Inc. ©**

SAIL Initial Application: Enroll At Any Time !!!

Mailing Address: 3740 Cavalear Drive, Toledo, Ohio 43606

E-mail address: Marion.Boss@UToledo.edu

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 S.A.I.L.**

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

Signature of Parent/Guardian

Date

*** S.A.I.L., Inc. DOES NOT DISCRIMINATE on the basis of race, color, sex, age, national origin, religion, sexual orientation, marital status, genetic identification, political affiliation, or disability in matters affecting the provision of access to programs to applicants.**