



**School for Autistically Impaired Learners, S.A.I.L.**  
**Enroll At Any Time!!!**

Mailing Address: 3740 Cavalear Drive, Toledo, Ohio 43606  
Fax: 419.474.8324  
E-mail address: [Marion.Boss@UToledo.edu](mailto:Marion.Boss@UToledo.edu) or  
[DrBossSAIL@buckeye-express.com](mailto:DrBossSAIL@buckeye-express.com)

Date Received \_\_\_\_\_ U.S. Postage, Delivered, Faxed, E-mailed

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Parent's Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

School District of Residence: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Has your child received a Multi-Factored Evaluation (MFE)? \_\_\_\_\_

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 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 enroll my child in the first opening within S.A.I.L.**  
\_\_\_\_ **Please contact me upon receipt of this S.A.I.L. application.**

\_\_\_\_\_  
Signature of Parent/Guardian Date