



580 Pleasant Ridge Dr.  
Mansfield, TX 76063  
817-473-7125  
www.lifepointinc.org

Application for Admission

Date of Application \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone# \_\_\_\_\_ Diagnosis \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

Current School or Name of Last School Attended (include city  
and state) \_\_\_\_\_

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Parent/Legal Guardian Full Name \_\_\_\_\_

Home Address (If different than applicant) \_\_\_\_\_

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Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Email \_\_\_\_\_ (place an \* by preferred method of  
Contact)

Special Learning Needs \_\_\_\_\_

\_\_\_\_\_

Psychological Testing \_\_\_\_\_

\_\_\_\_\_

Date of Testing \_\_\_\_\_

Health Needs \_\_\_\_\_

\_\_\_\_\_

How does your young adult communicate (verbal, nonverbal,  
PECS, etc.) \_\_\_\_\_

How did you learn about LifePoint? \_\_\_\_\_

What influenced you to apply to LifePoint? \_\_\_\_\_

\_\_\_\_\_

What is important to you about a continued (circle one)  
Life skills/Academic Program for the applicant? \_\_\_\_\_

\_\_\_\_\_