

# The Rainbow Project

*“The Promise of a Better Future for Children with Autism”*

## Application Form

Place Photo  
Here

To be considered for entry to the Rainbow Project your child must:

- have a diagnosis of Autistic Spectrum Disorder
- have no other major impairment e.g. cerebral palsy, visual impairment

If you would like your child to be considered for placement in a Rainbow Project classroom please complete and return this form along with:

- 1) Non-refundable, HK\$1,000 assessment and consultation fee
- 2) One current passport size photo of your child
- 3) Copies of his/her most updated diagnosis assessment

All information submitted is handed with the strictest confidence and will only be circulated within the Rainbow Project's admissions panel only. If you have any queries please contact Mr Keith Lee (Project Director) or Ms June Soo (Project Administrator) at 25487123.

Child's Name: \_\_\_\_\_ Child's Name in Chinese: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Parents or guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Tel (Home): \_\_\_\_\_ Tel (Work): \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please fill in the date your child received a diagnosis of having Autistic Spectrum Disorder: \_\_\_\_\_ (\*\*attach a copy of the diagnostic report).

Please provide information on the specialist who made the diagnosis and the specialist's professional qualification:

\_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Current school/preschool placement: \_\_\_\_\_

# The Rainbow Project

## *“The Promise of a Better Future for Children with Autism”*

What special needs provision is your child receiving at present or has he/she received in the past? (e.g. speech/occupational therapy, ABA therapy etc.)

---

---

---

If your child has other minor special needs please describe: \_\_\_\_\_

---

At the Rainbow Project we place great emphasis on parent/school collaboration. If a child is accepted in a Rainbow classroom, commitment is expected of the child's parents by playing an active role in supporting and guiding the child's learning at home.

Please indicate your priorities for your child's education:

---

---

---

---

How else do you think the Rainbow Project might meet your child's needs?

---

---

---

I understand that my name and contact details will be given to the Rainbow Project's fundraising committee and that the committee may contact me to enquire about my interest towards supporting the Rainbow Project through various fund raising events and other involvement within the capacity as a parent.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** **Mr Keith Lee**  
**Project Director**  
**The Rainbow Project**  
**G/F, Yuen Fai Court, No. 10 Sai Yuen Lane, Sai Ying Pun, Hong Kong**