



G/F, Yuen Fai Court,  
10 Sai Yuen Lane,  
Sai Ying Pun,  
Hong Kong

T. +852 2548 7123  
F. +852 2548 7200

**Application Form**

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

Place Passport Size Photo  
Here

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\$1,500 for informal assessment and consultation fee
- 2) One current passport size photo of your child
- 3) Copies of his/her most updated diagnostic assessment

All information submitted is handed with the strictest confidence and will only be circulated within the Rainbow Project's admissions panel. If you have any queries please contact Mr Keith Lee, Project Director or Ms June Soo, Project Administrator at 2548-7123.

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

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 an Autism Spectrum Disorder (ASD):

\_\_\_\_\_ (\*\*attach a copy of the diagnostic report).

Please provide information on the specialist who made the diagnosis and his/her professional qualification:

\_\_\_\_\_

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

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



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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.)

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If your child has other minor special needs please describe:

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

Please indicate your priorities for your child's education:

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

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I understand that my name and contact details will be given to the Rainbow Project's fundraising committee and that they will contact me to enquire about my interest towards supporting the project through various involvement as a parent.

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

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

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

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

Return completed form by post or email to: Attention Mr Keith Lee, Project Director