



ROCK POINT SCHOOL

Become Your Best Self

APPLICATION FOR ADMISSION

Dear Applicant:

There are few decisions that are more important than finding a school which best fits a student's needs and desires. Therefore, we would like our application process to be thorough, efficient and friendly. You can help us in this endeavor by providing all the information requested on this form. Please feel free to call or write if you have any questions about Rock Point School or the application process.

1. Student Information

Name _____ Preferred First Name _____
Address _____ Telephone _____
City _____ Cell _____
State _____ Zip _____ E-Mail _____
Country _____ Place of Birth _____
Social Security Number _____ Date of Birth _____ Preferred Pronouns: _____
Applying as: _____ Boarding Student _____ Day Student For Grade: _____ 9 _____ 10 _____ 11 _____ 12 _____ PG Summer
Referred to RPS by: Name _____ Title _____ Tel: _____

2. Parent/Guardian Information

<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Guardian
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Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home _____ Cell _____	Home _____ Cell _____
Occupation _____	Occupation _____
Business name _____	Business name _____
Address _____	Address _____
Work _____ Fax _____	Work _____ Fax _____
E-mail _____	E-mail _____

Please indicate any that apply:

____ Parents are married ____ Parents are partners ____ Parents are separated ____ Parents are divorced

____ Mother/Father is a single parent (circle) ____ Mother/Father is a single parent (circle)

Name of Partner: _____ Name of Partner: _____

If parents are separated or divorced, please explain the arrangements regarding custody of the student: _____

3. Others Responsible for Tuition (Family members, Friends, School District, Agency, Other)

Name/or Agency _____ Name/or Agency _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

4. Educational Information

Present School _____ Current Grade _____

Head of School _____ Dates of Attendance: From _____ To _____

School Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Previous School _____

Head of School _____ Dates of Attendance: From _____ To _____

Address _____ Tel. _____

Previous School _____

Head of School _____ Dates of Attendance: From _____ To _____

Address _____ Tel. _____

What is the student's favorite subject in school? _____

What are the student's other interests? _____

What is the student's least favorite subject(s)? _____

Does the student have any diagnosed learning disabilities? If yes, please explain: _____

Has the student been considered for a 504 plan or an IEP? _____ Yes _____ No

If yes, what was the outcome? _____

Has the student ever been dismissed, suspended, or withdrawn from any school or program? _____ Yes _____ No

If yes, please explain: _____

5. Legal Information

Has the student ever been in trouble with the law? _____ Yes _____ No

If yes, please explain: _____

6. Therapeutic Programs, if applicable

Name of Program _____ Dates of Attendance: From _____ To _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Director of Program _____
Name of Program _____ Dates of Attendance: From _____ To _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Director of Program _____

7. Medical Information (please use separate piece of paper if more space is needed)

Is the student currently taking any medication? _____ Yes _____ No

If yes, please include the name of medication, reason for medication and dosage:

Please give the name and phone number of prescribing physician: _____

Has the student ever had professional counseling? _____ Yes _____ No

If yes, please explain, including dates for treatment, and relevant names, addresses and phone numbers: _____

Has the student ever received a substance abuse evaluation or attended a treatment program? _____ Yes _____ No

If yes, please explain: _____

Does the student have any allergies? _____ Yes _____ No

If yes, please explain: _____

Has the student ever been hospitalized? _____ Yes _____ No

If yes, please explain, including dates of treatment and relevant names, addresses, and phone numbers: _____

Are the student's physical activities restricted in any way? _____ Yes _____ No

If yes, please explain: _____

Physician's Name _____ Dentist's Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Telephone _____ Fax _____

8. Financial Aid

Are you interested in financial aid consideration?

___ Yes ___ No

Please see our website – rockpointschool.org – and go to “Admissions” for more information.

A Complete Application Includes:

- ☐ Non-refundable application fee of \$75 (fee may be waived based on financial need)
- ☐ Full Educational Transcript
- ☐ Educational Testing, if applicable
- ☐ Psychological Testing, if applicable
- ☐ Immunization Records
- ☐ IEP (Individualized Education Plan) or 504 Plan, if applicable
- ☐ Discharge Summaries from treatment programs and hospitalizations, if applicable
- ☐ Letter from student that should tell us something about yourself: interests, school likes/dislikes, why you would like to come to Rock Point School, etc.
- ☐ Letter from parents/guardians describing hopes for the student and why you are considering Rock Point School (optional)
- ☐ Signed Authorization for Release of Information (include names, titles, and phone numbers of any therapists, psychiatrists, teachers, guidance counselors, and others who have worked closely with your child).
- ☐ Interview

I/We certify that the information reported on this form, to the best of my/our knowledge, is true, correct, and complete, and that no information in this application has been withheld or misrepresented.

Signature _____ Date _____

Signature _____ Date _____

Rock Point School does not discriminate on the basis of race, religion, gender, sexual orientation, ethnic background or national origin in admission of students, in financial aid, grants, or in any program offered.

Please send completed application by reply email or to:

**Hillary Kramer, Director of Admissions,
Rock Point School, 1 Rock Point Rd., Burlington, VT
05408 Tel. 802-863-1104, x12 Fax. 802-863-6628
hkramer@rockpoint.org**