ROCK POINT SCHOOL

Become Your Best Self

APPLICATION FOR ADMISSION

1. Student Information

Name _____ Preferred First Name _____

Address _____ Cell _____

City _____ E-Mail _____

State _____ Zip _____ DOB _____

Country _____ Pronouns _____

Applying as: ☐ Boarding Student ☐ Day Student For Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Post-Grad Year ☐ Summer Session

2. Parent/Guardian Information

Name _____ Name _____

Address _____ Address _____

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

Tel # _____ Email _____ Tel # _____ Email _____

Relationship to student: _____ Relationship to student: _____

3. Educational Information

Present School _____ Current Grade ____ Dates of Attendance: From _____ To_____

School Address _____ Telephone _____ Fax _____

City _____ State _____ Zip _____

Previous School _____ Current Grade ____ Dates of Attendance: From _____ To_____

School Address _____ Telephone _____ Fax _____

City _____ State _____ Zip _____

Previous School _____ Current Grade ____ Dates of Attendance: From _____ To_____

School Address _____ Telephone _____ Fax _____

City _____ State _____ Zip _____

Does the student have any learning disabilities? ☐ Yes ☐ No

Does the student have a 504 plan or an IEP? ☐ Yes ☐ No

Has the student ever been dismissed, suspended, or withdrawn from any school or program?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

If yes, please explain: _____

4. Legal Information

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

If yes, please explain: _____

5. Therapeutic Programs

Name of Program Dates of Attendance: From _____ To _____

Address _____ City _____ State ___ Zip _____

Telephone _____ Fax _____ Primary Contact _____

Name of Program _____ Dates of Attendance: From _____ To _____

Address _____ City _____ State ___ Zip _____

Telephone _____ Fax _____ Primary Contact _____

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

Has the student been evaluated for substance abuse or attended a treatment center? ☐ 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: (use separate sheet if necessary) _____

Are the student's physical activities restricted in any way? ☐ Yes ☐ No If yes, please explain: _____

8. Financial Aid

Do you plan on applying for Financial Aid? ☐ Yes ☐ No

How did you hear about us?		Web Search		Educational Consultant Name _____ Phone # _____		Word of Mouth Name _____ Phone # _____		Print Media _____

A Complete Application Includes:

❑ School Transcript ❑ Educational/Psychological Testing ❑ IEP or 504 Plan ❑ Discharge Summaries from treatment programs and hospitalizations ❑ Personal meeting with admissions team	❑ Student letter describing interests, school likes/dislikes, why you would like to come to Rock Point School ❑ Parent/Guardian letter describing hopes for the student and why you are considering Rock Point School ❑ Release of Information for recent therapists, teachers who have worked closely with your child ❑ Non-refundable application fee of $75 (fee may be waived based on financial need)

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 to:

Hans Manske, Director of Admissions
Rock Point School
1 Rock Point Rd.
Burlington, VT 05408
Tel.802-863-1104 x 112 hmanske@rockpoint.org