



**1. Student Information**

Name \_\_\_\_\_ Preferred Name/Nickname \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_ Last Grade Completed \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Parent/Guardian Information**

**Contact 1**    Mother    Father    Guardian      **Contact 2**    Mother    Father    Guardian

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  cell  work  home Telephone \_\_\_\_\_  cell  work  home  
 Email \_\_\_\_\_ Email \_\_\_\_\_

**3. Student's Interests**

Does the student have any special interests or hobbies, such as art, music, sports, gaming, hiking, theater, etc.?  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. School Information**

Most recent school \_\_\_\_\_ What is the student's favorite subject? \_\_\_\_\_  
 How long has the student attended? \_\_\_\_\_ What is the student's least favorite subject? \_\_\_\_\_  
 Does the student have any diagnosed learning disabilities?    Yes    No  
 If so, please explain \_\_\_\_\_  
 Is the student currently on an IEP or 504 plan?    Yes    No  
 If yes, are there any accommodations from it we should implement during summer session (feel free to attach the current IEP or 504 if that is easier): \_\_\_\_\_  
 \_\_\_\_\_  
 Has the student ever had any disciplinary issues at school?    Yes    No  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## APPLICATION FOR ADMISSION - SUMMER SESSION

### 5. Medical Information

Is the student currently on medication?  Yes  No

If so, please indicate the name of the medication, dosage, and reason for prescription.

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Doctor name

Doctor phone number

Dentist name

Dentist phone number

Does the student have any allergies?  Yes  No

If so, please indicate the allergy and how it is treated:

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Are there any restrictions for physical activity for this student?  Yes  No

If so, please explain:

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Has the student had professional counseling?  Yes  No

If so, please explain:

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Is there anything else you would like us to know about this student?

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Rock Point School may request additional information if needed for Summer Session admission, such as:

- Copy of IEP or 504 plan
- Any psych-ed testing
- Recent Transcript
- Release of information to speak with a teacher, coach, school staff, and/or therapist

Name

Signature

Date

**Please send completed application to:**

Summer Session  
Rock Point School  
1 Rock Point Rd.  
Burlington, VT 05408

or email to  
[hkramer@rockpoint.org](mailto:hkramer@rockpoint.org)



ROCK POINT SCHOOL

This application is for Summer Session only. If you are interested in admissions for the school year, please contact our Director of Admissions, Hillary Kramer ([hkramer@rockpoint.org](mailto:hkramer@rockpoint.org)), and complete our full application <https://www.rockpointschool.org/admissions/admissions-process/>