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# ROCK POINT SCHOOL

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*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 \_\_\_\_\_

Applying as:  Boarding Student  Day Student For Grade:  9  10  11  12  Summer

Referred to Rock Point by: Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone: \_\_\_\_\_

### 2. Parent/Guardian Information

Mother  Father  Guardian

Mother  Father  Guardian

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 is a single parent     Father is a single parent  
Name of Mother's partner: \_\_\_\_\_ Name of Father's 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:

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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: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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Does the student have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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Has the student ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

If yes, please explain: \_\_\_\_\_

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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](http://rockpointschool.org) – and go to “Admissions” for more information.

### A Complete Application Includes:

- Non-refundable application fee of \$50 (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 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**