



Where unique minds work in unique ways

ADMISSIONS APPLICATION

An academic community since 1972

1120 E. Street Road, P.O. Box 54, Westtown, PA 19395 • Phone 610.399.1135 • Email: info@theconceptschool.org



Admissions Application - Instructions

Step 1	Complete the official application attached to these instructions. Please do not hesitate to contact us if you have any questions completing the application.
Step 2	<p>Make copies of:</p> <ul style="list-style-type: none"> A) school or private testing record showing both I.Q. scores and recent achievement test results B) report cards for the last two years, including current year C) most recent IEP
Step 3	<p>Provide a non-refundable application fee of \$75.00 made payable to:</p> <p style="text-align: center;">The Concept School</p>
Step 4	<p>Mail the items produced in the steps above to:</p> <p style="text-align: center;"> The Concept School P.O. Box 54 Westtown, PA 19395 Attn: Admissions </p>

An academic community since 1972

1120 E. Street Road, P.O. Box 54, Westtown, PA 19395 • Phone 610.399.1135 • Email: info@theconceptschooll.org



Admissions Application – Instructions - cont.

Step 5	Upon receipt of all items detailed in Steps 1 through 3, the pertinent materials will be reviewed by the admissions committee.
Step 7	Following a preliminary assessment, the Head of School will approve a student visit which is required for admission. The visit may be from three to five days. If the admission application is received in the summer, at least one interview of the student will be required.
Step 8	The application for a prospective student is given a final review and a determination is made by the Head of School as to whether or not The Concept School is an appropriate placement for the student. No student will be accepted without the school having received all required documents.



Admissions Application

Date submitted: ____/____/____

Part I - Student Information

Student's full name:

Student's preferred name / nickname: _____

Student's age: _____ Student's birth date: _____

Student's application grade: (circle one) 6 7 8 9 10 11 12

Student's address of residence: _____

Phone: _____

Part II - Parent (s) or Guardian (s)

Name 1: _____

Relationship to student: _____

Address: _____

Phone: _____ Email: _____

Name 2: _____

Relationship to student: _____

Address: _____

Phone: _____ Email: _____

An academic community since 1972



Admissions Application

Part III - Educational Background

Student's current school: _____

School District: _____

Student's current grade: (circle one) 5 6 7 8 9 10 11 12

Name and telephone number of a teacher or guidance counselor who knows the student well:

Name: _____

Phone: _____

Please share what the student's interests are outside of school: _____

Please write a brief history of the student's school years to date. Be sure to include information that is important to understand his/her educational needs. We encourage you to use an additional piece of paper if more space is needed.



Admissions Application

Part IV - Why TCS?

Why are you applying to The Concept School?



Admissions Application

Part V - Other Information

In order to understand the circumstances of the student's education needs, a full disclosure of past and present situations is necessary for evaluating your application and assessing our ability to meet the student's educational needs.

Please indicate below if he/she has been involved in the past, or currently with any of the following:

	Yes	No
Acts of violence?		
Adjudication for an act of delinquency?		
Individual counseling/therapy?		
Serious medical illness?		
Substance abuse? (alcohol/drugs)		
Suicidal threats?		
Suspension from school?		
Prescribed medications?		

Please explain any conditions that have been answered yes:

An academic community since 1972

1120 E. Street Road, P.O. Box 54, Westtown, PA 19395 • Phone 610.399.1135 • Email: info@theconceptschooll.org



Authorization for Release of School Information

Student Name: _____
(Please print full name)

I hereby authorize the chief school officer of

(Name of school)

(Address of school)

(City, State, Zip)

to release my child's records, including health records.

Please return a copy of this form with the student records to:

The Concept School
P.O. Box 54
Westtown, PA 19395
Attention: Admissions

Or, via Email to info@theconceptschoo.org

Signature of parent or guardian: _____ Date: _____

To Agency of Institution Releasing Information: The information you provide will become part of The Concept School's official record for this student. Information in the official record will be held confidential and will only be made available to the student and parent or guardian, administrative staff, and students participating in a supervised field placement program. The information will not be released or made available to any other outside party unless required by law or in response to a subpoena or court order. We do not arbitrarily release information without the express written permission of the parent or guardian.



Admissions Application

Part VI - Disclosure Statement

Name of applicant: _____

I/we the parent(s)/guardian(s) _____

state I/we have provided a full disclosure that is a truthful and an accurate description of my/ our child. I/we have not withheld any information regarding his/her behavior and education- al status.

Signature of parent(s)/guardian(s):

Date:

(Please do not forget to include the \$75.00 Application Fee with your completed application)

NOTICE: The Concept School will consider it grounds for dismissal if after enrollment a student’s application did not provide a full disclosure.