



*Where unique minds work in unique ways*

# ADMISSIONS APPLICATION

**P.O. Box 54, 1120 E. Street Road, Westtown, PA 19395  
P 610.399.1135 F 610-399.0767**



## 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	Make copies of: 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	Provide a non-refundable application fee of \$75.00 made payable to: The Concept School
Step 4	Mail the items produced in the steps above to:  The Concept School P.O. Box 54 Westtown, PA 19395 Attn: Admissions



## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Part I - Student Information

Student's full name:

\_\_\_\_\_

Student's preferred name / nickname: \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_



## 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: \_\_\_\_\_

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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.

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## 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:

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## Authorization for Release of School Records

Student Name: \_\_\_\_\_  
(Please print full name)

Student Date of Birth: \_\_\_\_\_

I hereby authorize the chief school officer of:

\_\_\_\_\_  
(Name of school)

\_\_\_\_\_  
(Address of school)

\_\_\_\_\_  
(City, State, Zip)

to release my child's:

\_\_\_\_\_ academic records                      \_\_\_\_\_ psycho-educational records, including IEPs

\_\_\_\_\_ health records                      \_\_\_\_\_ other:

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

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

Or, via email to [info@theconceptschoo.org](mailto: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.