



Admissions Application

Date: ____/____/____

Part I - Student Information

Student's full name: _____

Student's preferred name / nickname: _____

Student's preferred pronoun: _____

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:

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

Does your child have any health issues about which we should know? _____ Yes _____ No

If yes, please explain: _____

Part IV - Why TCS?

Why are you applying to The Concept School?

What long-term goals do you have for your son or daughter?



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
discipline records

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@theconceptschool.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, the parent/guardian, _____

state I have provided a full disclosure that is a truthful and an accurate description of my child. I have not withheld any information regarding his/her behavioral and educational status.

Signature of parent/guardian:

Date:

(Please do not forget to include the \$50.00 Application Fee with the 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.