

Summit Preparatory School



Application for Admission – Part A

Summit Preparatory School does not discriminate on the basis of race, color, gender, religion, national & ethnic origin and sexual orientation in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

The following is a brief form intended to guide the process of determining whether Summit Preparatory School is a good fit for your child. Following a review of your responses, our Admissions Director will contact you to arrange a phone interview. This will provide an opportunity for greater elaboration, and a chance to ask our staff questions that may help you to decide about “fit” between your child and our school.

What is your name? _____ relationship to the student applying for admission? _____

Requested Date of Enrollment: _____ Present Placement: _____

Wilderness therapist: _____ Phone: _____

Educational Consultant: _____ Phone: _____ FAX: _____

Student Information:

Applicant name: _____ Age: _____ Date of Birth: _____

Soc. Sec. # _____ Current Grade: _____ Primary Language: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Parent/Guardian Information: Check all that apply

Family Status: Married Separated Divorced Widowed Single Parent
 Committed Partners This child is adopted.

Legal Status: Who has legal custody? _____ Who has physical custody? _____
Can the non-custodial parent have access to information regarding the student? _____

Mother/Primary Guardian's Information:

Name: _____

SS#: _____ DOB: _____

Relationship to Student: _____

Home Address: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

E-mail: _____

Occupation: _____

Company Name: _____

Title: _____

Father/Primary Guardian's Information:

Name: _____

SS#: _____ DOB: _____

Relationship to Student: _____

Home Address: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

E-mail: _____

Occupation: _____

Company Name: _____

Title: _____

Other Individuals involved in the care of this child:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

Home Phone Number: _____

Home Phone Number: _____

Business Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Fax Number: _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Siblings and other significant family members:

	<u>Name</u>	<u>Age</u>	<u>Relationship to applicant</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

How did you hear about Summit Preparatory School?

- | | | |
|---|--|---|
| <input type="checkbox"/> Educational Consultant | <input type="checkbox"/> Website | <input type="checkbox"/> Physician/Psychiatrist |
| <input type="checkbox"/> Therapist/Counselor | <input type="checkbox"/> Publication/Directory | <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> Advertisement – where? | | <input type="checkbox"/> Other: _____ |

What specific events precipitated this application?

What are your goals for your child while in this program?

What are your goals for your child after completion of this program?
(Typical or average completion time is 15-18 months.)

How does your child feel about the possibility of attending a year-round boarding school in Montana?

II. Developmental History:

We often find it helpful to better understand the course of a student's development as it often provides a context for the present difficulties experienced by the family.

Infancy (0-1)

Were there any problems during the pregnancy or birth? ____ Yes ____ No (indicate with "X") If so, please describe:

Please describe your child's temperament during the early years?

How was parenting for you during your child's first year?

Toddler (1-4)

Did your child's early development progress normally, or were there problems with developmental milestones? (i.e., sitting, crawling, walking, talking, toilet training?):

How was parenting during your child's toddler year's? (ages 1-4 years)

Elementary school (5-11)

How did entry into school go for your child and family?

How was your child's mood and temperament during the early school years?

Adolescence (12-18)

How was your child's mood and temperament during junior high school years?

Please tell us about what type of teenager your child has become.

How does your child relate to authority figures?

How has parenting been so far during this stage?

We find that a significant portion of adolescents with difficulties have experienced a serious disruption of some sort during a formative period of their young lives, sometimes as a response to growing difficulties rather than as a cause for them. These may take the form of serious teasing or bullying, rejection by peers, loss of family or friends, physical, sexual, or emotional abuse, natural disasters or other adverse events affecting your community, multiple moves, parental tension or divorce, or serious illness in self or family.

Have there been any significant events that may have had an impact on your child? Yes No
If so, please describe:

If your child is adopted, do you believe this is to be an issue? Yes No Not Applicable
Please describe:

III. Academics

How is your child doing in school?

If it is the case that your child is not performing optimally, what factors may be limiting his/her progress?

Has your child ever had a psycho-educational evaluation, perhaps associated with an Individualized Education Plan? Yes No If so, what were the findings?

Has your child ever been expelled or suspended? Yes No If so, for what reason(s)?

What are your child's most and least favorite subjects?

What are your child's particular interest and passions, academically and other?

IV. Emotional/Interpersonal Functioning:

How would you describe your child's mood over the past 6 months?

How does your child handle his/her emotions (i.e., anger, sadness)?

Has your child received professional counseling or psychiatric care? Yes No
Please describe briefly the reasons AND outcome.

Many of our students have received psychological testing, perhaps from their schools or through independent psychologist. If your child has received testing, please describe the nature of the testing and the relevant findings.

Have neuropsychological or biological issues ever been suspected or offered as a possible contributing factor to your child's struggles?

Please describe your child's friends and social life.

What are your child's strengths?

Does your child recognize his/her own strengths?

What are your family's strengths?

Please give a brief description of any "yes" answers in blank area below.

<u>Yes</u>	<u>No</u>	<u>Does your child have a history of</u>
___	___	Perfectionism
___	___	Apathy
___	___	Problems with legal authorities/police
___	___	Sexual activity
___	___	Lying
___	___	Stealing
___	___	Running away
___	___	Alcohol use
___	___	Drug use
___	___	Target of teasing/bullying
___	___	Bullying/teasing others
___	___	Verbally aggressive behavior/threatening
___	___	Physically aggressive behavior
___	___	Excessive or inappropriate use of internet
___	___	Excessive or inappropriate use of videogames/television
___	___	Self-injurious behavior (i.e., self-inflicted cuts, burns, excessive piecing)
___	___	Eating-related problems (restrictive eating, excessive exercise, purging)
___	___	Vandalism/"Tagging"
___	___	Gambling
___	___	Gang involvement
___	___	Excessive risk taking behavior
___	___	Excessive or explosive anger
___	___	Depression, anxiety, or mood swings
___	___	Excessive isolation or withdrawal
___	___	Thoughts or harm to self
___	___	Suicidal behavior

V. Treatment History

It is important that we understand your family's treatment history. While we may wish to speak with previous treatment providers, Summit Preparatory School will not contact any of the following providers without your written permission to do so.

Has your child ever received outpatient treatment (counseling) for emotional or substance abuse issues?
 ___ Yes ___ No If yes, please complete.

Dates Approx. begin & end dates	Nature of treatment	Where or with whom	Outcome

Has your child ever received inpatient treatment (hospitalization or residential treatment) for emotional or substance abuse issues? ___ Yes ___ No If so, please fill in the information below

Facility/Program: _____ Dates of service: _____ Reason: _____ _____ Outcome: _____ _____
Facility/Program: _____ Dates of service: _____ Reason: _____ _____ Outcome: _____ _____

Please indicate if your child presently has, or has had, any of the following:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> AIDS/HIV Positive | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hemia | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Anaphylactic shock | <input type="checkbox"/> /seizers | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Red Measles |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cysts/Tumors | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Dermatitis (Eczema) | <input type="checkbox"/> Hives/skin allergies | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Difficulty walking/lifting | <input type="checkbox"/> Knee/ankle injury | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Back injury | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Bladder or kidney infection | <input type="checkbox"/> Fainting/dizziness | <input type="checkbox"/> Moles or lumps | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Bone condition | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Urination problems |
| <input type="checkbox"/> Bowel problems | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Whooping Cough (Croup) |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Migraines | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart trouble/disease | <input type="checkbox"/> Pneumonia (Bronchitis) | <input type="checkbox"/> Other: _____ |

**Medical info
Quick Sheet**

**STUDENT
NAME_____**

Is your child taking any medications? ___ Yes ___ No If so, please list medications:

Medication	Dose	Reason
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Do you know of special concerns related to current medication regimen? (side effects, risks of dehydrations, sun-sensitivity, ...) Yes No If so, please describe medication concerns:

When was your child's last dental examination? Are there any current dental concerns?

Is your child currently under treatment with an orthodontist? Yes No

If so, please describe treatment:

When was your child's last physical examination?

What were the findings?

Does your child have any allergies? If so, what reaction do they have?

Does your child have any restrictions? ___ Yes ___ No If so, please describe.

Family Physician

Name:

Address:

Phone: Fax:

Family Dentist

Name

Address

Phone: Fax:

Emergency Contact Info:

Parents: Mother

Father

Phone Numbers in order of Best to Use listed first.

Mother

Father

List who to contact next if above are not available with most appropriate phone numbers. Also name their relationship to student.

IV. Financial Aid Information:

Summit Preparatory School has limited funds available for partial scholarships for those students and families with financial need. Would you like to receive information on our scholarship program? ___ Yes ___ No

Some financial institutions offer loans to apply toward tuition. Would you like information regarding tuition loan assistance? ___ Yes ___ No

V. Consent for Application Process:

Thank you for providing preliminary application information regarding this child. This information will help us to consider our school's capacity to meet your child's specific needs. Completing this form does not constitute an agreement between you and Summit Preparatory School in any way. Your responses to these questions will be handled confidentially and sensitively. Summit Preparatory School takes precautions to safeguard security and privacy in keeping with contemporary standards.

Your signature below indicates: (1) the information you have provided is accurate and complete to the best of your knowledge; (2) your relationship to this child is such that you have legal basis (e.g., custody, guardianship) to make treatment decisions involving this child; (3) you understand that you can withdraw your application or discontinue this application process at any time, for any reason; (4) you are giving your consent for representative(s) of Summit Preparatory School to contact you to discuss this information and the details of our program further; (5) you understand that at this point there is no financial obligation on your part, and (6) that completing and signing this form in no way constitutes the existence of a clinical relationship between you and Summit Preparatory School, or agreement to enroll this child.

Signature

Date

Signature

Date

Thank you for completing part A of our application process. Please send the completed application to:

**Judy Heleva, MA
Admissions Counselor
Summit Preparatory School
1605 Danielson Road
Kalispell, MT 59901
(406) 758-8113
Fax (406) 758-8150
jheleva@summitprepschool.org**

Following receipt of your application, we will call you to schedule a phone interview to discuss your application. You may call our admissions department directly at 406-758-8100 to assist with your application or to inquire on the status of your application at any time.