

Westport College Prep

372 Danbury Road • Wilton, CT 06897

Phone: (203) 455-9947

Website: westportcollegeprep.org

Please attach
recent
photograph
here.
(Required)

APPLICATION FOR ADMISSION

Date: _____ Academic Year Applying: _____

Student Information			
Name		Nickname	
Home Address	City/Town	State	Zip Code
Date of Birth	Gender		
Student's Current Grade Level	Name of Present School		
Is the student adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of origin:	Age of Adoption:
Student's special interests:			

Family Information	Father	Mother
Name		
Street Address		
City/Town		
Zip Code		
Home Phone		
Email		
Occupation & Title		
Employer's Name		
Employer's Address		
Cell Phone		

Marital Status
Are parents divorced / separated? Yes _____ No _____
If Yes, When? _____ Legal Custody: _____
Physical Custody: _____ Sole Custody: _____
Can the non-custodial parent have access to information about the student's treatment Yes ___ No ___
Are there any special circumstances? _____
Has the divorce been an issue? _____
<i>*Please submit a copy of the current custody agreement, if applicable.</i>

Emergency Contact

Please list person(s) Westport College Prep may contact if we are unable to reach parent or guardian.

Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		

Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		

Student Pickup List

Please list person(s) with permission to pick up your student from Westport College Prep.

Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		

Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		

Professional Consultants

Name	Profession	Contact Information	Dates of Service
Describe type of service rendered and why consult was needed.			

Name	Profession	Contact Information	Dates of Service
Describe type of service rendered and why consult was needed.			

Name	Profession	Contact Information	Dates of Service
Describe type of service rendered and why consult was needed.			

Out of Home Placements			
<i>Please list hospitals, treatment centers, wilderness programs, etc. that have worked with the student. Please attach an additional page, if necessary.</i>			
Program Name/Location	Contact Person	Phone Number	Dates of Service
Describe type of service rendered and why consult was needed.			

Program Name/Location	Contact Person	Phone Number	Dates of Service
Describe type of service rendered and why consult was needed.			

School Information (Current)			
Current School	Address	Phone Number	Public or Private?
Are they responsible for funding?			
<i>Please list all previous school placements below.</i>			
School	Location	Grade	
Has your student been identified with learning disabilities? If yes, please describe.			
Has your student articulated goals beyond high school and what are they? (college, vocational, training, career interests)			
Has your student ever been suspended or expelled from school? Please describe and include dates.			
Has your student ever been arrested? If yes, for what?		Date of arrest:	

Physician/Pediatrician Contact Information

Family Physician/Pediatrician	Address	Phone Number
Family Physician/Pediatrician	Address	Phone Number
Family Physician/Pediatrician	Address	Phone Number

Medical Conditions/Allergies?

Dietary Restrictions:

What medications is your student taking? (include dosage)

Educational Academic Needs

Please write about the student's current educational/academic needs.

Social/Emotional Needs

Please write about the student's current social-emotional needs.

Referral Information

How did you hear about Westport College Prep? Check all that apply.

- Professional School Previous Parent Educational Consultant Hospital Program
- Referred by: _____

In order to complete your student's file, please submit all psychological educational evaluations and school reports. A release of information form is enclosed for you to share with your student's school and professionals.

Signature of Parent/Legal Guardian

Date

Name of Parent/Legal Guardian (print)

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Media Release Form

Westport College Prep requests that each applicant sign and return this media release form if you agree or do not agree to have your student's original work or image used for program-related media. Media may be in the form of print, web, or audio used on **Westport College Prep** website and promotional materials.

I, _____, hereby give consent to my student being interviewed,

Name of applicant (if 18 years old) / parent / legal guardian (if appropriate)

photographed, or to have audio and visual recordings made of my student for promotional purposes by **Westport College Prep**.

Applicant Name

Signature of Applicant / Parent / Legal Guardian Signature

Date

Name of Parent / Legal Guardian (please print)

Note: The applicant's last name and identifying information will never be used.

I do not give consent to have the student's likeness published in any school-related media, including a recognizable image, still or video, original work created by my student, or the use of the student's name in connection with any event, or activity related to **Westport College Prep**.

Applicant Name

Signature of Applicant / Parent / Legal Guardian Signature

Date

Name of Parent / Legal Guardian (please print)

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Westport College Prep Technology Agreement

I agree to use technology responsibly at WCP, including use of my cell phone, which is permitted for class work and homework purposes only while on campus. I understand that cell phones, iPads, and laptops should be put away during class, passing times, lunch, study hall, and activities, unless approved by a teacher.

While in school, I will not use:

- ✓ Social Media (Facebook, Twitter, Instagram)
- ✓ Text Message (IM, Snap Chat)
- ✓ A camera (taking photos is not allowed, unless related to class work)

I will ask for permission to:

- ✓ Make a call to a parent or family member
- ✓ Text message a parent or family member

I understand that WCP encourages the responsible use of technology and cell phones for instructional purposes. This includes:

- ✓ Note-taking
- ✓ Research and internet searches
- ✓ Assignment tracking
- ✓ Taking photos of assignments/notes
- ✓ The use of apps that are related to classroom instruction

I will put my phone away if asked to do so, and I understand that breaking the rules regarding responsible technology and cell phone use could result in loss of cell phone privileges at WCP.

Student Signature: _____

Student Printed Name: _____

Date: _____

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Student Handbook Acknowledgement

I _____ have received a copy of the WCP Student Handbook. In addition, I certify that I have read and understand the contents of the Handbook. Furthermore, I agree to follow the rules and regulations at Westport College Prep.

Student Signature

Date

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School Release of Information & Consent to Share Information Form

Student Name: _____

I hereby give the following providers, professionals, and schools permission to release all information concerning my student, requested by Westport College Prep for their professional use. Additionally, I give consent for Westport College Prep to engage in reciprocal communication with the following providers, professionals, and schools for the purposes of educational planning.

Please list providers, professionals, and schools below:

- Public School District: _____ Phone Number: _____
- Current School: _____ Phone Number: _____
- Psychologist (who conducted testing): _____ Phone Number: _____
- Psychotherapist (psychologist, social worker, LMFT, etc.): _____
Phone Number: _____
- Psychiatrist: _____ Phone Number: _____
- Pediatrician: _____ Phone Number: _____
- Allied Professions (Speech/Language, OT, etc.): _____
- Other (hospital, IOP, EDT, DCF, IICAPS): _____

I understand the information will be confidential between the provider and Westport College Prep, and will not be released to anyone else without my consent.

Signature of Parent / Legal Guardian Date

Name of Parent / Legal Guardian (print)

School Information Requested:

School performance, test scores/report cards, educational and psychological testing, teacher, guidance counselor, and/or other staff comments, any available dated samples of the student's work

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Please list providers/professionals below:

- Education Advocate: _____ Phone Number: _____
- Education Attorney: _____ Phone Number: _____
- Education Consultant: _____ Phone Number: _____

I understand the information will be confidential between the provider and Westport College Prep, and will not be released to anyone else without my consent.

Signature of Parent / Legal Guardian

Date

Name of Parent / Legal Guardian (print)

*****This document will not be part of your student's educational record.*****