



# Eagle Rock School Admission Application

Applicant:

Thank you for submitting an application for admission to Eagle Rock School.

Please note the following:

1. All applicants are interviewed. Please see below to determine what month you will be contacted for an interview.

<b>If you are applying for:</b>	<b>Your deadline was:</b>	<b>You will be interviewed in the month of:</b>
• January admission	July 31	October/November
• May admission	November 30	February/March
• September admission	March 31	June/July

2. Three (3) attempts will be made to contact you to schedule your interview. If unsuccessful, you will receive a letter from me at the end of our trimester stating that I couldn't reach you and what is required for you to **reapply**.
3. If anything is missing from your application packet, you will be notified during your interview.
4. Please keep in mind that you are one of many applicants each trimester and deadlines are tight to complete the admission process.
5. If you are not available when I attempt to contact you, other considerations will not be made for that upcoming trimester.

Thank you again for your interest in Eagle Rock School.

Sincerely,

L'Tanya M. Perkins  
Admission Associate  
Eagle Rock School

# Application for Admission



**EAGLE ROCK SCHOOL**  
AND PROFESSIONAL DEVELOPMENT CENTER

## APPLICATION DEADLINES

September admission: March 31

January admission: July 31

May admission: November 30

Date: \_\_\_\_\_

## Section 1 — Applicant Information

Name of student: \_\_\_\_\_  M  F  
Last First Middle

Name by which student prefers to be called: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ Unit or Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Student's cell phone: \_\_\_\_\_ Student's email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
(Absolutely required and protected.) Month Day Year

Part of Eagle Rock's goal is to maintain a diverse student population. The following information is therefore appreciated but optional (please Check All that apply):

Asian  Black  Latino  Native American  Pacific Islander  White

## Section 2 — Parent / Sponsor Information

CONTACT 1 – Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit or Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Mobile: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Email address: \_\_\_\_\_

Legal Guardian  Primary contact Relationship to student: \_\_\_\_\_

CONTACT 2 – Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit or Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Mobile: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Email address: \_\_\_\_\_

Secondary contact Relationship to student: \_\_\_\_\_

CONTACT 3 – Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit or Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Mobile: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Email address: \_\_\_\_\_

Tertiary contact  Relationship to student: \_\_\_\_\_

How did the student hear about Eagle Rock School? \_\_\_\_\_

Is the student currently enrolled in school? Yes  No

# Application for Admission



## SCHOOL INFORMATION – list all schools the student has attended since 6th grade (most recent first)

Use extra sheet if necessary:

School Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

School Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

School Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Has he/she had treatment, counseling or hospitalization with a mental health professional or school counselor? Yes  No

Is he/she currently in treatment or counseling? Yes  No

If your child has been in treatment, we will need the most recent psychological evaluation.

Reasons for treatment or counseling. Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Suicide                             | <input type="checkbox"/> ADD/ADHD              |
| <input type="checkbox"/> Substance abuse/chemical dependency | <input type="checkbox"/> Family issues/divorce |
| <input type="checkbox"/> Academic/career                     | <input type="checkbox"/> Depression            |
| <input type="checkbox"/> Eating disorder (anorexia/bulimia)  | <input type="checkbox"/> Other                 |

List all medications from the past 2 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide specific dates and details of counseling treatment and medications that were prescribed. (use an additional sheet)

## THERAPIST CONTACT INFORMATION:

Therapist's Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Fax: ( ) - \_\_\_\_\_ Email address: \_\_\_\_\_

Physical activities and outdoor experiences are fundamental to the school curriculum.

Full participation in these experiences is essential for students to benefit from Eagle Rock School.

Will the student be able to fully participate in the school's curriculum? Yes  No

Please describe any accommodations, which may be required in order for the student to fully participate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Application for Admission



## Section 3 — School Representative Recommendation

Name of Student: \_\_\_\_\_

Please write a candid statement that tells us why the student would be an appropriate candidate for Eagle Rock School. How long have you known the student? What has been his/her experience at your school? Are the student's records with your school a true indicator of his/her ability, or have external circumstances interfered with his/her achievement? What suggestions can you give us to help this student be successful at Eagle Rock?

When you are finished with your statement, please do one of the following:

- 1) return it to the student to submit with his/her application form, or
- 2) if you would prefer confidentiality, mail it directly to:

**L'Tanya Perkins**  
**Eagle Rock School**  
**2750 Notaiiah Road**  
**Estes Park, Colorado 80517**

- 3) Please check all that apply to this student
  - ELL (English Language Learner)
  - Free and Reduced Lunch
  - Special Ed
    - o If the Special Ed box is checked, please provide associated paperwork (i.e. IEP, assessments, etc.). We will need this information to properly assess whether we have the appropriate resources to address the educational needs of the applicant.
  - None of the above

If you wish to speak with someone directly in addition to providing the written information, please call L'Tanya Perkins, Admission Associate, at (970) 586-7116 or Philbert Smith, Director of Students, at (970) 586-7112. Thank you for your cooperation.

Name of Recommender: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Phone: ( ) - Work Phone: ( ) -

Mobile: ( ) - Email: \_\_\_\_\_

**FOR ERS USE ONLY** Date rec'd Reply Mailed

# Application for Admission



EAGLE ROCK SCHOOL  
AND PROFESSIONAL DEVELOPMENT CENTER

## Section 5 — Instruction for Application to Eagle Rock School and Essays

Name of student: \_\_\_\_\_

Thank you for your interest in Eagle Rock School. Your application must include the following items (check if included):

- Completed application form
- Student statement
- Parent/Sponsor statement
- School representative statement. Please give this form to a school director, principal, counselor, or teacher who knows you well. That person may return the statement to you or mail it directly to Eagle Rock School.
- Please check here if he/she decides to return it directly to Eagle Rock School.
- School records (transcripts; counseling records, if applicable; education/special education test results).
- If you have attended more than one high school, please request information from all necessary schools.

NOTE: Take the time to review your documents carefully and include all the requested information. An incomplete application will delay the processing of your file and even your admission. If your application is incomplete, we will notify you and ask you to provide the missing information.

It is the parent/sponsor's responsibility to notify the local school district of the student's application to Eagle Rock School.

Please return your completed application directly to:

**L'Tanya Perkins**

**Admission Associate**

**Eagle Rock School**

**2750 Notaiiah Road**

**Estes Park, Colorado 80517**

Continue for Student, Parent/Sponsor Essays.

# Application for Admission



EAGLE ROCK SCHOOL  
AND PROFESSIONAL DEVELOPMENT CENTER

## Section 6 — Essay Instructions

### STUDENT ESSAY

Please write an essay (minimum 100 words) in your own handwriting that addresses the following:

- A. Describe your personal background.
- B. Describe some goals you have for yourself.
- C. What has worked for you in other schools? What has not? Why?
- D. What does the word “commitment” mean to you?

Be sure to include your name on each page of your essay.

### PARENT /SPONSOR ESSAY

Eagle Rock School believes that parents/sponsors should be as involved as possible in the student's experience at school. Please include the following in your statement:

- A. Tell us about the student and what you feel are his/her strengths, needs, interests, and goals.
- B. Why would you like him/her to attend Eagle Rock?
- C. What do you think he/she will gain from the experience?
- D. Provide some history of your relationship with the student.

Be sure to include your student's name, our name, as well as your relationship to the student on each page of your essay.