



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.

If you are applying for:

- January admission
- May admission
- September admission

You will be interviewed in the month of:

- October/November
- February/March
- 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

Date: _____

Circle your preferred admission date:

September

January

May

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



EAGLE ROCK SCHOOL
AND PROFESSIONAL DEVELOPMENT CENTER

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 Beth Ellis, Associate Director of Students, at (970) 586-0600 x1015. 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.