

RELEASE AUTHORIZATION FORM

STUDENT'S NAME: _____

The following professionals or organizations have my permission to speak with or release any pertinent information to the Admissions Office at Riverview School:

1. _____
2. _____
3. _____
4. _____
5. _____

Riverview School has my permission to speak with or release any pertinent information to the following professionals or organizations:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent Signature

Date

Parent Signature

Date

Please send the signed original to Riverview School and copies to each of the professionals or organizations listed.

ADMISSION PROCEDURE

If you are interested in applying for admission of your child to Riverview School, please take the following steps:

1. Complete the Application Form(s) in the enclosed folder. Mail it to Riverview together with the non-refundable Application Fee of \$75. A recent photo of your child would be appreciated.
2. Send recent (within two years) diagnostic evaluations which include each of the following:
 - A psychological evaluation which includes a WISC-III/IV or WAIS-R.
 - Achievement test results (WJ-R or WIAT).
 - School records: (current and past school year)
 - Official Transcript for high school students. (Please complete the enclosed school transcript and records release.)
 - Report cards for elementary/middle school students.
 - OT, PT reports, if applicable.
 - Speech and Language testing, including standard scores (C.E.L.F. and T.L.C.)
 - Residential reports, if applicable.
 - Summer camp reports, if applicable.
 - An Individual Educational Plan (IEP) current or within three years (if applicable).
 - Three Recommendation forms ** (these should not be completed by family members) and should include teachers, guidance counselors, therapists, etc.

** when sending Recommendation forms, please include a stamped envelope addressed to: Riverview School, Admission Office, 551 Route 6A, East Sandwich, MA 02537. This will assist the person filling out the Recommendation in returning the forms to Riverview.
3. Riverview Admissions will process the application as soon as all of the required information is received and review it for appropriateness within two weeks. Following this review, if appropriate, you will be contacted to schedule an interview, tour and two-day, overnight visit for your child.

Riverview School, Inc. admits students of any race, color, religion, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of sex, race, color, religion, national or ethnic origin in the administration of its educational programs, admissions policies, financial aide, athletic, or other school administered programs.

RIVERVIEW SCHOOL APPLICATION FOR ADMISSION

PROGRAM INFORMATION

Date of Application: _____

Please indicate desired placement.

- Middle School (gr. 6-8) Desired Date of Enrollment: _____
- Secondary School (gr. 9-12) Desired Date of Enrollment: _____
- Summer (Middle & Secondary) Desired Date of Enrollment: _____
(Five weeks)
- G.R.O.W.(ages 18-22) Desired Date of Enrollment: _____
- G.R.O.W. Summer Desired Date of Enrollment: _____
(Five weeks)

STUDENT INFORMATION

Name of Student: _____
(first) (middle) (last) (preferred name)

Address: _____ Apt. No. _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Fax: _____

Sex: M F Age: ___ Place of Birth: _____ Citizenship: _____

Date of Birth: _____

FAMILY INFORMATION

Name of Father/Male Guardian: _____
(first) (middle) (last) (preferred name)

Address (if different from above): _____ Apt. No. _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Ph (h): _____ Ph (Bus): _____ Ph (cell): _____

Business Fax: _____ E-mail: _____

Occupation: _____

Colleges & Degrees _____

Name of Mother/Female Guardian: _____
(first) (middle) (last) (preferred name)

Address (if different from above): _____ Apt. No. _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Ph (h): _____ Ph (Bus): _____ Ph (cell): _____

Business Fax: _____ E-mail: _____

Occupation: _____

Colleges & Degrees _____

Parent's/Guardian's Relationship (check all that apply):

- Married Divorced Separated
 Mother Remarried Mother Deceased
 Father Remarried Father Deceased

(Where applicable) Name of Stepmother _____ Stepfather _____

With whom does the student primarily reside? _____

Other children in family:

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

Name: _____ Sex: M F Age: _____

Please indicate any other family situation of which we should be aware:

REFERRAL INFORMATION

Who referred you to Riverview or how did you learn about the school?

Name: _____ Profession: _____
(e.g.: consultant, advocate, physician, educator)

Address: _____

Other: _____ Phone: _____

EDUCATIONAL INFORMATION

Name of current school: _____ Grade at time of application: _____

School contact: _____ Position: _____

School address: _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Does the student currently receive support services (speech/language, OT, PT)? Y N

If yes, please list and indicate how often these services occur: _____

If the student is not in school, please state reason and duration: _____

Schools attended over past four years:

Name: _____ Dates attended: _____

Name: _____ Dates attended: _____

Name: _____ Dates attended: _____

Has the student ever been dismissed or suspended from school? Y N If yes, please state the reason and the date: _____

Has he/she ever repeated a grade? Y N If yes, please specify which grade(s) _____

MEDICAL INFORMATION

Physician: _____ Telephone: () _____

List medical conditions, if any: _____

Is the student currently taking any medications? Y N If yes, please list and state purpose: _____

Describe the condition(s) for which the medication is prescribed: _____

What diagnoses have been given for the student's learning difficulties? By whom and when? _____

Is there any history of behavioral or emotional difficulty with family, peers or staff at home or in a school setting? Y N If yes, please describe: _____

Has the student ever been under the care of a psychologist/psychiatrist or counselor? Y N
If yes, please complete the following:

Provider: _____ Phone: () _____

Date(s): _____ Reason(s): _____

Has the student ever been hospitalized for psychological/psychiatric reasons? Y N If yes, please complete the following:

Provider: _____ Phone: () _____

Date(s): _____ Reason(s): _____

FINANCIAL INFORMATION

Individual/agency responsible for financial placement: _____

Phone: _____

Address: _____ Apt. No. _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Please describe the student's ability to manage life skills (self-care, chores, laundry, money management, independence within the community).

How do you expect Riverview to help the student? Describe areas of concern.

Please write about the student's interests and hobbies.

Please comment on the student's previous experiences at residential camp or boarding school, if any.

STUDENT WRITING SAMPLE

Please include a recent writing sample with this application. The writing sample should reflect the student's own original handwritten work and be approximately one paragraph in length.

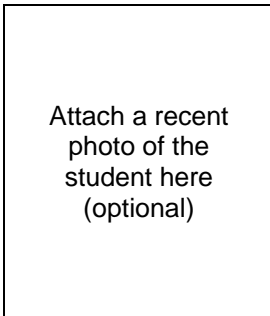
APPLICATION STATEMENT

Riverview School admits students of any race, color, sexual orientation, religion or national and ethnic origin to all of the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, sexual orientation or national and ethnic origin in the administration of its educational policies, admission policies or athletic and other school administered programs.

The School expects Parents/Guardians to provide full information about the student. If it is determined that such critical information has been either intentionally or inadvertently withheld, Riverview reserves the right to withdraw the student's application, acceptance or terminate placement. Information pertinent to the student's application will be held in strictest confidence and will be destroyed in two years from its receipt if the student does not attend.

Parent's/Guardian's signature: _____

Parent's/Guardian's signature: _____



RETURN COMPLETED APPLICATION TO:

The Office of Admissions
Riverview School
551 Route 6A
East Sandwich, MA 02537

Phone: 508 888 0489 ♦ Fax: 508 833 7001

E-mail: admissions@riverviewschool.org ♦ Website: www.riverviewschool.org

RIVERVIEW SCHOOL RECOMMENDATION

NAME of student: _____

Person completing form: _____

Date: _____ Years you have known applicant: _____

The above-named student has applied for admissions to Riverview School. Please complete the following ratings scale.

	1 = Low		5 = High			
Initiative	1	2	3	4	5	
Motivation	1	2	3	4	5	
Reliability	1	2	3	4	5	
Self-Advocacy	1	2	3	4	5	
General Attitude	1	2	3	4	5	
Self-Sufficiency	1	2	3	4	5	

Comments: _____

Relates well to peers	1	2	3	4	5	
Relates well to teachers	1	2	3	4	5	

Describe social strengths/weaknesses: _____

Ability to attend to daily schedule	1	2	3	4	5	
Ability to make everyday decisions	1	2	3	4	5	
Ability to react in an emergency/follow health/safety rules	1	2	3	4	5	
Ability to use people as resources	1	2	3	4	5	

Comments: _____

Emotional stability	1	2	3	4	5	
Ability to cope with stress	1	2	3	4	5	
Ability to adjust to new situations	1	2	3	4	5	
Ability to separate own problems from those of others	1	2	3	4	5	

Comment on any emotional/behavioral concerns: _____

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Comment on any emotional/behavioral concerns: _____

C O N F I D E N T I A L

SCHOOL TRANSCRIPT & RECORDS RELEASE

TO THE PARENTS:

Please complete, **SIGN AND PRESENT THIS FORM TO YOUR CHILD'S
CURRENT SCHOOL.**

Do not send directly to Riverview School.

Applicant's name: _____

I consent to the release of my child's records to Riverview School.

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

TO THE SCHOOL:

**The above named student is applying to Riverview School. Please submit
all middle school or high school records including the following
information:**

- Standardized test results
- Official transcript & list of courses taken (if of high school age)
- Transfer records
- Guidance counselor or other staff comments
- Disciplinary record
- Individual Education Plans

SEND ABOVE RECORDS TOGETHER WITH THIS FORM TO:

The Office of Admissions
Riverview School
551 Route 6A
East Sandwich, MA 02537

Phone: 508 888 0489 • Fax: 508 833 7001