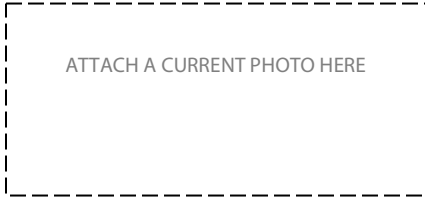




APPLICATION FOR ADMISSION



Student's Information

Student's name _____ Social Security # _____

Female Male Date of birth _____ Age _____ Phone _____

Home address _____ City _____ State _____ Zip code _____

Mother's name _____ Phone _____ Email _____

Mother's address _____ City _____ State _____ Zip code _____

Mother's occupation _____ Employer _____

Father's name _____ Phone _____ Email _____

Father's address _____ City _____ State _____ Zip code _____

Father's occupation _____ Employer _____

Name of person responsible for tuition payments _____

Address, if not stated above _____

Student's physician _____ Phone _____

Physician's address _____ City _____ State _____ Zip code _____

Student lives with: Mother Father Stepmother Stepfather Guardian _____

Release information to: Mother Father Stepmother Stepfather Guardian _____

Siblings' name _____ Age _____ School _____

Siblings' name _____ Age _____ School _____

Siblings' name _____ Age _____ School _____

Siblings' name _____ Age _____ School _____

How did you hear of Rainard? _____

Through which grade do you anticipate this student attending Rainard? _____

FOR OFFICE USE ONLY:

Date app rec'd _____ Date fee rec'd _____ Paym't method (check#) _____



Student's name _____

Education Background

Current school _____ Location _____ Dates _____

Previous school _____ Location _____ Dates _____

Previous school _____ Location _____ Dates _____

Has your student ever been accelerated a grade level? Yes No If yes, from grade _____ to _____

Has your student ever repeated a grade? Yes No If yes, what grade? _____

Has your student been in advanced classes? Yes No If yes, what grades or classes? _____

Does your student have any academic challenges? Yes No If yes, explain. _____

Has special testing or tutoring been received in school? Yes No If yes, what grades and areas? _____

Does your student have diagnosed learning differences? Yes No If yes, what diagnosis and on what date? _____

Has your child ever been dismissed from school for any reason? Yes No If yes, explain, including the school and principal's name. _____

Has your child ever had a psychological evaluation? Yes No If yes, please explain and attach report. _____



Student's name _____

Education Background *continued*

Tell us why you feel Rainard is a good fit for this student.

List student's activities at school (such as music, internships, service projects, sports, visual and performing arts).

List student's activities outside of school (such as camp, employment, travel, instrumental music, hobbies, interests).

Signature

Parent's signature _____ Date _____

Attachments: IQ testing results Academic records (last 2 years) Teacher recommendations \$100 fee



Student's name _____

Characteristics of Giftedness

From the Gifted Development Center, Westminster, CO | www.gifteddevelopment.com

Each parent should complete pages 4-6, separately.

Parent's name _____ Date _____

Compared to other students of the same age, to what extent do these descriptors fit your child?

Characteristic	Not True	Uncertain	True	Very True
1. Reasons well (good thinker)	_____	_____	_____	_____
2. Learns rapidly	_____	_____	_____	_____
3. Has extensive vocabulary	_____	_____	_____	_____
4. Has an excellent memory	_____	_____	_____	_____
5. Has a long attention span*	_____	_____	_____	_____
6. Sensitive (feelings hurt easily)	_____	_____	_____	_____
7. Shows compassion	_____	_____	_____	_____
8. Perfectionist	_____	_____	_____	_____
9. Intense	_____	_____	_____	_____
10. Morally sensitive	_____	_____	_____	_____
11. Has strong curiosity	_____	_____	_____	_____
12. Perseverant when interested*	_____	_____	_____	_____
13. Has high degree of energy	_____	_____	_____	_____
14. Prefers older companions/adults	_____	_____	_____	_____
15. Has a wide range of interests	_____	_____	_____	_____
16. Has a great sense of humor	_____	_____	_____	_____
17. Early or avid reader**	_____	_____	_____	_____
18. Concerned with justice, fairness	_____	_____	_____	_____
19. Judgment mature for age at times	_____	_____	_____	_____
20. Is a keen observer	_____	_____	_____	_____



Student's name _____

Characteristics of Giftedness *continued*

Characteristic	Not True	Uncertain	True	Very True
21. Has a vivid imagination	_____	_____	_____	_____
22. Is highly creative	_____	_____	_____	_____
23. Tends to question authority	_____	_____	_____	_____
24. Shows ability with numbers	_____	_____	_____	_____
25. Good at jigsaw puzzles	_____	_____	_____	_____

*Long attention span or perseverant if interested; does the child stay with tasks for long periods of time?

**If the child is too young to read, is the child intensely-interested in books?

Please give examples of the following characteristics:

1. Reasons well _____
2. Learns rapidly _____
3. Has extensive vocabulary _____
4. Has an excellent memory _____
5. Has a long attention span _____
6. Sensitive (feelings hurt easily) _____
7. Shows compassion _____
8. Perfectionistic _____
9. Intense _____
10. Morally sensitive _____
11. Has strong curiosity _____
12. Perseverant when interested _____
13. Has high degree of energy _____
14. Prefers older companions or adults _____
15. Has a wide range of interests _____



Student's name _____

Characteristics of Giftedness *continued*

- 16. Has a great sense of humor _____
- 17. Early or avid reader _____
- 18. Concerned with justice, fairness _____
- 19. Judgment mature for age at times _____
- 20. Is a keen observer _____
- 21. Has a vivid imagination _____
- 22. Is highly creative _____
- 23. Tends to question authority _____
- 24. Shows ability with numbers _____
- 25. Good at jigsaw puzzles _____