



MIDDLEBRIDGE SCHOOL

ADMISSION APPLICATION CHECKLIST

Please send the following directly to Middlebridge School:

Completed Middlebridge School Admission Application

Educational and psychological evaluation (within the past 3 years), including a cognitive assessment (WISC-IV or WAIS-R) and academic achievement testing (e.g. WJ-III, WIAT)

Educational assessments, clinical evaluations, and other pertinent testing

Official School Transcript

Student writing sample

\$100 Application fee

For the student's current school:

Provide enclosed school transcript and records release form to school

Provide a copy of the enclosed recommendation forms to the following three people: student's current English teacher, mathematics teacher, and another personal reference from within or outside the school

Middlebridge School
333 Ocean Road
Narragansett, RI 02882
Phone: (401)-788-0800
Fax: (401)-783-1266

APPLICATION FOR ADMISSION

Date of Application _____

STUDENT INFORMATION

Name of Student _____
First Middle Last Preferred First Name

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Home Phone _____

Cell Phone _____ Date of Birth _____

Social Security Number _____ Sex _____ Gender _____ Preferred Pronoun: _____

Age _____ E-mail _____

Place of Birth _____ Citizenship _____

FAMILY INFORMATION

Name of Parent/Guardian One _____
First Middle Last Preferred First Name

Primary Address (*if different from above*) _____

City _____ State/Province _____

Zip/Postal Code _____ Home Phone _____

Work Phone _____ Cell Phone _____

E-mail _____

Secondary Address _____

City _____ State/Province _____

Zip/Postal Code _____

Occupation _____

Place of Employment _____

Work Address _____

Colleges and Degrees _____

Name of Parent/Guardian Two _____
First Middle Last Preferred First Name

Primary Address (if different from above) _____

City _____ State/Province _____

Zip/Postal Code _____ Home Phone _____

Work Phone _____ Cell Phone _____

E-mail _____

Secondary Address _____

City _____ State/Province _____

Zip/Postal Code _____

Occupation _____

Place of Employment _____

Work Address _____

Colleges and Degrees _____

Parents'/Guardians' Relationship (check all that apply)

Married

Divorced

Separated

Parent/Guardian One Remarried

Parent/Guardian One Deceased

Parent/Guardian Deceased

Parent/Guardian Two Remarried

Parent/Guardian Two Deceased

Other

Where Applicable:

Name of Stepparent _____ Stepparent _____

With whom does the student primarily reside? _____

Other Children in Family

Name _____ Gender _____ Age _____ Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____ Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____ Name _____ Gender _____ Age _____

Name of Grandparent One _____
First Middle Last Preferred First Name

Name of Grandparent Two _____
First Middle Last Preferred First Name

Married Divorced Separated Grandparent 1 Deceased Grandparent 2 Deceased

Other

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Home Phone _____

Work Phone _____ Cell Phone(s) _____

E-mail _____

Occupations _____

Place of Employment _____

Name of Grandparent One _____
First Middle Last Preferred First Name

Name of Grandparent Two _____
First Middle Last Preferred First Name

Married Divorced Separated Grandparent 1 Deceased Grandparent 2 Deceased

Other

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Home Phone _____

Work Phone _____ Cell Phone(s) _____

E-mail _____

Occupations _____

Place of Employment _____

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

A large, empty rectangular box with a thin blue border, intended for the user to write any other family situations they are aware of. The box is positioned centrally below the text prompt and occupies most of the page's vertical space.

STUDENT INFORMATION

How did you learn about Middlebridge School?

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

Organization (if applicable) _____

Phone _____ E-mail _____

EDUCATIONAL INFORMATION

Name of Current School _____ Dates Attended _____ Grade at Time of Application _____

Address _____ City _____ State/Province _____ Country _____

Name of School Contact _____ Title _____ Phone _____

Does the student currently receive special services? Y N

If yes, please describe _____

Has the student ever repeated a grade? Y N If yes, which grade? _____

Has the student ever been dismissed or suspended from school? Y N

If yes, please state the reason and the date _____

Name of previous school or summer program _____ Dates Attended _____

Address _____ City _____ State/Province _____ Country _____

Name of School/Program Contact _____ Title _____ Phone _____

Does the student have any current or previous psychological diagnoses? Y N

If yes, please describe _____

FINANCIAL INFORMATION

Individual financially responsible for placement _____

Address _____

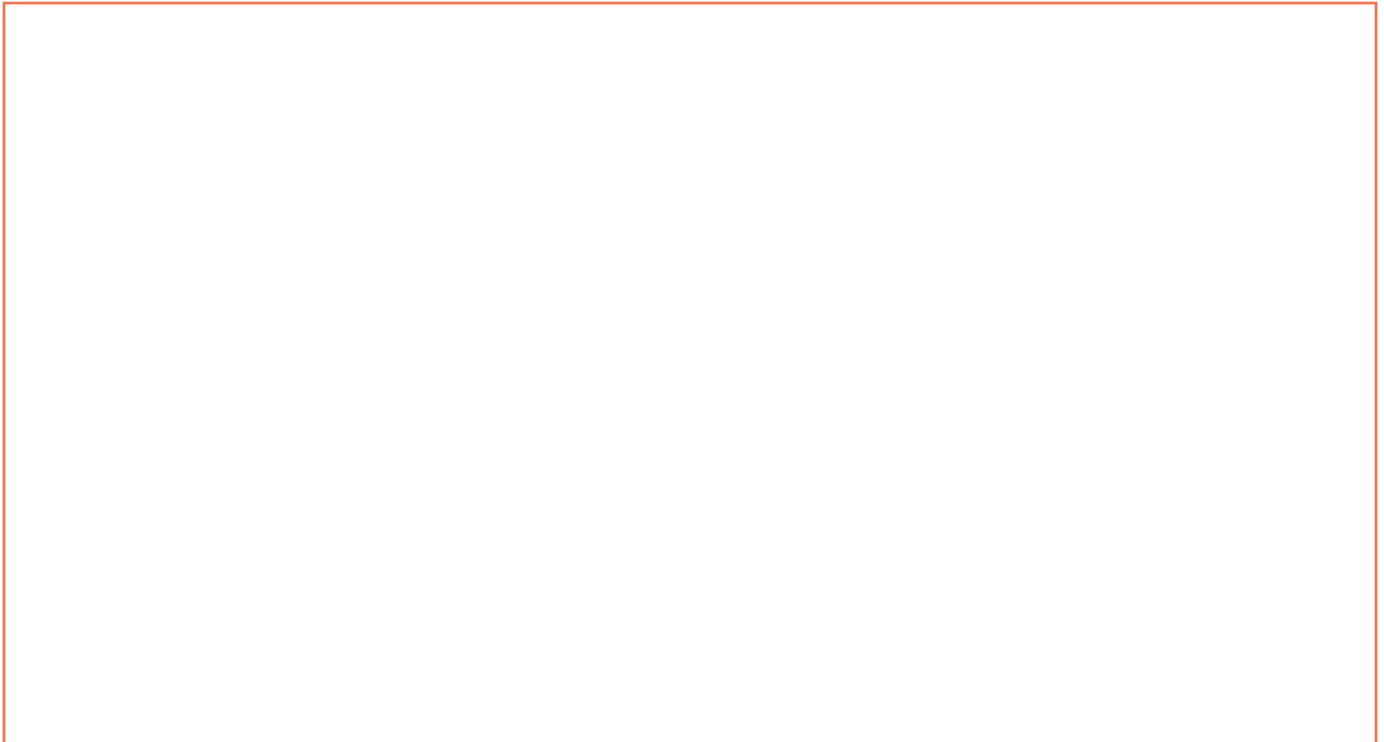
City _____ State/Province _____

Zip/Postal Code _____ Phone _____

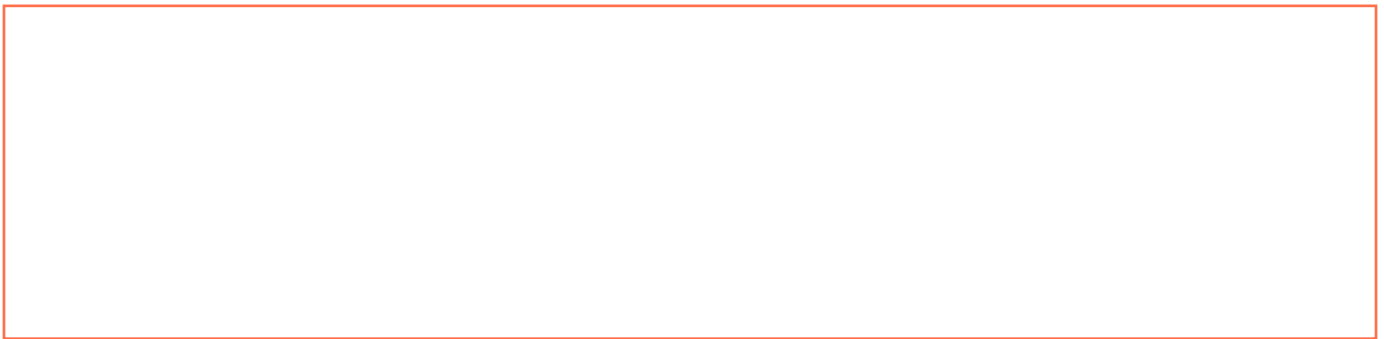
PARENTAL STATEMENT

Please describe your child's **educational** development and current needs as you see them (*attach an additional sheet if necessary*):

Please describe your child's **social** development and current needs as you see them.



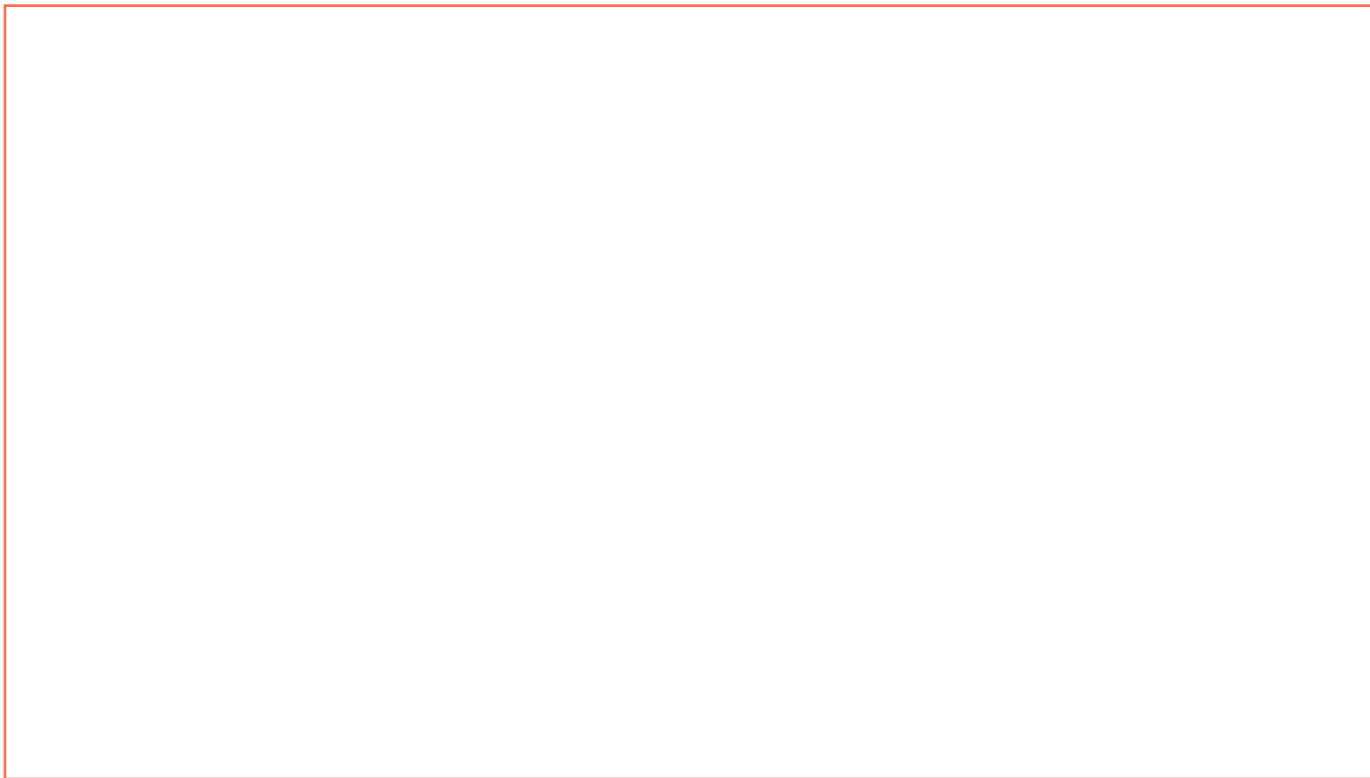
Please describe your child's strengths, both in and out of the classroom.



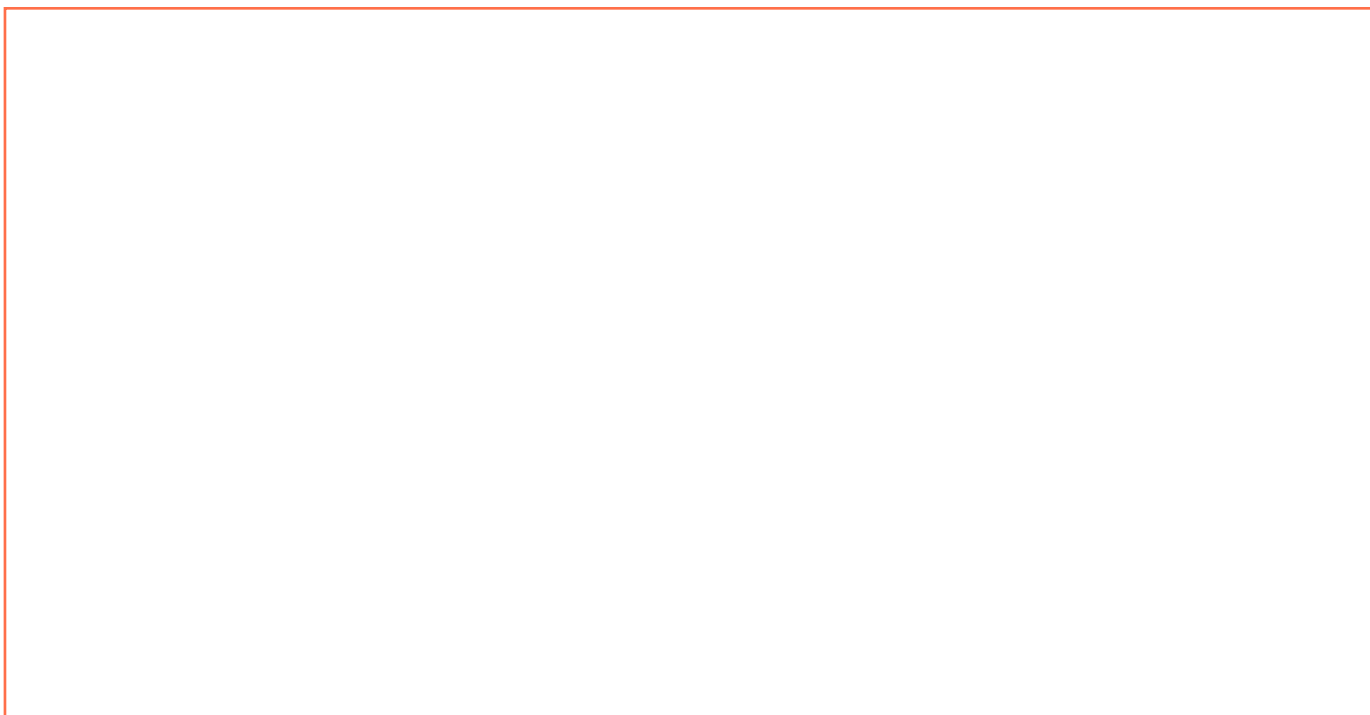
Please write about your child's interests and hobbies.



What are your expectations for your child while at Middlebridge School?



Please describe your child's experiences at day or residential camps and other residential schools.



OTHER MATERIALS

Sample of Student's Writing

Please include a writing sample by the student. The sample should be a completed school assignment that includes teacher comments and the grade received. The sample should reflect the student's own original work.

Psychoeducational Evaluation

Please include a recently administered psychoeducational evaluation (within the past 3 years), including a cognitive assessment (WISC-IV or WAIS-R) and academic achievement testing (e.g. WJ-III, WIAT.)

Other Evaluations

Please include any other educational assessments or clinical evaluations or other pertinent testing.

ADMISSIONS STATEMENT

Middlebridge School is a coeducational, boarding and day high school program for students ages 13-19 with learning differences and average to above average cognitive potential who do not present with an emotional or behavioral disorder.

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

My signature indicates that the information provided on this application is accurate and complete.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

CONFIDENTIAL

TEACHER RECOMMENDATION FORM

ENGLISH

Student's Name _____

Teacher's Name _____ Date _____

To the Teacher:

The above named student is an applicant for admission to Middlebridge School, a co-educational, residential high school for students with language-based learning difficulties. Please answer the following questions so that we may better understand the student. Please send this form directly to Middlebridge School as soon as possible.

How long have you worked with this student? _____

Course Title _____

Please check the box next to the most accurate response for this student.

	1 Poor	2 Low Average	3 Average	4 High Average	5 Excellent
Responsibility					
Cooperation					
Assertiveness					
Leadership					
Emotional Maturity					
Response to Criticism					
Motivation to Learn					
Study Habits					
Organization					
Attention Span					

What do you consider to be this student's greatest strengths academically and personally? _____

What do you consider to be this student's greatest areas of need academically and personally? _____

Please explain any academic or disciplinary problems this student has encountered. _____

Please explain how this student interacts with his or her peers. _____

Please explain how this student interacts with adults. _____

Please provide any additional comments that would aid the admission office. _____

Please send this form to:
Middlebridge School
333 Ocean Road
Narragansett, RI 02882
Phone: (401)-788-0800
Fax: (401)-783-1266

Thank you very much for your assistance.

CONFIDENTIAL

TEACHER RECOMMENDATION FORM

MATH

Student's Name _____

Teacher's Name _____ Date _____

To the Teacher:

The above named student is an applicant for admission to Middlebridge School, a co-educational, residential high school for students with language-based learning difficulties. Please answer the following questions so that we may better understand the student. Please send this form directly to Middlebridge School as soon as possible.

How long have you worked with this student? _____

Course Title _____

Please check the box next to the most accurate response for this student.

	1 Poor	2 Low Average	3 Average	4 High Average	5 Excellent
Responsibility					
Cooperation					
Assertiveness					
Leadership					
Emotional Maturity					
Response to Criticism					
Motivation to Learn					
Study Habits					
Organization					
Attention Span					

What do you consider to be this student's greatest strengths academically and personally? _____

What do you consider to be this student's greatest areas of need academically and personally? _____

Please explain any academic or disciplinary problems this student has encountered. _____

Please explain how this student interacts with his or her peers. _____

Please explain how this student interacts with adults. _____

Please provide any additional comments that would aid the admission office. _____

Please send this form to:
Middlebridge School
333 Ocean Road
Narragansett, RI 02882
Phone: (401)-788-0800
Fax: (401)-783-1266

Thank you very much for your assistance.

CONFIDENTIAL

TEACHER RECOMMENDATION FORM

REFERENCE OF STUDENT'S CHOOSING

Student's Name _____

Teacher's Name _____ Date _____

To the Teacher:

The above named student is an applicant for admission to Middlebridge School, a co-educational, residential high school for students with language-based learning difficulties. Please answer the following questions so that we may better understand the student. Please send this form directly to Middlebridge School as soon as possible.

How long have you worked with this student? _____

Course Title _____

Please check the box next to the most accurate response for this student.

	1 Poor	2 Low Average	3 Average	4 High Average	5 Excellent
Responsibility					
Cooperation					
Assertiveness					
Leadership					
Emotional Maturity					
Response to Criticism					
Motivation to Learn					
Study Habits					
Organization					
Attention Span					

What do you consider to be this student's greatest strengths academically and personally? _____

What do you consider to be this student's greatest areas of need academically and personally? _____

Please explain any academic or disciplinary problems this student has encountered. _____

Please explain how this student interacts with his or her peers. _____

Please explain how this student interacts with adults. _____

Please provide any additional comments that would aid the admission office. _____

Please send this form to:
Middlebridge School
333 Ocean Road
Narragansett, RI 02882
Phone: (401)-788-0800
Fax: (401)-783-1266

Thank you very much for your assistance.

CONFIDENTIAL

SCHOOL TRANSCRIPT AND RECORDS RELEASE

To the Parents:

Please complete, sign, and present this form to your child's school. Do not send directly to Middlebridge School.

Student's Name _____ Date of Birth _____

I, _____, consent to the release of my child's transcript and records to

Print Name of Parent/Guardian

Middlebridge School. _____

Signature of Parent/Guardian

Date

To the School:

The above named student is applying for admission to Middlebridge School. Please submit all middle school or high school records including the following information.

Standardized test results

Official transcript and list of courses taken (*if of high school age*)

Transfer records

Guidance counselor or other staff comments

Disciplinary records

Individualized Education Plan (*if applicable*)

Please send this form to:
Middlebridge School
333 Ocean Road
Narragansett, RI 02882
Phone: (401)-788-0800
Fax: (401)-783-1266

Thank you very much for your assistance.