RAINARD SCHOOL

For Gifted Students

RAINARD HIGH SCHOOL APPLICATION FOR ADMISSION

Student Name_____
First Middle Last

Address_____
Number and Street City State Zip

Home Phone _____ DOB _____ Grade Level_____

Current School/Phone_____

Father/Guardian _____Occupation _____

Work Phone_____ Cell_____ e-mail_____

Mother/Guardian_____ Occupation _____

Work Phone_____ Cell_____ e-mail_____

Has your child been diagnosed with any learning or behavioral disabilities? If yes, what is the diagnosis?_____

Please list child's medications, if any: _____

Has your child been disciplined under state or school laws/regulations? If yes, describe on back.

If there is any special information you feel would be helpful for us to know, describe on back.

I certify the accuracy of this admissions application and give Rainard School permission to contact the schools my child has previously attended.

Parent Signature_____ **Date** _____

APPLICATION REQUIREMENTS:

_____ $75.00 Application Fee

_____ Documentation of evidence of giftedness (IQ test or psychological assessment)

_____ Most recent standardized achievement test results

_____ Three teacher recommendation forms (*mailed separately)*

_____ Transcript and/or progress reports from past two years

_____ Student/Parent interview with Director Date_____