Application for Admission

Thank you for considering Town & Country School. Our Director of Admissions seeks your participation in the following procedures to assist us in determining if our program will meet your child’s needs.

1. **Please complete this application and return it to Admissions, with the $75 Application Fee:**
   Town & Country School, 8906 East 34th Street, Tulsa, Oklahoma 74145. It is important for both parents or the parent and person responsible for tuition to sign the application.

2. **Please complete the applicant portion of the Principal/Counselor Form and Teacher Form (forms 3 and 4) and give them to the appropriate staff in the student’s current school.** After these forms are completed, they should mail these forms directly to Town & Country School. Please do not ask for these forms to be returned to you.

3. **Please complete the application portion of the Request for Transcript Form (form 2) and give it to the appropriate staff at the student’s current school.**

4. **We request that school records including grades and test scores be submitted as well as a current (less than three years old) psychological evaluation, including an Intelligence test with subtest scores and a measure of current achievement levels.** We request immunization records, relevant medical records if a student has had significant medical problems and any other records which would assist us in determining a student’s needs.

   **RECORDS:** We (the parents/guardians) have requested and released records to be sent to Town & Country School from:

   __________________________________________________
   School

   __________________________________________________
   Psychological Evaluation

   __________________________________________________
   Medical Records / Immunization Records

   __________________________________________________
   Other

5. If after reviewing your child’s records, it appears that Town & Country School can meet his/her needs, we will schedule a pre-enrollment tour and interview.

   *Town & Country School’s admission and financial aid policies do not discriminate on the basis of race, sex, religion, ethnic origin or other similar factors. Applicants of all races and creeds are welcomed at Town & Country School.*
Student’s Name ________________________________________________ ( ) last first middle preferred name

Student’s Home Address __________________________________________

street

city state zip

 Desired Grade Level __________________________ for ______________________ School Year

PERSONAL/EDUCATIONAL DATA

Date of Birth __________________________ Age ______ Sex ______ student's social security #

month / day / year

Primary Diagnosis __________________________________________ Date of Diagnosis ________________

By Whom __________________________________________________

Does Student Wear Glasses __________________________ Use Medication __________________________

If Yes, please explain __________________________________________

Has the student been on an IEP or 504 Plan? ______ If so, Where and When __________________________

____________________________________________________________

Date of Most Recent Psychoeducational Evaluation ____ By Whom __________________________

Any reason student cannot participate in physical education? ________ If Yes, please explain: ________

____________________________________________________________

FAMILY DATA

Father’s Full Name (Mr. / Dr.) __________________________________________

Employer __________________________ Position __________________________

Home Address (if different) Street

City State / Country Zip

Business Phone (________) __________________ Home Phone (________) __________________

Father’s Email __________________________________________
Mother’s Full Name (Mrs. / Ms. / Dr.)

Employer

Position

Home Address (if different)

Street

City

State / Country

Zip

Business Phone (________) 

Home Phone (________) 

Mother’s Email

Guidance Information

Parents’ Status: Married_____ Separated_____ Divorced_____ Widowed___ Remarried

Who has legal custody of student? ________________ Student resides with: ________________

School student last attended

Has student repeated a grade? ________ If Yes, which grade(s)? __________________________

Has student used services of a psychologist, therapist or psychiatrist? ________ If Yes, please provide:

Professional’s Name_________________________ Dates of Service: ______________________

Has student had any history of involvement with drugs, alcohol or juvenile delinquency? Yes___No____

If Yes, Please explain:______________________________

Has student ever been suspended Yes____ No ____ Expelled from a school? Yes_____ No ____

If Yes, please explain:__________________________________________

List extra-curricular activities student has participated in: ________________________________

In what academic area(s) does student have greatest difficulty? ____________________________

What special accommodations does student need in the classroom?_________________________
Other Information

Name of individual(s) responsible for Tuition and fees: ________________________________

Address if not previously noted: ____________________________________________________

______________________________________ street

______________________________________ city

______________________________________ state / country

______________________________________ zip

______________________________________ phone number

How did you first learn about Town & Country School? ________________________________

______________________________________

Do you wish to receive information about Town & Country School’s Financial Aid program based on family need?  Yes_______    No_______

Please add any other information that will assist us in understanding your child’s needs:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signatures

Father____________________________________ Date______________________

Mother____________________________________ Date______________________

Legal Guardian____________________________________ Date______________________

Signature of individual(s) responsible for financial obligations if other than parent/guardian:

Name____________________________________ Relationship___________________________

Signature____________________________________ Date______________________

FOR OFFICE USE ONLY:

Application Received__ / ____ / ________  Lower_______  Upper_______

Application & Student History       Received____/____/_______

Principal/Counselor Form  Received / / ________

Teacher Form  Received / / ________

Transcript  Received / / ________

Medical  Received / / ________
Dear Prospective Parent,

Thank you for your interest in Town & Country School.

Enclosed you will find the Town & Country School Application for admission which you requested.

Please complete the following steps:

- Complete the application & student history form. Return it with a copy of your student’s most recent Psycho-educational Evaluation to the attention of Admissions at the address below with the $75 application fee.

- Complete the upper portion of the Request for Transcript/Educational Records, the Teacher Form and the Principal/Counselor form and give them to the appropriate staff at your student’s school.

- Direct the school to mail the forms directly to the attention of Admissions at the address below.

Once all Admissions paperwork has been received and we have determined that Town & Country may be the right fit for your child, we will contact you to schedule a tour and interview.

Thank you again for your inquiry. We look forward to meeting you and your student.

Sincerely,

Denise Jurbala, Lower School Administrator and Shevaun Etier, Upper School Principal and Superintendent
Student History

Dear Parents:  

Date _______________

Please complete this form and return with your application for admission. This form will help us better understand your child. This information is confidential and will not be released without written permission. Please feel free to comment on additional pages if needed.

**General Information**

Child’s Name_________________________ Date of Birth_________________________
Address______________________________ Phone ______________________________
City_________________________________ Zip_________________________________
List names, as appropriate:
Father_______________________________ Phone _______________________________
Address _____________________________ Email________________________________
Occupation___________________________ Business Phone_______________________
Step-Father___________________________ Phone 
Mother______________________________ Phone ________________________________
Address_____________________________ Email________________________________
Occupation___________________________ Business Phone_______________________
Step-Mother___________________________ Phone ______________________________

How often does your child visit the non-resident parent?___________________________
Brothers and Sisters (include names and ages)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What languages are spoken in the home? What is the primary language spoken?
__________________________________________________________________________
__________________________________________________________________________

Was your child adopted?_____ If yes, age at time of adoption___________ Has your child been told he/she is adopted?__________

**Prenatal and Birth History**

Mother’s general health during pregnancy_______________________________
Length of pregnancy_________________________ Length of labor_______________________
General condition at birth_________________________ Birth weight_________________________
Were there any complications during pregnancy?_____________________________
Child’s first year

Active _______  Passive _______  Contented _______  Fretful_______
Colic?________  How long?________
Volatile vomiting? _______  Digestive problems? _______  Allergies? _______
Was there difficulty in establishing sleep patterns?___________________________

Developmental History

Provide the approximate age accomplished for the following:
sat unsupported____  crawled____  stood alone____  walked unattended____
drank from a cup____  feed self_____  used single word ___  short sentences____
toilet trained____

Did your child have difficulty walking, running, or participating in other activities which required small and/or large muscle coordination?
________________________________________________________________________
________________________________________________________________________

Did/does your child have difficulty with his/her fine motor skills, such as buttoning, snapping, writing, tying shoes?___________________________
________________________________________________________________________

Were there any feeding problems (sucking, swallowing, drooling, chewing)?________
________________________________________________________________________

Medical History of Child

Does your child have regularly scheduled appointment with a Doctor or therapist?
Name:______________________  Describe_____________________________________
Frequent colds ______  Asthma ______  Chicken Pox _____  Ear Infections_____
Measles _____  Headaches _____  High Fever ______  Meningitis ______
Mumps ____  Seizures ______  Whooping Cough _____  Tonsillitis _____
Allergies to_______________________________________________________________

Please describe any other medical conditions__________________________________
________________________________________________________________________
________________________________________________________________________

Please describe any serious accidents or hospitalizations________________________
________________________________________________________________________
Has your child had any surgeries?
________________________________________________________________________
________________________________________________________________________

Is your child taking any medications? If yes, identify.
________________________________________________________________________
________________________________________________________________________

Have there been any negative reactions to medications? If yes, identify.
________________________________________________________________________
________________________________________________________________________

Have any other specialists (physicians, psychologists, developmental pediatricians, psychiatrists, occupational or physical therapists, speech therapists, etc.) seen your child? If yes, indicate conclusions or suggestions.
________________________________________________________________________
________________________________________________________________________

Your child was last seen by Dr. __________________ Date___________________________

Last hearing examination__________ School/Doctor___________ Result: adequate/ inadequate
Last vision examination ___________ School/Doctor___________ Result: adequate/ inadequate

Is your child on a special diet? Describe __________________________________________

**Educational History**

List the names of schools attended:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Grade(s)</th>
<th>City/State</th>
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<tbody>
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</table>

Was your child retained in any grades or was entry into first grade delayed?
________________________________________________________________________

How is your child doing academically?
________________________________________________________________________
________________________________________________________________________

Does your child finish work in class? Yes_____ No _____
Does your child have difficulty working independently? Yes _____ No _____
Does your child receive help from a paraprofessional or assistant during the day? Yes ___ No___
Does your child receive Speech Therapy? Yes_____ No______
Does your child receive Occupational Therapy? Yes _____ No______
Does your child do his/her homework easily ______ with difficulty______?

**Behavioral History**

Please circle your responses:
(accepts, hates, likes, resists) going to bed,
Goes to bed (at a certain time, when he/she chooses,) bedtime is (time) ___________
Seems to feel (good, tired, sleepy) in the morning,
(walks, talks, cries, tosses) in sleep,
Sleeps (by himself, with parents, with brother or sister),
Nightmares or Night terrors: Describe and frequency ______________________________
________________________________________________________________________
Your child has had or is experiencing difficulty with the following:

<table>
<thead>
<tr>
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<th>When</th>
<th>How Often</th>
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<tbody>
<tr>
<td>Bullying</td>
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<td></td>
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<tr>
<td>Shyness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail Biting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thumb Sucking</td>
<td></td>
<td></td>
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<tr>
<td>Excessive Demands</td>
<td></td>
<td></td>
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<tr>
<td>Fears (Describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fighting</td>
<td></td>
<td></td>
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<tr>
<td>Truancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temper tantrums/meltdowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepting responsibility for own actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please describe any unusual behavior patterns your child displays._____________________
________________________________________________________________________
________________________________________________________________________

Your child gets most upset when
________________________________________________________________________
________________________________________________________________________

Your child seems happiest when________________________________________________
________________________________________________________________________
________________________________________________________________________

Your child has (many, average, few, no) friends.

Approximately how much time does your child spend a day on electronics?______________
During playtime your child prefers the company of others that are (younger, older, same age).

When losing a game, your child usually (loses his/her temper, keeps right on playing, works even harder, seems to “give up”, blames someone or something for the loss, gets discouraged and wants to quit).

Your child likes best to “make rules” and decide how things will go or have someone else make the decisions.

What activities does your child like to do during spare time?

Person completing this form ___________________________ Relationship to child __________

Signature ______________________________________ Date ______________________
Request for Transcript / Educational Records

TO APPLICANT:  

Please complete the authorization below and deliver this form to your child's guidance counselor or principal:

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

Student’s Name___________________________ Grade___________
last          first          middle initial          current

In accordance with federal regulations regarding the privacy act of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Town & Country School of all educational records about the above-named individual who is applying to Town & Country School.

Date_____________ Signature of Parent / Guardian________________________________________

TO PRINCIPAL OR GUIDANCE COUNSELOR:

The above-named student has made application for admission to Town & Country School. We would appreciate your promptly sending us the following information:

1. A transcript of the student’s records to date, including grades for courses in progress.

2. A copy of the student’s complete test profile and Special Education Records, if applicable.

3. Your own personal comments (see Principal/Counselor Form) of the student’s academic potential, personality and character.

The requested information and/or any questions should be mailed to:

   Admissions  
   Town & Country School  
   8906 East 34th Street  
   Tulsa, OK  74145  
   918.296.3113

Thank you. Information concerning Town & Country School will be provided upon request.
PRINCIPAL / COUNSELOR FORM

TO APPLICANT:

Please complete this section and deliver this form to your child’s current Principal/Counselor along with the Request for Transcript/Educational Records. The Principal/Counselor should mail these forms directly to Town & Country School. This information becomes the confidential property of Town & Country School and is not subject to applicant or parental review.

Signature of Parent / Guardian_________________________ Date________________

Student’s Name__________________________________________Grade____________

last first middle initial current

Address____________________________________________________

City_________________________ State__________________ Zip____________

Requested Admission Date______________________________

__________________________

TO BE COMPLETED BY PRINCIPAL OR GUIDANCE COUNSELOR

The above-named student has made application for admission to Town & Country School. Please complete this form and mail it and the Request for Transcript/Educational Records to:

Admissions
Town & Country School
8906 E. 34th Street
Tulsa, OK  74145
918.296.3113

The information contained therein will be held in strict confidence. Please confer with professional colleagues to ascertain information if necessary. We would appreciate your promptly sending us the following information:

Name________________________________ Title______________________________

School________________________________ District________________________

Address____________________________________________________________

City_________________________ State__________________ Zip____________

Phone________________________ Fax_____________________________________
1. How long has the student been enrolled in your school? __________________________

2. How long have you known the student? __________________________

3. To your knowledge, has the student had any history of serious conduct problems?
   No______ Yes______ If Yes, please explain____________________________________

4. Has the applicant ever been suspended? No______ Yes______ If Yes, please explain
   ________________________________________________________________________

5. Has the applicant ever been expelled? No______ Yes______ If Yes, please explain
   ________________________________________________________________________

6. Will the applicant be allowed to re-enroll in your school? Yes______ No______ If No,
   please explain________________________________________________________________

7. Please comment on applicant’s attitude toward school________________________________

8. To your knowledge, has the applicant had any history of involvement with drugs, alcohol or
   juvenile delinquency problems? No______ Yes______ If Yes, please explain____

9. Please complete the form below. As with above questions, you may desire to confer with
   colleagues to make your comments.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>Organization Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-discipline</td>
<td>Personal Appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Social Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect for Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Support</td>
<td></td>
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</tbody>
</table>

10. Additional comments: ____________________________________________________________

    ________________________________________________________________________

    Signature__________________________________________________________ Date__________________
Town & Country School
TEACHER FORM

This student has made application for admission to Town & Country School. Please complete this form and mail to:

Admissions
Town & Country School
8906 E. 34th Street
Tulsa, OK 74145

The information contained therein will be held in strict confidence. Please confer with professional colleagues to ascertain information if necessary. We would appreciate your prompt response to this request.

Student: ________________________________ Grade: ________ Date: ________________

Reporting Teacher: _______________________________ Class: ______________________

I. Academic Performance

___ No problems
___ Fails to use class time wisely
___ Missing/Late assignments
___ Perseveres in spite of difficulty
___ Incomplete assignments
___ Requires excessive amount of individual attention

Additional Comments:

II. Behavior

___ No problems
___ Excessive Tardies/Absences
___ Frequently asks to leave class
___ Inappropriate responses
___ Defiance of authority/argumentative
___ Sudden outbursts of temper
___ Is attentive during lessons
___ Transitions easily

___ Fatigue/Lethargy
___ Hyperactivity
___ Suspected drug use
___ Obsessive-compulsive tendencies
___ Inappropriate physical contact
___ Problems during transitions
___ Demonstrates self control
___ Requires excessive amount of individual attention
___ Reacts physically instead of using words

Additional Comments:
III.  Peer Relations

- No problems
- Socially inappropriate
- Teased by peers
- Fights
- Establishes friends easily
- Isolation/Lack of friends
- Teasing/Bullying
- Works cooperatively with peers

Additional Comments:

IV.  Emotional Functioning

- No problems
- Mood swings
- Depression
- Anxiety
- Excessive anger
- Low motivation/Apathy

Additional Comments:

V.  Parental Involvement

- No problems
- Lack of Support
- Lack of communication
- Unreturned phone calls/emails
- Suspected problems at home

Additional Comments:

Please comment specifically on items marked. (optional)
This student has made application for admission to Town & Country School. Please complete this form and mail to:

Admissions
Town & Country School
8906 E. 34th Street
Tulsa, OK 74145

The information contained therein will be held in strict confidence. Please confer with professional colleagues to ascertain information if necessary. We would appreciate your prompt response to this request.

Student: ________________________ Grade: ________ Date: __________________

Reporting Teacher: ____________________________ Class: __________________

VI. Academic Performance

___ No problems
___ Fails to use class time wisely
___ Missing/Late assignments
___ Perseveres in spite of difficulty
___ Incomplete assignments
___ Requires excessive amount of individual attention

Additional Comments:

VII. Behavior

___ No problems
___ Excessive Tardies/Absences
___ Frequently asks to leave class
___ Inappropriate responses
___ Defiance of authority/argumentative
___ Sudden outbursts of temper
___ Is attentive during lessons
___ Transitions easily
___ Impulsivity
___ Fatigue/Lethargy
___ Hyperactivity
___ Suspected drug use
___ Obsessive-compulsive tendencies
___ Inappropriate physical contact
___ Problems during transitions
___ Demonstrates self control
___ Requires excessive amount of individual attention
___ Reacts physically instead of using words

Additional Comments:
### VIII. Peer Relations

<table>
<thead>
<tr>
<th>No problems</th>
<th>Establishes friends easily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socially inappropriate</td>
<td>Isolation/Lack of friends</td>
</tr>
<tr>
<td>Teased by peers</td>
<td>Teasing/Bullying</td>
</tr>
<tr>
<td>Fights</td>
<td>Works cooperatively with peers</td>
</tr>
</tbody>
</table>

Additional Comments:

### IX. Emotional Functioning

<table>
<thead>
<tr>
<th>No problems</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood swings</td>
<td>Excessive anger</td>
</tr>
<tr>
<td>Depression</td>
<td>Low motivation/Apathy</td>
</tr>
</tbody>
</table>

Additional Comments:

### X. Parental Involvement

<table>
<thead>
<tr>
<th>No problems</th>
<th>Unreturned phone calls/emails</th>
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</thead>
<tbody>
<tr>
<td>Lack of Support</td>
<td>Suspected problems at home</td>
</tr>
<tr>
<td>Lack of communication</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

Please comment specifically on items marked. (optional)
STATE OF OKLAHOMA STANDARD FORM
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that these records are protected under Federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

AUTHORIZING PERSON -- ☐ CHILD ☐ PARENT ☐ GUARDIAN ☐ LEGAL CUSTODIAN ☐ OTHER__________________________

request that information concerning:

NAME OF CHILD ___________________________ DATE OF BIRTH ___________________________

be released and authorize ___________________________ NAME OF PERSON OR AGENCY RELEASING INFORMATION ___________________________

ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP

to release to:

NAME/AGENCY ___________________________ NAME/AGENCY ___________________________ NAME/AGENCY ___________________________

ADDRESS ___________________________ ADDRESS ___________________________ ADDRESS ___________________________

CITY, STATE, ZIP ___________________________ CITY, STATE, ZIP ___________________________ CITY, STATE, ZIP ___________________________

be following information: ___________________________ Transcripts, special education records, testing, behavior logs, attendance ___________________________ KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED ___________________________

for the following purpose(s): ___________________________ Educational needs and admissions ___________________________

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Redisclosure, except as provided at 34 CFR 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION THAT COULD BE CONSIDERED INFORMATION ABOUT COMMUNICABLE DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

☐ NOTARY:

(Notary) ___________________________ 20 ___________________________ (signature of person(s) authorizing release) ___________________________

My commission number ___________________________ My commission expires ___________________________ (date) ___________________________

Notary Public
(or Clerk or Judge) ___________________________ ___________________________

☐ AGENCY VERIFICATION IN LIEU OF NOTARY:

(staff signature and title) ___________________________ (date) ___________________________