

# Rosewood - Trimont College



## **Application Form**

#### **Admissions Checklist**

The following steps are necessary for the applicant to be considered for admission

- 1. Fill out Application Form
- 2. Pay Application Fee of \$300.00
- 3. Return form to LP15 La Horquette Branch Road, Glencoe OR Email form to admin@rosewood.edu.tt / admin@trimont.edu.tt
- 4. Submit Transcripts/School Reports from last two (2) years
- 5. Submit a Formal or Informal Assessment (IEP, PsychEd Reports)
- 6. Recommendation Form from Previous School
- 7. Interview with Parents
- 8. Entrance Assessment (\$400.00)

Student Name		
Student Name	 	

## GENERAL INFORMATION

		Mother		
rce, who is t	he child's legal guardia	nn?		
·	0 0			
same reside	nce, indicate who they	live with.		
	_			
ith the paren	ts, who is the contact	for the school?		
or tuition and	other expenses?			
	INFORMATION OF	CHILD		
		Place of Birth		
		Email		
Age	Religion	If Catholic, has the child received the following		
		Baptism First Com	munion	Confirmation
Age	School/Profession	Younger Siblings	Age	School/Profession
,	same reside with the paren or tuition and	same residence, indicate who they with the parents, who is the contact or tuition and other expenses?  INFORMATION OF	INFORMATION OF CHILD  Place of Birth  Email  Age Religion If Catholic, has the ch Baptism First Com	same residence, indicate who they live with.  with the parents, who is the contact for the school?  or tuition and other expenses?  INFORMATION OF CHILD  Place of Birth  Email  Age Religion If Catholic, has the child received Baptism First Communion

Would you like your child to receive Religious instruction?

Yes

No

## PREVIOUS SCHOOLING

School previously attended:	Period attended:	
Last Class completed:	Dimen and Cabasal	
How many years has the student attended school?	Primary School Secondary School	
What is the language of instruction?		
Has the student always been in a standard program?		
Has the student ever repeated a year?	If yes, which year?	
What are the student's strong subjects?		
What are the student's weak subjects?		
Does the student have an Individualized Education Program	n (IEP) report?	
Does the student have any special educational/psychologic	cal reports?	
Any factors we should be aware of, in order to provide your	child with the best educational program?	
Student's native language:		
Do you know a family that has a child in Arbor or Rosewood	- Trimont College?	
Name:	Phone:	
Why have you chosen Rosewood -Trimont College as an ed	ucational option for your child?	
Other remarks that you consider of interest or importance.		
L MEDICAL HIS	TORY	
Health Conditions		
Physical Limitations		
Allergies or Special Medical treatment?		
Autorgies of Special Fiedical deathletts		
Special recommendations for child's adjustment to the nev	v school?	
Other: (specify)		
In account organization of Discounties		
In case of emergency, Please call:	Dhone	
Name	Phone	
Name	Phone	
Pediatrician	Phone	
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#### PERMISSION TO OBTAIN AND RELEASE INFORMATION

Rosewood College and Trimont College needs your permission to obtain/release information about your child. We are requesting this permission to receive or send information to assist us in meeting the needs of your child's eductation

I, the undersigned, request and authorize the exchange of the following types of information between:
Previous School/Person
Address
Phone Email
and Rosewood -
Official Student Academic / Administrative Records (identifying information, grade levels completed,
grades, attendance records, and apititude/ achievement test results)
Psychological and/or Multi-disciplinary Team reports
Special Education Records (Learning Plan, Speech records, Behaviour Plan etc.)
Other
I declare that the information herein is truthful and that I will provide the necessary documentation for processing this application. In addition, I realize that: (1) the school reserves the right to reject any application that contains incomplete, inaccurate, or false information; and (2) the school reserves the right to deny acceptance for any application that indicates special needs that cannot be met by our exisiting programs.  \$300.00 Application fee  Mother Father
Date