



Name of student applying for Admission

Please enclose the \$75 Application Fee

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.

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

- 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 _____
month / day / year student's social security #

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

Business Phone (_____) _____ City State / Country Zip
Home Phone (_____)

Father's Email _____

Mother's Full Name (Mrs. / Ms. / Dr.) _____

Employer _____ Position _____

Home Address (if different) _____
Street _____

Business Phone (_____) _____ Home Phone (_____) _____
City _____ State / Country _____ Zip _____

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 ____ / ____ / ____



8906 E. 34th St. Tulsa, OK 74145

(918) 296-3113

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



8906 East 34th Street

Tulsa, Oklahoma 74145

Phone 918.296.3113

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:

School Name	Grade(s)	City/State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

	When	How Often
Bullying	_____	_____
Shyness	_____	_____
Nail Biting	_____	_____
Thumb Sucking	_____	_____
Excessive Demands	_____	_____
Fears (Describe)	_____	_____
Fighting	_____	_____
Truancy	_____	_____
Temper tantrums/meltdowns	_____	_____
Authority	_____	_____
Accepting responsibility for own actions	_____	_____
Other (Describe)	_____	_____

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 _____



8906 East 34th Street

Tulsa, Oklahoma 74145

Phone 918.296.3113

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.



8906 E. 34th Street

Tulsa, Oklahoma 74145

Phone 918.296.3113

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.

Unsatisfactory	Below Average	Average	Good	Excellent	Not Observed	
						Motivation
						Organization Skills
						Self-discipline
						Personal Appearance
						Self-esteem
						Social Skills
						Emotional Maturity
						Respect for Authority
						Parental Support

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

- | | |
|--|---|
| <input type="checkbox"/> No problems | <input type="checkbox"/> Student refuses to accept assistance |
| <input type="checkbox"/> Fails to use class time wisely | <input type="checkbox"/> Student doesn't ask for assistance |
| <input type="checkbox"/> Missing/Late assignments | <input type="checkbox"/> Listens to and follows directions |
| <input type="checkbox"/> Perseveres in spite of difficulty | |
| <input type="checkbox"/> Incomplete assignments | |
| <input type="checkbox"/> Requires excessive amount of individual attention | |

Additional Comments:

II. Behavior

- | | |
|--|--|
| <input type="checkbox"/> No problems | <input type="checkbox"/> Fatigue/Lethargy |
| <input type="checkbox"/> Excessive Tardies/Absences | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Frequently asks to leave class | <input type="checkbox"/> Suspected drug use |
| <input type="checkbox"/> Inappropriate responses | <input type="checkbox"/> Obsessive-compulsive tendencies |
| <input type="checkbox"/> Defiance of authority/argumentative | <input type="checkbox"/> Inappropriate physical contact |
| <input type="checkbox"/> Sudden outbursts of temper | <input type="checkbox"/> Problems during transitions |
| <input type="checkbox"/> Is attentive during lessons | <input type="checkbox"/> Demonstrates self control |
| <input type="checkbox"/> Transitions easily | <input type="checkbox"/> Requires excessive amount of individual attention |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> 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)

**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: _____

VI. Academic Performance

- | | |
|--|---|
| <input type="checkbox"/> No problems | <input type="checkbox"/> Student refuses to accept assistance |
| <input type="checkbox"/> Fails to use class time wisely | <input type="checkbox"/> Student doesn't ask for assistance |
| <input type="checkbox"/> Missing/Late assignments | <input type="checkbox"/> Listens to and follows directions |
| <input type="checkbox"/> Perseveres in spite of difficulty | |
| <input type="checkbox"/> Incomplete assignments | |
| <input type="checkbox"/> Requires excessive amount of individual attention | |

Additional Comments:

VII. Behavior

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

Additional Comments:

VIII. 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:

IX. Emotional Functioning

- No problems
- Mood swings
- Depression

- Anxiety
- Excessive anger
- Low motivation/Apathy

Additional Comments:

X. 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)



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

the 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)
Subscribed and sworn to me 20
My commission number
My commission expires 20

Notary Public
(or Clerk or Judge)

(signature of person(s) authorizing release)

(date)

[] AGENCY VERIFICATION IN LIEU OF NOTARY:

(staff signature and title)

(date)