

# Westport Day School

372 Danbury Road • Wilton, CT 06897  
 Phone: (203) 557-0939 • Fax: (203) 557-0942

Please attach  
 recent  
 photograph  
 here.  
**(Required)**

## APPLICATION FOR ADMISSION

Date: \_\_\_\_\_ School Year Applying to: \_\_\_\_\_

Student Information			
Name		Nickname	
Home Address	City/Town	State	Zip Code
Date of Birth	Gender		
Child's Current Grade Level	Name of Present School		
Is your child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of origin:	Age of Adoption:
Child's special interests:			

Family Information	Father	Mother
Name		
Street Address		
City/Town		
Zip Code		
Home Phone		
Email		
Occupation & Title		
Employer's Name		
Employer's Address		
Cell Phone		

Marital Status
Are parents divorced / separated? Yes _____ No _____
If Yes, When? _____ Legal Custody: _____
Physical Custody: _____ Sole Custody: _____
Can the non-custodial parent have access to information about the child's treatment Yes ___ No _____
Are there any special circumstances? _____
Has the divorce been an issue? _____
<i>*Please submit a copy of the current custody agreement, if applicable.</i>

### Emergency Contact

*Please list person(s) The Westport Day School may contact if we are unable to reach parent or guardian.*

Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		
Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		

### Student Pickup List

*Please list person(s) with permission to pick up your child from The Westport Day School.*

Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		
Name		Relationship to Student		
Home Address		City/Town	State	Zip Code
Home Phone	Cell Phone	Email		

### Professional Consultants

Name	Profession	Contact Information	Dates of Service
Describe type of service rendered and why consult was needed.			
Name	Profession	Contact Information	Dates of Service
Describe type of service rendered and why consult was needed.			
Name	Profession	Contact Information	Dates of Service
Describe type of service rendered and why consult was needed.			

### Out of Home Placements

Please list hospitals, treatment centers, wilderness programs, etc. that have worked with your child. Please attach an additional page, if necessary.

Program Name/Location	Contact Person	Phone Number	Dates of Service

Describe type of service rendered and why consult was needed.

Program Name/Location	Contact Person	Phone Number	Dates of Service

Describe type of service rendered and why consult was needed.

### School Information (Current)

Current School	Address	Phone Number	Public or Private?

Are they responsible for funding?

Please list all previous school placements below.

School	Location	Grade

Has your child been indentified with learning disabilities? If yes, please describe.

Has your child articulated goals beyond high school and what are they? (college, vocational, training, career interests)

Does your child currently have an IEP? (Individualized Education Plan) Date of last IEP:

Has your child ever been suspended from school? If yes, please list dates and explanation.

Has your child ever been expelled from school? If yes, please list dates and explanation.

Has your child ever been arrested? If yes, please list dates and explanation.

### Physician/Pediatrician Contact Information

Family Physician/Pediatrician	Address	Phone Number
Family Physician/Pediatrician	Address	Phone Number
Family Physician/Pediatrician	Address	Phone Number

Medical Conditions/Allergies?

Dietary Restrictions:

What medications is your child taking? (include dosage)

### Educational Academic Needs

Please write about your child's current educational/academic needs.

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### Social/Emotional Needs

Please write about your child's current social-emotional needs.

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### School Lunch

WDS students bring their lunch to school. If this presents a financial hardship for your family, please check here:

### Referral Information

How did you hear about Westport Day School? Check all that apply.

- Professional  School  Previous Parent  Educational Consultant  Hospital  Program  
 Referred by: \_\_\_\_\_

**In order to complete your child's file, please submit all psychological educational evaluations and school reports. A release of information form is enclosed for you to share with your child's school and professionals.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (print)

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## Media Release Form

**Westport Day School** requests that each parent or guardian sign and return this media release form if you agree or do not agree to have your child's original work or image used for school-related media. Media may be in the form of print, web, or audio used on **Westport Day School** website and promotional materials.

I, \_\_\_\_\_, hereby give consent to my child being interviewed,  
Name of parent / legal guardian (please print)  
photographed, or to have audio and visual recordings made of my child for promotional purposes by  
**Westport Day School.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature of Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Legal Guardian (please print)

***Note: Your child's last name and identifying information will never be used.***

I do not give consent to have my child published in any school-related media, including a recognizable image, still or video, original work created by my child, or the use of my child's name in connection with any event, or activity related to **Westport Day School.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature of Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Legal Guardian (please print)

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## Westport Day School Technology Agreement

**I agree to** use technology responsibly at school, including use of my cell phone, which is permitted for class work and homework purposes only while on campus. I understand that cell phones, iPads, and laptops should be put away during class, passing times, lunch, study hall, and activities, unless approved by a teacher.

### While in school, I will not use:

- ✓ Social Media (Facebook, Twitter, Instagram)
- ✓ Text Message (IM, Snap Chat)
- ✓ A camera (taking photos is not allowed, unless related to class work)

### I will ask for permission to:

- ✓ Make a call to a parent or family member
- ✓ Text message a parent or family member

**I understand** that WDS encourages the responsible use of technology and cell phones for instructional purposes. This includes:

- ✓ Note-taking
- ✓ Research and internet searches
- ✓ Assignment tracking
- ✓ Taking photos of assignments/notes
- ✓ The use of apps that are related to classroom instruction

**I will** put my phone away if asked to do so, and I understand that breaking the rules regarding responsible technology and cell phone use could result in loss of cell phone privileges at school, and/or requirement of my parent or guardian coming to school to pick up the phone.

**Student Signature:** \_\_\_\_\_

**Student Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Parent Handbook Acknowledgement

By signing below, you are acknowledging that you have read, understand, and will comply with all Westport Day School guidelines set forth in your parent handbook and this enrollment agreement.

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Signature of Parent / Legal Guardian

Date

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Signature of Parent / Legal Guardian

Date

**Please sign and return this page to:**

The Westport Day School  
372 Danbury Road, Suite 190  
Wilton, CT 06897

**Or fax to:**

Office: (203)557-0942



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## Student Handbook Acknowledgement

I \_\_\_\_\_ have received a copy of the WDS Student Handbook. In addition, I certify that I have read and understand the contents of the Handbook. Furthermore, I agree to follow the rules and regulations at the Westport Day School.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## School Release of Information & Consent to Share Information Form

Student Name: \_\_\_\_\_

I hereby give the following providers, professionals, and schools permission to release all information concerning my child, requested by Westport Day School for their professional use. Additionally, I give consent for Westport Day School to engage in reciprocal communication with the following providers, professionals, and schools for the purposes of educational planning.

Please list providers, professionals, and schools below:

- Public School District: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Current School: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Psychologist (who conducted testing): \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Psychotherapist (psychologist, social worker, LMFT, etc.): \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- Psychiatrist: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Allied Professions (Speech/Language, OT, etc.): \_\_\_\_\_
- Other (hospital, IOP, EDT, DCF, IICAPS): \_\_\_\_\_

I understand the information will be confidential between the provider and The Westport Day School, and will not be released to anyone else without my consent.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Legal Guardian (print)

### School Information Requested:

School performance, test scores/report cards, educational and psychological testing, teacher, guidance counselor, and/or other staff comments, any available dated samples of the child's work

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Please list providers/professionals below:

- Education Advocate: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Education Attorney: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Education Consultant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I understand the information will be confidential between the provider and Westport Day School, and will not be released to anyone else without my consent.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent / Legal Guardian (print)

**\*\*\*This document will not be part of your student's educational record.\*\*\***