

Student Application

Student Information: To be completed by applicant. All information contained herein will be kept confidential and used solely by the faculty and staff of The Griffin School.

Applicant's Name: _____ DOB: _____ Age: _____

Address: _____

City, State, Zip Code: _____

Home Number: _____ SS#: _____ Male: _____ Female: _____

Date you wish to enroll: _____ Entering Grade Level: _____

Schools Attended: _____

Hobbies/Interests: _____

Job Experience: _____

Volunteer Experience: _____

List all the people who live in your household and their relationship to you: _____

Describe any academic areas of particular strength or interest for you.

Describe any academic areas of particular weakness or frustration for you.

Have you ever been expelled from a school or convicted of criminal charges? If so, please describe.



4. What do you think are the most important goals of high school?

5. What is your role as a student in achieving these goals?

By signing below, I affirm that all information in this Application for Admission is correct and complete to the best of my knowledge and that I have not withheld information that is pertinent to my application for enrollment at The Griffin School.

The Griffin School is an educational community that is more than the sum of its academic parts. Being a Griffin School student entails more than merely attending classes and completing school work. It requires that you make a commitment to the Essential Values of the school and participate fully in school activities and events.

By signing below, I signify that I understand the commitment asked of Griffin School students, and I agree to active involvement in the school community as indicated above.

Student's signature

Date

The Griffin School, Inc. does not discriminate on the basis of race, color, gender, sexual orientation, and national or ethnic origin in its hiring, admissions, and the administration of its programs.



Parent Application

Parent Information: To be completed by parents or guardians. All information contained herein will be kept confidential and used solely by the faculty and staff of The Griffin School.

Parent(s)/Guardian with whom Applicant Lives:

Name(s): _____

Employer(s): _____ Job Title(s): _____

Address: _____

City, State: _____ Zip Code: _____

Home Number: _____ Work Number: _____

Cell Phone: _____ Email: _____

Parent(s)/Guardian(s) with whom Applicant Does Not Live:

Name(s): _____

Employer(s): _____ Job Title(s): _____

Address: _____

City, State: _____ Zip Code: _____

Home Number: _____ Work Number: _____

Cell Phone: _____ Email: _____

Check if applicable:

Parents Separated

Father Remarried

Father Deceased

Parents Divorced

Mother Remarried

Mother Deceased

If parents are separated or divorced, who has legal custody? _____

Who has physical custody and what are the arrangements? _____

Please let us know if someone referred you to us:

Name of Person who Referred You

Relationship to You

How were you first introduced to The Griffin School? (check one)

Personal Referral

Website

Yellow Pages

Advertisement: _____

Other: _____

What have you learned about the school that most interests you?



Release of Student Records Authorization

The student named below is applying for admissions to The Griffin School. I authorize the release of any and all academic and behavioral records pertaining to the applicant from his/her current or previous school or from professionals who have worked or who are working with her/him.

Applicant's Name

Present Grade Level

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Registrar/Counselor:

Thank you for your assistance in providing the following documents for the applicant listed:

- A complete and official transcript showing grades from the most recently completed term and all other grades earned at your school
- Attendance records for the most recently completed school term
- Records of any behavioral referrals that may have occurred at your school

Please send these materials directly to the Director of Admissions at The Griffin School:

Director of Admissions
The Griffin School
710 East 41st Street
Austin, TX 78751
512-454-5797 (phone)
512-454-5799 (fax)

Thank you for your assistance!



Counseling Release Form

Student's Name: _____

Instructions: Under BOTH columns (one is marked "Release to:" and the other is marked "Obtain from:") list the names of any professionals or agencies with whom you would like The Griffin School counselor to have permission to share information. These professionals/agencies should be listed in **both columns**, unless you only want information to be shared in one direction (in which case you would need to decide who Griffin should release information to, and who we should obtain information from). In the lists, make sure you include phone numbers with names, so that communication can be possible, when necessary. The parent/guardian (or student, if over 18 or emancipated) needs to initial next to BOTH columns. Parent/Guardian (or student, if over 18 or emancipated) needs to print his/her name, sign his/her name, and date the form at the bottom.

Thank you!

Information to be Shared

Signing this form authorizes The Griffin School Counseling Office (school counselor and/or any supervised interns) to release any and all information and documentation regarding the above-named individual to those listed below. This may include, but is not limited to, the following: individual and family demographics, social, educational, and psychological assessments, progress notes and participation notes. This information may be released in written or verbal form.

Additionally, this entitles the Counseling Office to obtain like information from those listed below.

| <u>initial</u> | <u>Release to</u> | <u>initial</u> | <u>Obtain from</u> |
|----------------|-------------------|----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Specific Purpose of Release Request

To assess the needs of the student, to develop a comprehensive case management plan, and to track the individual's progress under that plan.

- I understand that this release is voluntary and may be revoked by written notice at any time, except to the extent that action has already been taken.
- I understand that the records and information released under this consent will be kept confidential to the extent permitted by law, and used for the above stated purpose(s).
- I understand that this consent expires one year from the date of my signature.
- I understand, if signing this as a legal guardian of a minor child, the information released may contain reference(s) to me or my family.

Guardian's printed name (participant if over 18 or emancipated)

Guardian's signature (participant if over 18 or emancipated)

Date

COPY OF THIS RELEASE IS AS VALID AS AN ORIGINAL

