



THE OLIVERIAN SCHOOL

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APPLICATION FOR ADMISSION

Dear Applicant:

There are few decisions more important than finding the school which best fits your specific needs and desires. In order to help us make the best possible decision for you and your family, we will do everything we can to make the application process friendly, useful and thorough. Please feel free to contact us if you have any questions that will help you as you go through the application process.

A \$75.00 non-refundable application fee should accompany this application. Thank you.

I. Student Information

Name _____ Preferred First Name _____
 Address _____ Telephone (____) _____
 City _____ Cell (____) _____
 State _____ Zip _____ E-mail _____
 Country _____ Place of Birth _____
 Social Security Number _____ Date of Birth _____
 Referred by: _____

Applying For Grade: ____8 ____9 ____10 ____11 ____12

II. Current and Previous Schools

Present School _____ Current Grade Level _____
 School Address _____ Tel. _____
 City _____ State _____ Zip _____ Fax _____
 Dates of Attendance: From _____ To _____
 Previous School _____ Dates of Attendance: From _____ To _____
 Address _____ Tel. _____
 City _____ State _____ Zip _____ Fax _____
 Previous School _____ Dates of Attendance: From _____ To _____
 Address _____ Tel. _____
 City _____ State _____ Zip _____ Fax _____



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III. Parent /Guardian Information

Mother _____

Address _____

City _____

State _____ Zip _____

Home Tel. (____) _____ Fax (____) _____

Cell Phone (____) _____

Email _____

Occupation _____

Business Name _____

Address _____

Work Tel. (____) _____ Fax (____) _____

Additional Contact: _____

Relationship to student: _____

Address _____

City _____

State _____ Zip _____

Home Tel. (____) _____ Fax (____) _____

Cell Phone (____) _____

Email _____

Work Tel. (____) _____ Fax (____) _____

Father _____

Address _____

City _____

State _____ Zip _____

Home Tel. (____) _____ Fax (____) _____

Cell Phone (____) _____

Email _____

Occupation _____

Business Name _____

Address _____

Work Tel. (____) _____ Fax (____) _____

Additional Contact: _____

Relationship to student: _____

Address _____

City _____

State _____ Zip _____

Home Tel. (____) _____ Fax (____) _____

Cell Phone (____) _____

Email _____

Work Tel. (____) _____ Fax (____) _____

IV. Academic Information

Does the student have any diagnosed learning problems? _____Yes _____No

If yes, please explain and give date of most recent testing:

Has the student been considered for an IEP? _____Yes _____No

If yes, what was the outcome? _____



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V. Medical Information

Is the student currently undergoing any medical treatment? _____Yes _____No

If yes, please give reasons, and attach names, addresses, and phone numbers of doctors:

Are the student's physical activities restricted? _____Yes _____No

If yes, please explain and attach note from doctor: _____

Has the student had counseling with a psychiatrist, psychologist, or other counselor?

_____Yes _____No If yes, please describe and attach names, addresses and phone numbers:

Has the student attended any specialized treatment program? _____Yes _____No

Physician Name _____

Address _____

City _____ State _____ Zip _____

Tel. _____ Fax _____

I/We certify that no information concerning the health of this student has been withheld or misrepresented.

_____ Date _____

VI. A complete application includes:

- Transcript(s)
- Educational Testing – if applicable
- Psychological Testing – if applicable
- Interview
- Essay from student describing likes, dislikes, goals, and reasons for interest in The Oliverian School.
- Essay from parents describing hopes, objectives, and goals for their son or daughter.



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- Three phone references from teachers or counselors.

Name	Telephone	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Financial Aid – The Oliverian School is a young school, but we would like to do everything we can, within our means, to afford students the opportunity to attend.

Are you interested in financial aid consideration? _____Yes _____No

Please contact the Admissions Office for further information.

Please send the completed application with a \$75.00 application fee to:

**Director of Admissions
The Oliverian School
PO Box 98
Moosilauke Highway
Haverhill, NH 03765
603-989-5368**

The Oliverian School does not discriminate on the basis of race, religion, gender, ethnic background or national origin in admission of students, in financial aid, or in any program offered.