



THE OLIVERIAN SCHOOL

# THE OLIVERIAN SCHOOL

## 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 must 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: \_\_\_\_9 \_\_\_\_10 \_\_\_\_11 \_\_\_\_12 \_\_\_\_Post Graduate

Applying for:  Academic Year 20\_\_\_\_-20\_\_\_\_  Summer Session 20\_\_\_\_

Both Academic Year and Summer

### 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 \_\_\_\_\_



THE OLIVERIAN SCHOOL

III. Parent /Guardian Information

Mother Address City State Zip Home Tel. Fax Cell Phone Email Occupation Business Name Address Work Tel. Fax

Father Address City State Zip Home Tel. Fax Cell Phone Email Occupation Business Name Address Work Tel. Fax

Maternal Grandparents: Address City State Zip Home Tel. Fax Cell Phone Email Work Tel. Fax

Paternal Grandparents: 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:

Two horizontal lines for text input.

Has the student been considered for an IEP? Yes No

If yes, what was the outcome?

Horizontal line for text input.



THE OLIVERIAN SCHOOL

**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.



THE OLIVERIAN SCHOOL

- Three phone references from teachers or counselors.

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

**VII. Financial Aid** – The Oliverian School is pleased to be able to award need-based financial assistance to qualifying families each year. Despite a small budget, we strive to make the Oliverian experience an affordable one for as many families as possible. In addition, a tuition payment plan, FACTS, is also available. Please contact Barclay Mackinnon, Director of Admissions-Headmaster Emeritus, for further information

Are you interested in financial aid consideration?       Yes       No

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, ext. 7103**

*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.*