

Aurora School

238 Peterson Terrace
Middlebury, VT 05753
(802) 388-2637

APPLICATION FORM

To help us make an informed decision as to whether Aurora School would be a successful and happy school experience for your child and your family, please answer the following questions.

Thank you.

Applicant's Name: _____

Date of Birth: _____

Grade: _____

Address: _____

Home Phone: _____

Email: _____

1. What do you believe to be the academic strengths of your child?

2. What do you believe to be the academic areas in which your child needs to grow?

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3. What do you believe to be the interpersonal strengths of your child?

4. What do you believe to be the interpersonal areas in which your child needs to grow?

5. Why are you interested in Aurora School rather than public or other independent schools?

6. How can Aurora School best serve your child and your family?

Aurora school welcomes students of every race, color, creed and national and ethnic origin.

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PERMISSION TO CONTACT TEACHERS AND VISIT SCHOOL PERMISSION TO RELEASE RECORDS

Please return this form with the Application Form.

We would like to contact your child's previous teachers or daycare providers. Please list their names, the school or daycare where they work, and their work telephone numbers. Sometimes we also find it helpful to visit the school to observe the child engaged in his/her daily routine. Please sign below to give us permission to do so.

Name	School or Daycare	Telephone Number
_____	_____	_____
_____	_____	_____

I give permission for Aurora School to contact the teachers of my child,
_____, and also set up an observation visit.

Parent Signature

Date

We may determine that copies of your child's school records would be helpful. Please sign below to give us permission to obtain them. These records will remain confidential.

I give permission for the school records of my child, _____,
to be released to Aurora School.

Parent Signature

Date