



## Application for Admission

**Instructions:** Please complete application and return via email to [admissions@jsbryantschool.org](mailto:admissions@jsbryantschool.org) or contact us for a mailing address. Feel free to email with any questions and we can set up a time to discuss.

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

Completed by \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

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

Photo or self-portrait (student drawing).  
Please click in above space to add photo or attach with email.



## **Biographical Information**

Student Applicant's Name \_\_\_\_\_  
  First  Middle  Last

Pronouns \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
  Street  City  State  Zip

Do you identify as part of the LGBTQIA+ community: \_\_\_ Yes \_\_\_ No

How do you identify? (you may check more than one)

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> queer                                | <input type="checkbox"/> gay        |
| <input type="checkbox"/> transgender                          | <input type="checkbox"/> bisexual   |
| <input type="checkbox"/> gender fluid                         | <input type="checkbox"/> asexual    |
| <input type="checkbox"/> non-binary                           | <input type="checkbox"/> pansexual  |
| <input type="checkbox"/> agender                              | <input type="checkbox"/> intersex   |
| <input type="checkbox"/> lesbian                              | <input type="checkbox"/> two-spirit |
| <input type="checkbox"/> I don't know or would rather not say |                                     |
| <input type="checkbox"/> other (fill in as you see fit) _____ |                                     |

Current school name \_\_\_\_\_

Current school grade \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



## Guardian Information

### Guardian #1

Guardian Name \_\_\_\_\_  
                                     First                                    Middle                                    Last

Pronouns \_\_\_\_\_

Check as applicable:  
 Biological parent         Step parent         Adoptive parent  
 Other: \_\_\_\_\_

Check as applicable:  
 Guardian         Full custody         Joint custody

Home Address \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip

Email \_\_\_\_\_

Cell \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Business Phone \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_



# J. S. BRYANT SCHOOL

## Guardian Information

### Guardian #2

Guardian Name \_\_\_\_\_  
First Middle Last

Pronouns \_\_\_\_\_

Check as applicable:

Biological parent       Step parent       Adoptive parent

Other: \_\_\_\_\_

Check as applicable:

Guardian       Full custody       Joint custody

Home Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_

Cell \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Business Phone \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

Duplicate this Guardian section as needed



## Questions about Student

### Student Questions

Why are you applying to the J.S. Bryant School?

Where or with whom do you feel your most authentic self? Why?



# J.S. BRYANT SCHOOL

What are three things that excite or intrigue you about the J.S. Bryant School?

If you wish, tell us about any challenges you've faced at school or in the community.

What qualities do you consider important in: a friend? teacher? counselor? parent?



## **Parent/Guardian Questions**

How would you describe your current relationship with your teenager?

What challenges has your teenager faced in the last 2 years?



# J.S. BRYANT SCHOOL

In what ways do you hope the school will help your teenager grow in their learning and wellness?

How do you see your family being involved in the school?

What special information would you like to share with us about your teenager?





## Medical Information & History

Has there been a marked change in the student's physical health? Yes/No \_\_\_\_\_

If Yes, please describe:

Does the student have any medical conditions or physical disabilities? Yes/No \_\_\_\_\_

If Yes, please describe:

Please describe any assistive technology or devices the student uses:

Please list any accommodations the student has received or needs to receive:

Does the student know how to swim? Yes/No \_\_\_\_\_



# J.S. BRYANT SCHOOL

## List current medical conditions or issues that are currently being treated

	Issue	Treatment	Doctor	Phone
Issue #1				
Issue #2				
Issue #3				
Issue #4				
Issue #5				
Issue #6				

## List current medications

	Medication	Dose	Frequency	Times	Effective?	Side Effects
Med #1						
Med #2						
Med #3						
Med #4						
Med #5						
Med #6						
Med #7						
Med #8						

Past medications taken for mental health treatment over the past 5 years:

---



---



---



---



---



---

Please enter the following:

Allergies	Student has (Yes/No)	Type	Restrictions
Food			
Environmental			
Medications			
Bees			
Other			
Epi-Pen prescribed			



# J.S. BRYANT SCHOOL

Physical Health	Student has (Yes/No)	Type	Restrictions
Asthma			
Eating Disorder			
Dietary Restrictions			
Glasses / Contacts			
Hearing Impairment			
Speech Impairment			
Learning Difference			
Mental Health Diagnosis			
Seizures			
Head Injury			
Diabetes			
Hepatitis			
Cancer			
Skin Condition			
Stitches / Scars			
Physical Limitations			
Had Anesthesia			
Fractures / Broken Bones			
Encopresis / Enuresis			
Hospitalization			
Surgical Procedures			

Other (or provide additional detail):

**You will be required to provide copies of the following prior to enrollment:**

Immunization Record      Recent physical exam      Prescriptions



# J.S. BRYANT SCHOOL

## Provider Contact Information

I hereby give permission to the J.S. Bryant School to request information from the following **professionals, providers, prescribers, and schools**. None of the information on this form (along with the rest of this application) will be shared outside of the admissions group of the J.S. Bryant School. I understand that the individuals or organizations below may require me to sign their own release forms before information can be shared with the J.S. Bryant School.

Please list professionals, providers, prescribers, and schools below:

Public School District: \_\_\_\_\_ Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychologist (who conducted educational testing):  
\_\_\_\_\_ Phone: \_\_\_\_\_

Psychotherapist (psychologist, social worker, LMFT, etc.):  
\_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Allied Professions (speech/language, OT, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

Other (hospital, DCF, treatment facility, residential program):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# J.S. BRYANT SCHOOL

## **Tuition**

The J.S. Bryant School is a 12-month school. Upon admission, families will be given an admissions contract.

- The J.S. Bryant School does not accept or bill insurance, but will provide “superbills” for direct therapeutic care which are suitable for families to submit to their mental health insurance.
- Some need-based scholarships will be available – please check this box if you are interested in learning about possible scholarships.

– Please tell me about possible scholarships.

---

*The J.S. Bryant School will admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It will not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

## **J.S. Bryant School DEIB Commitment**

The J.S. Bryant School is committed to the shared work of co-creating and maintaining a safe, inclusive, and equitable environment of LGBTQIA+ individuals within our education system. We are committed to and accountable for creating a high quality and culturally sensitive learning and caring school.

We recognize that students of different sexual orientations, gender identity, and gender expressions have the lived-experience of intersectional identities via race, ethnicity, culture, age, ability status, class, faith, and other social characteristics. We are committed to promoting equality and respect for all people.

We recognize that our school is built on a spectrum of privilege including members of the LGBTQIA+ community, committed allies, and people of varied economic means, educational access, race, and ability status. We believe working with a diverse group is necessary to bring our vision to fruition for the J.S. Bryant School and address inequities rooted in systemic injustice and oppression in the community we serve. We are confident that this will result in a stronger organization and experience for our students.



## Anything Else?

If there is anything else you would like us to know, please tell us here: