



J.S. BRYANT SCHOOL

Application for Admission

Instructions: Please complete application and return via email to 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.



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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 _____



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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?



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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?



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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 _____



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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			



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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			
Active 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 asked to provide a copy of the following prior to enrollment:

- Immunizations
- Recent physical exam
- Prescriptions
- Provider information



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Information Form

I hereby give permission to request information from the following **professionals, providers, prescribers, and schools**. I understand that I will be asked to sign specific release forms for any of these individuals or organizations that the J.S. Bryant School decides to ask for information from. This information (along with the rest of this application) will not be shared outside of the admissions group of 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



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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: