



**Emerald Mountain School**  
Application for Admission

CHILD'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
                                     First                      Middle                      Last

BIRTH DATE \_\_\_\_\_ Current Age \_\_\_\_\_ NICKNAME \_\_\_\_\_

SIBLINGS/AGES \_\_\_\_\_  
 \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
                                     First    Last

ADDRESS \_\_\_\_\_  
                     P.O. Box                      Street                      City                      Zip

MOTHER'S PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL: \_\_\_\_\_ email \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                                     Street    City                      Zip

FATHER'S NAME \_\_\_\_\_  
                                     First    Last

ADDRESS \_\_\_\_\_  
                     P.O. Box                      Street                      City                      Zip

FATHER'S PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

Cell \_\_\_\_\_ email \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_

P.O Box

Street

City

Zip

Please check appropriate statements:

Parents are: _____ married	Father is: _____ single	Mother is: _____ single
_____ separated	_____ remarried	_____ remarried
_____ divorced	_____ deceased	_____ deceased

Child's primary residence is with:

Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Applying for (circle one): Kindergarten 1st gr. 2nd gr. 3rd gr. 4th gr. 5th gr. 6th gr. 7th gr. 8th gr.  
for Fall \_\_\_\_\_

Child's current school \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Name of current teacher \_\_\_\_\_

What special abilities or interests has your child shown in school work?

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In what area(s) of his or her school work has your child had the greatest difficulty?

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Use back of application if necessary

Please describe any special circumstances which may have affected your child's performance in school (i.e., extended illness, physical handicap, particular learning difficulty, frequent changes of home and/or school, etc.)  
Please be specific.

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Use back of application if necessary

Are there any factors, including those mentioned above, which may affect the applicant's academic progress or participation in all phases of school life (i.e., illnesses, allergies, operations, etc.)? Please enclose any reports of educational testing or other information that would help the school understand the applicant better.

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Does your child attend a day care facility? \_\_\_\_\_

Describe any significant physical, emotional, or health problems that should be discussed before admission and how they may impact your child's day:

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Use back of application if necessary

Why do you want your child to attend Emerald Mountain School?

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How did you hear about Emerald Mountain School?

\_\_\_\_ Website \_\_\_\_ Newspaper \_\_\_\_ Relocation Guide \_\_\_\_ Word of Mouth \_\_\_\_ Other

Do you wish financial aid? Yes \_\_\_\_ No \_\_\_\_ If yes, please call to request a financial aid application.  
If yes, do you need financial aid in order to attend the school? Yes \_\_\_\_ No \_\_\_\_

I have read and I understand the application procedures for the program.

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Signature of parent

Date

Please send this completed application with a non-refundable \$50 application fee to:  
Emerald Mountain School  
Deborah K. Gooding, Director of Admission  
P.O. Box 770723  
Steamboat Springs, CO 80477  
Phone: 970-879-8081 Fax: 970-879-9332 email: [dgooding@emeraldmountainschool.org](mailto:dgooding@emeraldmountainschool.org)  
web site: [www.emeraldmountainschool.org](http://www.emeraldmountainschool.org)