

Day Student Application

WELCOME TO LYNDON INSTITUTE

Thank you for your interest in our school. If you have any questions, please feel free to call our Admissions Office at 802-535-3700. Completed applications can be mailed to Lyndon Institute Admissions, PO Box 127, Lyndon Center, VT 05850, faxed to us at 802-535-3701, or sent to us at admissions@lyndoninstitute.org.

The completed application as well as the release of records are a required part of the application process. Additional paperwork will need to be submitted, such as school transcripts and teacher recommendations.

Thanks again and we hope to see you on our campus soon!

APPLICANT

LAST NAME	FIRST	MIDDLE	PREFERRED NAME
DATE OF BIRTH (month/day/year)	LANGUAGE SPOKEN	GRADE APPLYING FOR	GENDER

FAMILY PARENT/GUARDIAN 1

Relationship to applicant: _____

LAST NAME	FIRST	MIDDLE	
PREFERRED NAME	MARITAL STATUS		
MAILING ADDRESS	TOWN OF LEGAL RESIDENCE		
CITY	STATE OR PROVINCE	ZIP	COUNTRY
HOME PHONE	EMAIL		
EMPLOYER	WORK PHONE		

Responsible for school related decisions: Yes No Responsible for communication: Yes No

Resides with: Yes No

FAMILY PARENT/GUARDIAN 2

Relationship to applicant: _____

LAST NAME FIRST MIDDLE

PREFERRED NAME MARITAL STATUS

MAILING ADDRESS TOWN OF LEGAL RESIDENCE

CITY STATE OR PROVINCE ZIP COUNTRY

HOME PHONE EMAIL

EMPLOYER WORK PHONE

Responsible for school related decisions: Yes No Responsible for communication: Yes No

Resides with: Yes No

EMERGENCY CONTACT

NAME RELATIONSHIP TO APPLICANT PHONE NUMBER

Are there any special family circumstances of which we should be aware? Yes No

If yes, please explain _____

STUDENT STATEMENT

Why do you want to attend Lyndon Institute? (required)

What are your academic interests?

What are your extra-curricular interests?

SCHOOL INFORMATION

Please list your current school and any schools you have attended in the last 3 years.

SCHOOL NAME

LAST GRADE ATTENDED

ADDRESS

CITY

STATE

ZIP

COUNTRY

SCHOOL NAME OTHER

SCHOOL NAME OTHER

ADDITIONAL INFORMATION

Has the student ever skipped a grade? Yes No

If yes, please explain: _____

Has the student ever withdrawn or been dismissed from an academic institution or program? Yes No

If yes, please explain: _____

Are there any special concerns? Yes No

If yes, please explain: _____

EDUCATIONAL SUPPORT

Does this student need educational support? Yes No

If yes, please explain: _____

Does this student currently have an IEP or 504? Yes No (If yes, please provide documentation with submission of the application.)

SCHOOL COMMUNICATIONS

Can representatives from Lyndon Institute contact you regarding schedule, sports, activities, or the like? Yes No

If yes, what sport(s) or club(s) would you like to hear from? _____

SIGNATURE

Please read before submitting your application: (Please review your information prior to submission.)

I verify that all information provided is true and correct to the best of my knowledge. I understand that knowingly submitting false information or omitting requested information may jeopardize my child's enrollment at Lyndon Institute.

PARENT/GUARDIAN NAME

SIGNATURE

DATE

STUDENT NAME

SIGNATURE

DATE

Release of Records

STUDENT'S FULL NAME

DATE OF BIRTH

CURRENT GRADE

This student has applied for admission to Lyndon Institute.

Please send **COPIES ONLY** of the student's cumulative file including:

- Official transcripts of student's academic record with an explanation of the marking system
- Testing results
- IEP, 504 or other special education records, if applicable
- Attendance Records
- Disciplinary Records
- Health Records

Any other information that may impact the student's candidacy for admission. Thank you for prompt attention to this matter.

I, _____ give permission to:
PARENT OR GUARDIAN NAME (PLEASE PRINT)

CURRENT SCHOOL NAME

ADDRESS

PHONE

FAX

TODAY'S DATE

To release the requested information to:

Lyndon Institute Student Services
PO Box 127
Lyndon Center, VT 05850
(P) 802-535-3689
(F) 802-535-3630
(E)studentservices@lyndoninstitute.org

PARENT (OR LEGAL GUARDIAN) NAME

SIGNATURE

DATE

This form acts as a full release for Lyndon Institute to contact the applicant's former school(s) for records, etc. If the student is accepted to Lyndon Institute, this form may also be used to request full academic records.



Non-Discrimination Policy

Lyndon Institute complies with all applicable state and federal nondiscrimination statutes, including the Vermont Public Accommodations Act (9 V.S.A. Chapter 139), the Vermont Fair Employment Practices Act (21 V.S.A. Chapter 5, Subchapter 6) and Vermont State Board of Education rules 2226.6 and 2229.1.

Enrollment Policy

As an approved independent school Lyndon Institute follows these enrollment policies:

- 1) All applications to Lyndon Institute shall be made voluntarily.
- 2) No student shall be denied acceptance for enrollment in Lyndon Institute on the basis of disability (as defined in Section 504 of the federal Rehabilitation Act of 1973 as amended), or that the student is eligible for special education or undergoing the comprehensive evaluation process for special education, or on the basis of race, creed, color, national origin, marital status, sex, sexual orientation, or gender identity or any other classification protected by federal or state law.
- 3) Lyndon Institute may make acceptance decisions based on considerations including enrollment of other family members, meeting minimum academic or extracurricular activity preparation requirements, student and family agreement with the school's educational philosophy, student willingness to participate in extracurricular programs and activities, and family willingness promptly to pay invoices for tuition, fees and other student expenses.
- 4) If the number of applicants to Lyndon Institute exceeds capacity, enrollment decisions shall be based first upon continuing to enroll previously enrolled students and then upon considerations itemized in paragraph 3 above.