

# Cobblestone School Admissions Application

10 Prince Street  
Rochester, New York 14607  
Phone: (585) 271-4548 [info@cobblestone.org](mailto:info@cobblestone.org)  
Fax: (585) 271-3501 [www.cobblestone.org](http://www.cobblestone.org)

Cobblestone School Office  
Received:

Check # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount \$ \_\_\_\_\_

Admission application for the \_\_\_\_\_ school year.

Please include a \$50.00 application fee made payable to Cobblestone School

Child's full name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age today: \_\_\_\_\_ Current grade level: \_\_\_\_\_

Current School: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

Parent/Guardian #1 name: \_\_\_\_\_

Street address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parent/Guardian #2 name: \_\_\_\_\_

Street address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Do you intend to apply for Financial Aid? \_\_\_\_\_

**If yes, the following steps must be completed**

- Admissions Application and current federal income tax return received by Cobblestone School
- Financial Aid Application completed online at <http://sss.nais.org/>

Does your child have an IESP/IEP? \_\_\_\_\_

**If yes, the following steps must be completed by June 1:**

- Your signed Enrollment Contract and tuition deposit received by Cobblestone School
- Your signed and dated Private-Parochial Parent Consent Form received by the Rochester City School District. Note: This form must be filed with the City regardless of your family's School District of Residence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Cobblestone School Admissions Application

## Child and Family Background Data

The following information will help us to gain familiarity with your child's learning style and development, and to understand more about your educational preferences and expectations.

Child's full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age today: \_\_\_\_\_ Current grade level: \_\_\_\_\_

All others living in home (please include ages of siblings):

_____	_____	_____
_____	_____	_____
_____	_____	_____

What language(s) are spoken at home?

Please describe how your child spends most of her or his time.

Please list your child's special interests and talents.

Please describe your child's strengths and weaknesses regarding his or her school experience.

Has your child ever received occupational therapy, physical therapy, or speech/language therapy? \_\_\_\_\_

Has your child ever had a 504 Plan? \_\_\_\_\_

If yes to either, please provide additional information:

Has your child ever had an IESP/IEP? \_\_\_\_\_

Has your child ever received instruction or services from a Special Education or Academic Intervention teacher? \_\_\_\_\_

Has your child ever received one-on-one or small-group tutoring? \_\_\_\_\_

If yes to any of the above, please provide additional information:

Has your child's behavior ever been reviewed and/or monitored by a Teacher/Student Support Team, a behavioral intervention professional/team, or other school-based behavioral professional? \_\_\_\_\_

Has your child ever been in detention, suspended, expelled, or arrested for school-related behavior? \_\_\_\_\_

If yes to either, please provide additional information:

Although your child may never have received any formal interventions regarding development, academics, or behavior, have you or your child's teachers had any concerns about:

- Your child's learning?
- Your child's speech and language skills?
- Your child's physical development?
- Your child's behavior?

If yes, please provide more information about the specific concerns:

Does your child have any allergies? \_\_\_\_\_

If yes, please list:

Does your child currently take any medication? \_\_\_\_\_

If yes, please list:

About how often does your child play with other children of the same or similar age?

What are your child's strengths when playing with other children of the same age?

What are your child's challenges when playing with other children of the same age?

What is the best way to comfort your child when he or she becomes upset?

What are your thoughts/observations about your child's energy level?

What are your thoughts/observations about your child's focus/concentration?

What causes your child fear or anxiety?

Does your child seem to thrive better with lots of structure, lots of flexibility, or somewhere in between? Please share some examples:

Have there been any major changes in your child's life in the last year (births, deaths, divorce, moving, etc.)?

Are there any special living arrangements that we need to know about (single parents, grandparents, step-parents, shared custody, etc.)?

Who is a particularly special person to your child? What does that relationship contribute to your child's life?

Is there any other important information that will help us know, appreciate, and work well with your child?

What is it that attracts you to Cobblestone School?

What do you hope your child will gain from his or her experience at Cobblestone School?

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Parent's signature

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Date

# Cobblestone School Admissions Application

## Request for Student Records

Note to Parents/Guardians: Please complete the top portion of this form, and submit it directly to your child's current school. Do not return it to Cobblestone School with your Application for Admission and your Child and Family Background Data pages.

\_\_\_\_\_ has applied for admission to Cobblestone School.  
Student's Name

I give permission to the \_\_\_\_\_ School located in  
the \_\_\_\_\_ School District to send all pertinent  
(If Applicable)  
educational data regarding my child to Cobblestone School.

I also give permission for my child's teacher, \_\_\_\_\_  
Teacher's Name(s)  
to speak with a Cobblestone School representative about my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

.....  
Please forward a copy of the student's records to:

Cobblestone School  
Admissions Committee  
10 Prince Street  
Rochester NY 14607

Please forward a copy of all records, including:

- Official administrative records: name, birth date, grade level completed, historical marking period/pupil progress reports, class standing, attendance records, Standardized Test data
- Current marking period/pupil progress report
- Health Records
- Psychological and Educational reports, including any information regarding Academic Intervention, Behavioral Intervention, or referrals made
- IEP/504 Plan (if applicable)



# Cobblestone School Admissions Application

## Classroom Teacher Feedback Form

Note to Parents/Guardians: Please complete the top portion of this form, and submit it directly to your child's current school. Do not return it to Cobblestone School with your Application for Admission and your Child and Family Background Data pages.

\_\_\_\_\_ has applied for admission to Cobblestone School.  
Student's Name

I give permission to \_\_\_\_\_ to complete this form and to  
Classroom Teacher's Name

Speak with a Cobblestone School representative about my child.

.....  
Dear teacher, please complete and return this feedback form **within 1 week of receiving it**. It will greatly assist us in evaluating qualities that tests, grades and pre-admission interviews do not address. The information you provide us is confidential. We sincerely appreciate your assistance. Please send your completed feedback form to:

Cobblestone School  
Admissions Committee  
10 Prince Street  
Rochester NY 14607

.....  
**ER- Exceeds Requirements**  
**MR- Meets Requirements**  
**DS – Developing Skills**  
**SR – Support Required**

	ER	MR	DS	SR	Comments
Listens and follows directions					
Works neatly and accurately					
Works independently					
Attentive during group activities					
Positive attitude towards learning					
Forms positive relationships with adults					
Forms positive relationships with peers					
Follows school rules					
Considerate of others					
General academic achievement					

Is this student currently receiving occupational therapy, physical therapy, or speech/language therapy during the school day? \_\_\_\_\_. To your knowledge, is the student receiving such services outside the school environment? \_\_\_\_\_. If yes to either, please describe briefly.

Does the student currently have a 504 Accommodation Plan? If yes, please describe briefly.

Does the child currently have an IESP/IEP Plan? If yes, what is the classification?

Does the student currently receive instruction or services from a Special Education or Academic Intervention teacher as part of the school day or as part of an extended day program at your school? \_\_\_\_\_. To your knowledge, is the student receiving one-on-one or small-group tutoring services outside the school environment? \_\_\_\_\_. If yes to either, please describe briefly.

Have you asked a Teacher/Student Support Team, a behavioral intervention professional/team, school psychologist, or other school-based behavioral professional to review and/or monitor this student's behavior? \_\_\_\_\_

Has this student been in detention, suspended, expelled, or arrested for school-related behavior? \_\_\_\_\_

If yes to either, please provide additional information:

Although this student may never have received any formal interventions regarding development, academics, or behavior, have you had any concerns about:

- This student's learning?
- This student's speech and language skills?
- This student's physical development?
- This student's behavior?

If yes, please provide more information about your specific concerns:

Does the student, or the student's family, require a disproportionate amount of your time? If so, please explain briefly.

How would you summarize the overall academic potential of this student?

Please describe how you perceive this child in your classroom setting.

Do you have any concerns regarding the student's attendance (absences, tardiness)?

Is this student's family supportive of (your) program?

We are interested in learning more about your classroom structure:

Type of classroom (general education, partial inclusion, full inclusion, ED/LD, etc.)

Number of students \_\_\_\_\_

Number of paraprofessionals/aides \_\_\_\_\_

Number of teachers \_\_\_\_\_, and teachers' roles in your classroom:

Your Name: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_