



STRATTON MOUNTAIN SCHOOL • 7 WORLD CUP CIRCLE • STRATTON MOUNTAIN, VT 05155
PHONE (802) 297-1886 • WWW.GOSMS.ORG • FAX (802) 297-0020

APPLICATION CHECKLIST

It is the responsibility of the candidate to ensure that the Stratton Mountain School Admissions Office has received all necessary materials. In order to consider your application, we must have received all of the following items:

- \$100 NON-REFUNDABLE APPLICATION FEE
- OFFICIAL TRANSCRIPTS FROM YOUR CURRENT SCHOOL
- CANDIDATE'S APPLICATION FOR ADMISSION
- POSTGRADUATE QUESTIONNAIRE
- PARENT QUESTIONNAIRE

PLEASE MAIL ALL MATERIALS TO:

ADMISSIONS DIRECTOR
STRATTON MOUNTAIN SCHOOL
7 WORLD CUP CIRCLE
STRATTON MOUNTAIN, VT 05155



CANDIDATE'S APPLICATION FOR ADMISSION

Candidates should complete this form in his or her own handwriting.

APPLICANT'S NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
ADDRESS CITY STATE ZIP CODE

PRESENT GRADE: _____ APPLYING FOR GRADE: _____ FOR THE ACADEMIC YEAR: 20__

INDICATE DISCIPLINE: ALPINE FREESKIING FREESTYLE NORDIC SNOWBOARDING

AGE: _____ SEX: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF BIRTH: _____

LIST EACH SCHOOL YOU HAVE ATTENDED IN THE PAST THREE YEARS:

SCHOOL CITY STATE DATES OF ATTENDANCE

SCHOOL CITY STATE DATES OF ATTENDANCE

SCHOOL CITY STATE DATES OF ATTENDANCE

DO YOU PLAN TO ATTEND COLLEGE? YES NO UNDECIDED

LIST THE COLLEGES YOU ARE INTERESTED IN ATTENDING: _____

LIST THE THREE WORDS THAT BEST DESCRIBE YOU AS A(N):

STUDENT: _____

ATHLETE: _____

PERSON: _____

IN WHICH COMPETITIVE SPORTS HAVE YOU BEEN A PARTICIPANT? _____

WHAT OTHER ACTIVITIES INTEREST YOU? _____

PLEASE LIST ANY HONORS OR AWARDS YOU HAVE RECEIVED: _____

HOW OR FROM WHOM DID YOU HEAR ABOUT STRATTON MOUNTAIN SCHOOL? _____



PARENT QUESTIONNAIRE

A parent or guardian of the applicant should complete this form.

APPLICANT'S NAME: _____
FIRST MIDDLE LAST

PRIMARY PARENT ONE

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ FAX: _____

OCCUPATION OR TITLE: _____

EMPLOYER: _____

OFFICE PHONE: _____ FAX: _____

CELL PHONE: _____

EMAIL: _____

VERMONT ADDRESS (IF DIFFERENT FROM ABOVE):

VERMONT PHONE NUMBER (IF DIFFERENT FROM ABOVE):

PRIMARY PARENT TWO

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ FAX: _____

OCCUPATION OR TITLE: _____

EMPLOYER: _____

OFFICE PHONE: _____ FAX: _____

CELL PHONE: _____

EMAIL: _____

VERMONT ADDRESS (IF DIFFERENT FROM ABOVE):

VERMONT PHONE NUMBER (IF DIFFERENT FROM ABOVE):

PLEASE CHECK ALL THAT APPLY:

APPLICANT LIVES WITH BOTH PARENTS

PARENTS SEPARATED

PARENTS DIVORCED

APPLICANT LIVES WITH FATHER

FATHER REMARRIED

FATHER DECEASED

APPLICANT LIVES WITH MOTHER

MOTHER REMARRIED

MOTHER DECEASED

PERSON LEGALLY AND FINANCIALLY RESPONSIBLE: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____ RELATIONSHIP: _____

TO WHOM SHOULD ALL CORRESPONDENCE BE SENT? _____

IF DUPLICATE MAILINGS ARE REQUIRED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE OTHER RECIPIENT:

PLEASE INFORM US OF ALL SIBLINGS AND THE SCHOOLS THEY CURRENTLY ATTEND:

NAME: _____ SCHOOL: _____ AGE: _____

NAME: _____ SCHOOL: _____ AGE: _____

NAME: _____ SCHOOL: _____ AGE: _____

1. PLEASE DESCRIBE THE CHARACTER OF THE APPLICANT AS IT PERTAINS TO RELATIONSHIPS WITH YOU, SIBLINGS, AND PEERS:

2. PLEASE DESCRIBE THE APPLICANT'S EXPERIENCES OR SPECIAL INTEREST THAT WILL GIVE THE ADMISSIONS COMMITTEE SOME INSIGHT INTO HIS OR HER MOTIVATION:

3. DOES THE APPLICANT HAVE ANY PHYSICAL, EMOTIONAL, OR ACADEMIC CONDITIONS THAT WOULD PREVENT HIM OR HER FROM FULL PARTICIPATION IN OUR PROGRAM? _____

IF SO, PLEASE EXPLAIN:

4. HAS THE APPLICAN BEEN INVOLVED IN ANYTHING THAT RESULTED IN DISCIPLINARY ACTION? _____

IF SO, PLEASE EXPLAIN: _____

5. HAS THE APPLICANT EVER HAD AN IEP OR 504 PLAN? _____ IF SO, PLEASE INCLUDE COPIES OF THE RESULTS.

Failure to disclose this testing information may jeopardize the applicant's overall development and experience at SMS.

6. FINANCIAL AID: WE WILL BE APPLYING FOR FINANCIAL AID

WE HAVE FILLED OUT AN APPLICATION WITH THE SCHOOL AND STUDENT SERVICES BY NAIS.
PLEASE VISIT [HTTP://SSS.NAIS.ORG/](http://sss.nais.org/) TO FILL OUT AN ONLINE APPLICATION.

Please carefully read the rules and regulations on our website for the school's tuition and cost.

SIGNATURE: _____ DATE: _____

PLEASE MAIL TO: ADMISSIONS DIRECTOR
 STRATTON MOUNTAIN SCHOOL
 7 WORLD CUP CIRCLE
 STRATTON MOUNTAIN, VT 05155

Admission to Stratton Mountain School is awarded based on academic, athletic, and personal accomplishments, as well as potential. It is the school's policy to accept qualified students without regard to sex, race, color, creed, or national or ethnic origin.