



Rockland Country Day School  
34 Kings Highway • Congers, NY 10920  
Phone: 845-268-6802 • Fax: 845-268-4644  
www.rocklandcds.org

## Release of Information

Name \_\_\_\_\_  
Last Name First Name Middle Name or Initial

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Expected Date of Entry \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Male  Female

1. Has the applicant undergone any educational/psychological testing?  Yes  No

A. Does the applicant have an IEP or 504 plan?  Yes  No

**If yes to either question: Parents must make arrangements for Rockland Country Day School to receive copies of any educational/psychological testing before the student's application can be reviewed.**

2. Has the applicant been under the care of a medical doctor in the last five years for conditions other than routine physical examinations?  Yes  No If yes, please explain: \_\_\_\_\_

**If yes, please provide the names, addresses and phone numbers of anyone who has examined or treated the applicant.**

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Has the applicant been under the care of a psychologist, psychiatrist or therapist in the last five years?

Yes  No If yes, please

explain: \_\_\_\_\_

**If yes, please provide the names, addresses and phone numbers of anyone who has examined or treated the applicant.**

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



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4. Does the applicant take any prescribed medication or need special medical attention?  Yes  No

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Therapy: \_\_\_\_\_

Therapy: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

5. In the last five years, has the applicant undergone any significant educational, emotional, behavioral, social, or growth problems, which may affect the applicant's functioning in school?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We certify that the information given above is complete and accurate. I/We have requested that all educational/ psychological diagnostic testing, if any, be forwarded to the school. I/We understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance, enrollment, and attendance if such information has been withheld from the school.

I/We authorize Rockland Country Day School to discuss this applicant's medical history with any of the doctors named herein.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_