

## ADMISSION PROCEDURE

The Roeper School seeks best-fit candidates for admission to our school. We find that gifted students who are curious about learning, internally motivated, self-directed, and have a high ability to think abstractly are most successful in our school environment. Admission to our school is based on a review of many factors, including a gifted IQ test result, prior academic performance, a positive teacher report, a successful visit to our school, and the student's ability to give something back to our school community. All admissions decisions are made by a committee of Roeper staff members who look for best-fit, gifted candidates.

1. Contact the Admissions Department to arrange a date and time for a **personal interview** with parents. Parents will have the opportunity to tell us about their child, discuss our program and tour the school at this time. For Stages I through III, call Sharon Pink at 248/203-7316; for Stage IV through Grade 12, call Elli Altman at 248/203-7318.
2. Return the completed **Application and Questionnaire** with the \$75 non-refundable application fee to the Admissions Department. Application for Financial Aid should also be made at this time.
- 3a. *For Stage I:* Contact the Admissions Department when all the appropriate paperwork has been completed and make a Classroom Observation appointment for your child. This qualitative assessment will consist of a one-hour visit in the classroom. A full IQ test will be required before a child enters Stage II.
- 3b. *For Stage II through Grade 12:* If you have a copy of an IQ test that was administered to your child within the past three years, it may be considered valid. If not, you will need to make an appointment for your child to have an **individual IQ test**. The following is a list of psychologists or testers in the area. You may have your child tested by one of these or any other licensed psychologist of your choice at your expense. An appointment may be set up by calling one of them directly. Please send a copy of the tester's full, detailed report, including all subtest scores and interpretation of those scores, to the Admissions Department. We require either the WPPSI or the WISC-IV.

Theresa Andare, M.A., Beverly Hills . . . . .	248/320-5590
Ted Schneider, M.A., Birmingham . . . . .	248/644-2902
Adam B. Plotnick, Ph.D., Farmington Hills . . . . .	248/471-0071
Ellen Mayfield, Ph.D., Bloomfield Hills . . . . .	248/884-0685
Lori Radner, M.S., Bingham Farms/Farmington Hills . . . . .	248/788-6400, Ext. 2
Bela Chopp, Ph.D., Birmingham/Rochester/Southfield . . . . .	248/915-8821
Alicia Acey, Ph.D., Bingham Farms . . . . .	248/346-3496
Steven Spector, Ph.D., West Bloomfield . . . . .	248/539-8018
Marcie W. Zoref, Psy.D., Birmingham . . . . .	248/593-9595
Jack Haynes, Ph.D., Bloomfield Hills . . . . .	248/642-4545
Pat LaPat, Ph.D., Farmington Hills . . . . .	248/661-0195

4. Send the signed **Academic Records** release form to the student's present school or preschool if applicable. The school should return photocopies of the student's complete records, including transcripts, grades, health form and any standardized test and achievement results, special assessments and other relevant evaluation(s).
5. Send the **Teacher Report** form to the child's current teacher or counselor. She/he should mail the completed form to the Admissions Department.
- 6a. *For Stages II, III and IV:* Arrange a date with the Admissions Department for a **classroom visit and skills evaluation** (for Stages III & IV only) for the child. The skills evaluation is an informal analysis done by members of our teaching staff during the child's visit.
- 6b. *For Middle and Upper School:* Arrange a date with the Admissions Department for a **student visit**. Visits begin at 8:00am and last until 3:30pm so that the student may participate in the typical daily schedule.
7. **Financial Aid** is available for students in Stage II through Upper School. Approximately one-third of our students receive some type of financial aid, and the average award is \$4,745. Parents should begin application for financial aid concurrently with the admission process. (*See additional information in this packet.*)

The applicant's file will be complete and ready for review by the Admissions Committee when all of the above steps have been completed. A decision will be made at the next established acceptance meeting and the parents will be notified of the results within a few working days. In certain cases, an additional interview or evaluation may be requested. Upon acceptance, an enrollment contract will be mailed. The signed enrollment contract with deposit must be returned by the date indicated to reserve a place for the new student.



# APPLICATION FOR ENROLLMENT

**PLEASE NOTE:** A \$75 application fee must accompany this form, check made payable to The Roeper School.  
**PLEASE PRINT OR TYPE.**

TODAY'S DATE	PRESCHOOL LEVEL FOR WHICH YOU ARE APPLYING: (CIRCLE DAYS PREFERRED)		LEVEL FOR WHICH YOU ARE APPLYING:	
MONTH & YEAR OF PROPOSED ENROLLMENT	<b>STAGE I HALF DAY (3 – 5 YEARS)</b> <input type="checkbox"/> 5 DAYS AM (M-F) <input type="checkbox"/> 3 DAYS AM (M W F) <input type="checkbox"/> 2 DAYS AM (T TH)		<b>LOWER SCHOOL</b> <input type="checkbox"/> STAGE II (Kindergarten/1st Grade) <input type="checkbox"/> STAGE III (2nd/3rd Grade) <input type="checkbox"/> STAGE IV (4th/5th Grade)	
	<b>STAGE I FULL-DAY (3 – 5 YEARS)</b> <input type="checkbox"/> 5 DAYS M-F <input type="checkbox"/> 3 DAYS M T W T H F		<b>MIDDLE/UPPER SCHOOL</b> GRADE _____	
STUDENT'S FULL NAME		NICKNAME		
GENDER	DATE OF BIRTH		IS YOUR CHILD A U.S. CITIZEN?	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU PREVIOUSLY APPLIED TO ROEPER FOR THIS CHILD?	FOR ANOTHER CHILD?	THAT CHILD'S NAME		YEAR OF HIS/HER APPLICATION
PARENT #1's or GUARDIAN's FULL NAME			E-MAIL ADDRESS	
PLEASE CIRCLE PREFERRED PHONE NUMBER FOR CONTACT				
HOME		BUSINESS	CELL/OTHER	
HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				
OCCUPATION		EMPLOYER		
BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				
PARENT #2's or GUARDIAN's FULL NAME			E-MAIL ADDRESS	
PLEASE CIRCLE PREFERRED PHONE NUMBER FOR CONTACT				
HOME		BUSINESS	CELL/OTHER	
HOME ADDRESS — IF DIFFERENT FROM PARENT #1'S (STREET ADDRESS, CITY, STATE, ZIP)				
OCCUPATION		EMPLOYER		
BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				
PARENTS' MARITAL STATUS		IF APPROPRIATE, INDICATE CUSTODIAL PARENT		IF APPROPRIATE, PLEASE INDICATE
NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		JOINT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/>		MOTHER DECEASED <input type="checkbox"/> FATHER DECEASED <input type="checkbox"/>
SIBLING(S)		BIRTHDATE(S)	SIBLING(S)	BIRTHDATE(S)
SCHOOL EXPERIENCE				
CURRENT GRADE		CURRENT SCHOOL		
SCHOOL ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)			SCHOOL PHONE	
TEACHER'S NAME		SCHOOL DISTRICT OF RESIDENCE		
OTHER SCHOOL(S) ATTENDED		GRADE	OTHER SCHOOL(S) ATTENDED	GRADE

<b>FINANCIAL AID</b> — PLEASE INDICATE IF YOU ARE APPLYING FOR FINANCIAL AID (NOT AVAILABLE FOR STAGE I) IF YES, PLEASE REQUEST FINANCIAL AID FORMS, OR YOU MAY DOWNLOAD THEM FROM <a href="http://sss.nais.org">http://sss.nais.org</a> . YES <input type="checkbox"/> NO <input type="checkbox"/>	
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SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



## PARENT/GUARDIAN QUESTIONNAIRE

*To be completed by a parent or guardian of student.*

The more we know about your child and your family, the better we can help you decide if this school is the best placement for him or her. The information in this questionnaire also helps in planning after your child is enrolled. *(In joint or separate custody situations, it is helpful if each parent completes a separate questionnaire.)*

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

Who referred you to Roeper?

Why are you considering our school?

What goals and expectations do you have for the Roeper program?

How has your child adjusted to other school or camp experiences?

What activities do you enjoy as a family?

What are your child's favorite activities?

Describe your child's social interactions and peer relationships.

Does your child have any specific fears or anxieties?

How has your child reacted to unusual events (if any) such as moving, death, accident, illness?

Does your child have any specific health issues or allergies?

Is your child taking medication for any health or behavioral concerns?

*continued ...*

Has your child ever been evaluated individually? \_\_\_\_\_  
For example, has s/he had IQ testing, individual achievement tests, tests for learning differences (e.g., ADD/ADHD or dyslexia), or other evaluations? If yes, please explain.

Has your child ever had a 504 or an IEP? If so, please explain.

Has your child received academic support services through school or privately? \_\_\_\_\_ If yes, please explain.

Has your child received professional counseling or therapy? \_\_\_\_\_ If yes, please explain.

Has your child ever been subject to school disciplinary action (e.g., expulsion, suspension, probation)? \_\_\_\_\_  
If yes, please explain.

Are there particular physical, psychological or behavioral areas in which your child needs help?

What do you consider your child's most outstanding characteristics?

What do you see as your child's individual educational needs?

Is there anything that you would like us to know that has not been included in this questionnaire?

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

## STUDENT QUESTIONNAIRE — MIDDLE/UPPER SCHOOL

*To be completed by the student applicant and emailed to [elli.altman@roeper.org](mailto:elli.altman@roeper.org).*

### Middle School Applicants:

- Please write/type your answers to each of the questions thoughtfully and carefully in paragraph form.
- If possible, email responses to [elli.altman@roeper.org](mailto:elli.altman@roeper.org).

### Upper School Applicants:

- Please write/type your answers to each of the questions thoughtfully and carefully in paragraph form.
- Choose two of the questions on which to write a longer (150 – 250 words), well-structured response.
- If possible, email responses to [elli.altman@roeper.org](mailto:elli.altman@roeper.org).

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. Why are you thinking of changing schools at this point in your education?
2. If you could change one thing about your current school, what would it be?
3. Choose one of your special activities or interests and describe the difference it has made in your life and in the lives of others.
4. Describe one mistake you have made, how you handled it, and what you learned from it.
5. What do you see as your strengths/weaknesses?



## TEACHER REPORT

*To be completed by a teacher or counselor.*

*This form should be given to a teacher or counselor (who has worked with the student) to be completed and returned directly to The Roeper School.*

Date \_\_\_\_\_

Dear Fellow Educator:

\_\_\_\_\_ has applied for admission to The Roeper School.

We would appreciate your observations about this student. All information will be kept strictly confidential.

### THIS APPLICANT:

	Never				Always
1. shows intellectual curiosity	1	2	3	4	5
2. has a willingness to complete activities	1	2	3	4	5
3. is able to work independently	1	2	3	4	5
4. can follow directions	1	2	3	4	5
5. makes transitions easily	1	2	3	4	5
6. is internally motivated to learn	1	2	3	4	5
7. has an age-appropriate attention span	1	2	3	4	5
8. participates readily in class	1	2	3	4	5
9. has good relationships with peers	1	2	3	4	5
10. is cooperative and can accept limits	1	2	3	4	5
11. has respect for the rights of others	1	2	3	4	5
12. is sensitive to the needs of others	1	2	3	4	5
13. can accept responsibility	1	2	3	4	5
14. can handle academic requirements without special assistance	1	2	3	4	5
15. can control verbal aggression	1	2	3	4	5
16. can control physical aggression	1	2	3	4	5
17. is appropriately assertive	1	2	3	4	5
18. works effectively during unstructured time	1	2	3	4	5

**FURTHER OBSERVATIONS:**

*What are the student's overall strengths or weaknesses in academic areas and social-emotional development?*

*Have you ever needed to involve the school counselor/social worker, special education team or principal with the student?*

STUDENT'S NAME \_\_\_\_\_ CURRENT GRADE LEVEL \_\_\_\_\_

TEACHER'S NAME (PLEASE PRINT) \_\_\_\_\_

TITLE \_\_\_\_\_

TEACHER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

YEAR THIS STUDENT WAS IN YOUR CLASSROOM \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_

SCHOOL CITY, STATE, ZIP CODE \_\_\_\_\_

Please return as soon as possible to:

Admissions Department  
The Roeper School  
41190 Woodward Ave.  
Bloomfield Hills, MI 48304

Phone: 248/203-7317  
Fax: 248/203-7310

## ACADEMIC RECORDS

*Please complete this form and submit it to your child's current school office.*

STUDENT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

SCHOOL CITY, STATE & ZIP CODE \_\_\_\_\_

I hereby grant permission for the above school to release copies of the following school records for the student named above. If my child enrolls at The Roper School, I authorize the release of his/her permanent records to The Roper School.

ACADEMIC RECORDS  
BEHAVIORAL RECORDS  
ACHIEVEMENT TESTING  
IQ TESTING  
HEALTH FORM  
OFFICIAL TRANSCRIPT FOR UPPER SCHOOL (GRADES 9 – 12) APPLICANTS  
OTHER RELEVANT EVALUATIONS

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Please send copies of records to:  
Admissions Department  
The Roper School  
41190 Woodward Ave.  
Bloomfield Hills, MI 48304

For more information, please call:  
Lower School                    248/203-7317  
Middle/Upper School        248/203-7318

To send a Fax:  
248/203-7310

