



Application

Please Print or Type

Student's Name:	_____	_____	_____	Home Phone:	_____
	First	Middle	Last		
Nickname:	_____	Male	Female	Cell Phone:	_____
Mailing Address:	_____	E-mail:	_____		
	Street # & Name or P.O. Box #				
	_____	_____	_____	Work Phone:	_____
	City	State	Zip Code		
Street Address:	_____	Work Place:	_____		
(If Different)	Street # & Name				

	City	State	Zip Code		
Birth Date:	____/____/____	Birth Town/City	Birth State/Country	Social Security #	____-____-____
Maine Resident:	Yes ____ No ____	U.S. Citizen:	Yes ____ No ____		

Mother's Name:	_____	_____	_____	Home Phone:	_____
	First	Middle	Last		
Mailing Address:	_____	Email:	_____		
(If Different)	Street # & Name or P.O. Box #				
	_____	_____	_____	Cell Phone:	_____
	City	State	Zip Code		
Street Address:	_____	Work Phone:	_____		
(If Different)	Street # & Name				
	_____			Work Place:	_____
	City	State	Zip Code		

Father's Name:	_____	_____	_____	Home Phone:	_____
	First	Middle	Last		
Mailing Address:	_____	Email:	_____		
(If Different)	Street # & Name or P.O. Box #				
	_____	_____	_____	Cell Phone:	_____
	City	State	Zip Code		
Street Address:	_____	Work Phone:	_____		
(If Different)	Street # & Name				
	_____			Work Place:	_____
	City	State	Zip Code		



With whom does the student live? ___Both Parents ___ Father ___Mother ___Guardian ___Other (Specify)_____

Guardian's Name: _____ Home Phone: _____
 (If Applicable) First Middle Last

Mailing Address: _____ Email: _____
 (If Different) Street # & Name or P.O. Box #

_____ City State Zip Code Cell Phone: _____

Street Address: _____ Work Phone: _____
 (If Different) Street # & Name

_____ City State Zip Code Work Place: _____

Siblings:

Name	School	Grade	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please List Present & Former Schools:

Grade ___	School _____	Present School Name	City _____	State _____
Grade ___	School _____	Former School Name	City _____	State _____
Grade ___	School _____	Former School Name	City _____	State _____

We agree to permit information in this application, and other records related to our application to the Blue Hill Harbor School to be made available to your former and future schools, and for BHHS-approved research purposes.

 Student Signature

 Date

 Parent (or Legal Guardian) Signature

 Date

***Thank you for filling out this application to Blue Hill Harbor School.
 We look forward to having you visit the school.
 Please contact us to set up a convenient time.***



Questions for Student/Parent

(approx. 50-100 words each; Student #1 answer might be shorter)

For the Student:

1. How did you first hear about Blue Hill Harbor School?
2. Tell us about an activity or project that you initiated or joined from which you learned a valuable lesson.
3. Describe a challenging situation in your life, how it affected you, and what you learned about yourself.
4. What would you do if you did not have to go to school?
5. How would you describe yourself as a learner?

For the Parents:

1. Please describe your son's or daughter's relationships with other people – friends, family members, teachers, coaches, and any others who they have been close to.
2. What is your perspective of your son's or daughter's relationships with other people?
3. Are there any events or experiences that have had a strong influence on your son or daughter?
4. Does your son or daughter have any physical, psychological, or academic challenges? (If appropriate) Could you provide documentation from physicians or other professionals?
5. Please comment on your son's or daughter's academic and social readiness, and their potential to benefit from the type of student-centered, project-based program offered at Blue Hill Harbor School?



Letter of Reference

The Student Completes this Section:

Student's Name: _____	Home Phone: _____
_____ <small>First Middle Last</small>	
Nickname: _____	E-mail: _____
Mailing Address: _____	Cell Phone: _____
_____ <small>Street Name & # - or P.O. Box #</small>	
_____ <small>City State Zip Code</small>	Work Phone: _____

**This student has applied for admission to the Blue Hill Harbor School.
 Thank you for completing this letter of reference form and returning it directly to the Blue Hill Harbor School as soon as possible.**

Your Name: _____	Home Phone: _____
_____ <small>First Middle Last</small>	
Occupation: _____	Work Phone: _____
Mailing Address: _____	E-mail: _____
_____ <small>Street Name & # - or P.O. Box #</small>	
_____ <small>City State Zip Code</small>	

Please check the box that you feel is most appropriate:

<i>This Student's</i>	Top 5%	Excellent	Good	Average	No Basis for Judgment
Motivation					
Leadership					
Academic Maturity					
Academic Growth Potential					
Emotional Maturity					
Acceptance of Challenge					
Social Adaptability					
Self-confidence					

On the reverse side (or on a separate sheet) please tell us your impressions of this student. Please be as detailed and as candid as you feel comfortable in describing the nature of your relationship with the student, and any stories, specific behaviors, and accomplishments that you feel will be important in giving us a sense of their personality.

Please keep my comments confidential. You may share my comments with the student and his parents.



Letter of Reference

From Guidance Counselor

The Student Completes the Section:

Student's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>	Home Phone: _____
Nickname: _____	E-mail: _____
Mailing Address: _____ <div style="text-align: center; font-size: x-small;">Street Name & # - or P.O. Box #</div>	Cell Phone: _____
_____ City _____ State _____ Zip Code	Work Phone: _____

**This student has applied for admission to the Blue Hill Harbor School.
 Thank you for completing this letter of reference form and returning it directly to the school as soon as possible, along with an official copy of the student's transcript to date.**

Your Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>	Home Phone: _____
Occupation: _____	Work Phone: _____
Mailing Address: _____ <div style="text-align: center; font-size: x-small;">Street Name & # - or P.O. Box #</div>	E-mail: _____
_____ City _____ State _____ Zip Code	

Please check the box that you feel is most appropriate:

<i>This Student's</i>	Top 5%	Excellent	Good	Average	No Basis for Judgment
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Social Adaptability					
Acceptance of Challenge					
Self-confidence					
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