



Rock Brook School
Student Admission Information

Date: _____

Student Name: _____ Date of Birth: _____

Home Address: _____

Current School District: _____

Name of Individual filling out form: _____

Relationship to Student: _____

Phone: _____ Email: _____

Diagnosis: _____

Reason for contacting RBS at this time: _____

Specific Educational/Therapeutic Needs: _____

Medical/Allergy/Diet Information: _____

Student Special Interests/Skills:

Additional comments/questions:

Please use this form to help us evaluate your child for placement at Rock Brook School. You are welcome to mail this form as well as any other documents that may be helpful for the evaluation to Mary Caterson, Director at Rock Brook School.

Rock Brook School
109 Orchard Road, Skillman, NJ 08558
908-431-9500
www.rock-brook.org