



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 Admissions at Rock Brook School.

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