



A Place to Grow

Walnut Academy is a cooperative learning community where neurodiverse young adult students are supported to grow and thrive as whole people, with emphasis on a balance of mind, body and connection to our environment and each other.

701 Walnut Street

Missoula, MT 59801

office@walnutacademy.org

(406) 493-6324

Walnut Academy Family Application

Welcome to the Walnut Academy community! We are excited to speak with you and get to know your family. Our cooperative community holds space in the school's design for each family to contribute their ideas and to craft a place for their student to grow. For this reason, our admission process is unique.

First, we invite families to join us at our community gatherings to brainstorm and connect. At these meetings, we ask each other questions, share ideas, and develop the relationships that will be the foundation of the school.

Second, an informal meeting with our admissions coordinator allows for dialogue about the student and the program. Through these discussions, we will decide together whether our program is likely to meet the student's needs. Students are encouraged to attend meetings, tour the school, and participate at their own pace.

Once a family decides to pursue enrollment, we ask that they submit our application form and request tuition assistance information, if appropriate. We are committed to making Walnut Academy available to all families who seek to join us. To that end, we will work with each family to attempt to bridge financial barriers.

Once again, let me thank you for your interest and welcome you to the Walnut Academy community. We are building a place for students to grow, as whole people and according to their own unique needs, interests, and strengths. Providing a compassionate, fun, and respectful educational alternative for young adults is our mission. Knowing that our sons and daughters are safe and happy is our passion. If you would like to talk more, please reach out to us. Even if our school ends up not being the perfect fit, we want to listen and support your family in their journey.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Walnut Academy *celebrates all diversity* and admits students of any race, color, national and ethnic origin, religion, sexual orientation, gender identity and/or neurodiversity to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Walnut Academy does not discriminate on the basis of race, color, national and ethnic origin, religion, sexual orientation, gender identity or neurodiversity in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

The information in this application will be used solely for the purpose of facilitating enrollment and education at Walnut Academy and will not be shared without express written permission.

Please complete and return via email to office@walnutacademy.org or contact us at (406) 493-6324 to make other arrangements.

Demographic Information

Student's Name and Age: _____

Preferred Name and pronouns: _____

First Language: _____

Parent or Guardian(s):

Name: _____

Contact Number: _____

Email Address: _____

Name: _____

Contact Number: _____

Email Address: _____

Mailing Address(es): Adult at this Address: _____

Street Address: _____

City: _____ Zip Code: _____

Adult at this Address: _____

Street Address: _____

City: _____ Zip Code: _____

Please list other family members that may participate in community gatherings and be present at the school throughout the year (siblings, grandparents, family friends) (Please indicate their relationship to the family):

Please indicate here whether there is medical information about the student that is important for our teachers to be aware of. If so, please complete the Medical Information attachment to the application. Yes _____ No _____

Previous Academic Experiences

Please list any prior educational programs that the student has attended. We hope to talk with you about your experiences and learn from your family about how to shape a positive experience for your student moving forward.

Program Name

Ages Attended

Family Priorities

1. What are your three biggest hopes for an educational environment?

Parents or Guardians:

Student:

2. What are your biggest fears about an educational environment?

Parents or Guardians:

Student:

3. What would you like to know more about?

Parents or Guardians:

Students:

4. What interests, hobbies, passions, or expertise would you like to share with our community?

Parents or Guardians:

Student:

Medical Information Attachment

Please share relevant information about any diagnosis, condition or special consideration pertaining to the health and welfare of the student while at school. Please note that our teachers cannot administer medication to students and that we do not have a medical or clinical staff person at our school.

Description:

Medications (if any):

Primary Care Physician Name and Contact Number:

Insurance Information:

Policy Holder: _____

Issuer: _____

Policy Number: _____

Collaboration with Professionals

If there are any professionals working with the student and the family believes that it would be helpful to have them participate in meetings and/or share information with the teachers, please provide their contact information and complete a Release of Information to facilitate that collaboration. That form can be downloaded from our website or requested via email at office@walnutacademy.org.