



ADMISSIONS PROCESS

The Mountain Springs Academy admits students on a year-round basis. The admissions process is designed to be as streamlined as possible, but does require the completion or collecting of various documents so that we may best serve the needs of your student. We have provided the following checklist to assist in this matter. Please call us if you have any questions.

- ☐ **APPLICATION:** Complete the application form, sign, and date all places where signatures are required. Return the completed application with a \$350 check made out to the Mountain Springs Preparatory Academy to the admission office listed below. Applications should be submitted as early as possible. Open enrollment is available, as space permits, during both regular academic and summer sessions.
- ☐ **TRANSCRIPTS:** An official copy of the student's transcripts should be sent with the completed application. If an official copy is not available, an unofficial copy should be sent with the expectation that an official copy will be sent before the student officially is enrolled.
- ☐ **STUDENT HEALTH FORMS AND RECORDS:** Health forms and immunization records must be sent along with other official records at the time of application. Certain immunizations are required by the Utah Department of Public Health for all students attending both public and private schools. Please include a photocopy of your current insurance card. All students must have health insurance. Also, a physical must be completed (by a Medical Doctor) within 6 months of the student admission's date to Mountain Springs. Please attach a copy of the physical with the application.
- ☐ **TESTING AND PSYCHOLOGICAL EVALUATIONS:** Please forward a copy of any testing or pertinent academic or personal information that will be helpful in making a decision regarding your student's enrollment at our school.
- ☐ **INTERVIEW:** An on-campus interview, including a tour of Mountain Springs Preparatory Academy may be required. (Depending on Circumstances)
- ☐ **COURT DOCUMENTS REGARDING CUSTODY AGREEMENTS:** These are required in the case of divorce or guardianship situations.
- ☐ **ACADEMIC INFORMATION RELEASE:** Please complete and return with the application.
- ☐ **THERAPEUTIC INFORMATION RELEASE:** Please complete and return with the application.
- ☐ **APPLICATION FEE:** Please include a check or money order for \$350.00 as a non-refundable application fee with your application.

Admissions Correspondence

**Admissions Director
Mountain Springs Preparatory Academy
1441 S. Campus Drive
Cedar City, UT 84720
Phone: 435-691-0245 • Fax: 435-867-0005**



Admission Rule Outs and Specific Standards of Acceptance

Rule Outs

1. Active Conduct Disorder
2. Active Sexual Addictions
3. Current Violence Issues
4. Acts of Self Medication
5. Severe Depression (Active Suicidal Ideation)
6. Active Eating Disorder
7. Diabetic
8. Active Self-harming Behaviors (e.g. cutting, intentional vomiting, etc...)
9. Active Psychosis

Standards for Acceptance

1. Agreement to participate in therapy (minimum two sessions monthly)
2. Adolescent commitment to participation in the program
3. Parents agree to a 4-month minimum stay in the program.
4. Parental commitment to participation with their student

Application Actions

1. **Accept**
2. **Conditionally Accept** (this is when we evaluate the concerns of MSPA and make specific standards and contracts with the adolescent and parents)
3. **Reject Application**

Mountain Springs Academy does not discriminate on the basis of race, religion, gender, ethnic background or national origin in the admission of students.

Type of Student Admitted Admissions into Mountain Springs Preparatory Academy is highly selective. The unique mission of Mountain Springs means that students most likely to benefit from the program generally fall into two categories:

- *Are coming from a treatment setting.* Many students at Mountain Springs will have either graduated from a residential treatment center level of care or wilderness program, or, at the very least, have demonstrated that they are ready to move on to a less structured transitional program prior to returning home. Emotionally they are stronger and making better choices, but are not quite yet ready for the freedoms of home.
- *Coming from home with recommendation from an Educational Consultant.* We will in certain situations take a student coming directly from home who has light behavioral problems or learning issues and who is not in need of the level of care that a residential treatment center provides. This exception is only

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made when the student is recommended by an Educational Consultant who is familiar with our program and is recommending that MSPA is the best fit for the student.

Please note that Mountain Springs is NOT an appropriate educational option for students who are actively suicidal, self-mutilating, or are in any way a threat to others, property, or self. Furthermore, our campus is “drug free”—e.g. illegal drugs, alcohol, and tobacco. Prior history of these activities does not preclude admission. However, applicant cannot be actively engaged in these types of self-destructive behaviors at the time of admission.

Fees and Expenses Tuition at Mountain Springs is \$5,495 per month. A minimum stay at Mountain Springs is four months (one semester), with stays generally ranging anywhere from four to twenty four months, depending upon the student’s situation. There is also an Enrollment Fee of \$2650 (\$750 Student Trust Fee, \$1400 Academic/Activities Fee, \$350 Application Fee, \$150 CERTS Parent Education Program) that is due at the time of admission as well in the form of 2 separate checks (\$750 and \$1900).

Tuition covers all normal educational costs, room and board, most activities, plus costs associated with each student working through their emotional and educational needs connected to their MAPP plan (Master Academic and Personal Progress Plan). Tuition does not cover therapy sessions (which are contracted out), incidental expenses, psychiatric services and medications—if any, or travel costs associated with the five larger optional yearly knowledge treks (i.e. Washington D.C. trip in the fall, International Trip in Spring, Whitewater rafting trip in May, etc.).

When Students Can Enroll Because Mountain Springs operates on a rolling admissions basis, students that are accepted into the program can be admitted anytime a bed becomes available. To find out about space availability or to speak with an Admissions Counselor about whether or not Mountain Springs might be an appropriate next step for your son or daughter, please call (435) 691-0245.



APPLICATION FOR ADMISSION

Student Name: _____ Social Security # _____ - _____ - _____
Nicknames: _____ Gender: _____ M _____ F
Date of Birth: ____/____/____ Birthplace: _____ Citizenship: _____
Adopted: Yes or No Height: _____ Weight: _____ Hair Color: _____
Eye Color: _____ Current Grade: _____ Candidate for Grade: _____
Anticipated Entry Date: ____/____/____ Estimated Length of Stay ____/____/____

Father/Guardian Name: _____ Social Security # _____ - _____ - _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Occupation: _____ Work Number: _____
Title: _____ Cell Number: _____
Employer: _____ Email: _____

Mother/Guardian Name: _____ Social Security # _____ - _____ - _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Occupation: _____ Work Number: _____
Title: _____ Cell Number: _____
Employer: _____ Email: _____

Do you have an Educational Consultant: Yes/No If yes, please fill out the following?
Ed. Consultant's Name: _____ Office Phone: _____
Fax Number: _____ Cell Number: _____
Email: _____

Are the parents divorced? Yes or No Age of Student at time of divorce? _____
Is the Father remarried? Yes or No How long? _____ Name of Spouse _____
Is the Mother remarried? Yes or No How long? _____ Name of Spouse _____

If the family does not live together, please answer the following:
☐ Parents divorced or separated
☐ Father deceased
☐ Mother deceased
☐ Other _____

If parents are divorced, who holds full decision-making authority regarding the Student's living and educational arrangements? _____

Who does the Student usually live with? _____
Who has legal custody of the Student? _____
Who will be financially responsible for the student? _____



(If not a person listed above, please submit the address and phone number of the person or entity agreeing to be financially responsible)

Other Children in the Family:

Names (in birth order)

Age

Gender

_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

How did you first hear about The Mountain Springs Preparatory Academy?

Please indicate if the Student has experienced any of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Counseling | <input type="checkbox"/> Promiscuity |
| <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Serious Medical Problems | <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Drug and/or alcohol abuse |
| <input type="checkbox"/> Suicidal gestures or threats | <input type="checkbox"/> Anger Problems | <input type="checkbox"/> Violent Behavior |
| <input type="checkbox"/> Arrests | <input type="checkbox"/> Juvenile Probation | <input type="checkbox"/> School Suspension or Expulsion |
| <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Self Harm, Self Mutilation | <input type="checkbox"/> Significant events (deaths, illnesses, moves, divorce, etc.) |
| <input type="checkbox"/> Other: _____ | | |

Life Experiences: Please provide an accurate chronology of the events and issues identified in the section above:

Birth to 6 Years of Age:

Elementary School:



Middle School:

High School:

Has the applicant ever been arrested, Incarcerated, or Counseled by any Law Enforcement Agencies? _____
If Yes, please describe in detail: _____

Currently on Probation? _____ **Length of Probation:** _____
Name of Probation Officer: _____ **Phone:** _____

I understand that the information sought by this application is extremely important to my Student and to the Academy in its care of him/her. I warrant and represent that the above information is true and correct. Failure to disclose pertinent information could result in dismissal of the Student if necessary.

Please attach a psychological and/or discharge summary, if available.

Sponsor (Father/Guardian) Signature

Date

Sponsor (Mother/Guardian) Signature

Date



EMERGENCY CONTACTS:

Student's Name: _____

Please list two people The Mountain Springs Preparatory Academy may contact in an emergency if we are unable to reach you.

Contact 1:

Contact 2:

Name: _____

Phone: _____

Relationship: _____



RELEASE OF ACADEMIC INFORMATION

Student's Name: _____
Father/Guardian: _____ Mother/Guardian: _____

Please list all schools that the student has attended since Grade 9:

School Name: _____	Grades/Dates: _____
Address: _____	Withdrawal Reason: _____
City, State, Zip: _____	Phone Number: _____

School Name: _____	Grades/Dates: _____
Address: _____	Withdrawal Reason: _____
City, State, Zip: _____	Phone Number: _____

School Name: _____	Grades/Dates: _____
Address: _____	Withdrawal Reason: _____
City, State, Zip: _____	Phone Number: _____

School Name: _____	Grades/Dates: _____
Address: _____	Withdrawal Reason: _____
City, State, Zip: _____	Phone Number: _____

Consultant Name: _____	Address: _____
Phone Number: _____	City, State, Zip: _____

We, the undersigned Parent/Guardian of the Student, hereby authorize the above listed facilities to release transcripts of credit, withdrawal grades (including incomplete classes), test data, health records, counseling information and psychological evaluation of the student to The Mountain Springs Preparatory Academy. We also authorize The Mountain Springs Preparatory Academy to conduct any communications necessary (written or verbal) in conjunction with the information and records requested.

Additionally, we hereby authorize The Mountain Springs Preparatory Academy to release transcripts and appropriate test scores to the colleges or secondary schools to which the student may be applying upon departure from The Mountain Springs Preparatory Academy, as well as those educational consultants or other professionals who have been retained to help place the student in school after his or her departure.

A photocopy of this authorization shall be deemed valid as though it were an original document.

Sponsor (Father/Guardian) Signature

Date

Sponsor (Mother/Guardian) Signature

Date

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RELEASE OF THERAPEUTIC INFORMATION

Student's Name: _____ Student's D.O.B. _____
Father/Guardian: _____ Mother/Guardian: _____

Please list any counseling or therapy the student has received (out-patient, hospitalization, residential treatment centers, wilderness programs, emotional growth schools, etc.):

Facility Name: _____ Dates: _____
Address: _____ Contact Person: _____
City, State, Zip: _____ Phone Number: _____

Facility Name: _____ Dates: _____
Address: _____ Contact Person: _____
City, State, Zip: _____ Phone Number: _____

Facility Name: _____ Dates: _____
Address: _____ Contact Person: _____
City, State, Zip: _____ Phone Number: _____

Facility Name: _____ Dates: _____
Address: _____ Contact Person: _____
City, State, Zip: _____ Phone Number: _____

Facility Name: _____ Dates: _____
Address: _____ Contact Person: _____
City, State, Zip: _____ Phone Number: _____

We, the undersigned Parent/Guardian of the Student, hereby authorizes the above listed facilities to release health records, counseling information, and any records pertaining to the psychiatric or psychological evaluation of the student to The Mountain Springs Preparatory Academy. We also authorize The Mountain Springs Preparatory Academy, to conduct any communications necessary (written or verbal) in conjunction with the information and records requested.

A photocopy of this authorization shall be deemed valid as though it were an original document.

Sponsor (Father/Guardian) Signature

Date

Sponsor (Mother/Guardian) Signature

Date

Student Signature

Date



Student's Name: _____
Father/Guardian: _____ Mother/Guardian: _____

Family Physician: _____ Phone Number: _____
Address: _____ City, State, Zip: _____

Family Dentist: _____ Phone Number: _____
Address: _____ City, State, Zip: _____

Orthodontist: _____ Phone Number: _____
Address: _____ City, State, Zip: _____

Medical Specialist: _____ Phone Number: _____
Address: _____ City, State, Zip: _____

Is the Student currently taking any prescribed or over-the-counter medications or health supplements? ☐ Y ☐ N

Medication	Dosage (mg/day)	Frequency	Date Began	Reasons for taking
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does the Student have any medication, food, or environmental allergies? ☐ Yes ☐ No

If Yes, list allergy and usual treatment: _____

Does the Student have any Dietary Restrictions? ☐ Yes ☐ No

If Yes, please identify and describe: _____

Please attach a copy of the most recent physical (completed by a medical doctor) to this page. The physical must have been completed within the past 6 months.



MEDICAL HISTORY (Continued)

Please indicate by checking box if the student has had any of the following diseases or illnesses, and indicate the age at which it occurred.

<input type="checkbox"/> Asthma or shortness of breath	_____	<input type="checkbox"/> Frequent or Migraine headaches	_____
<input type="checkbox"/> Birthmarks, tattoos, body piercing	_____	<input type="checkbox"/> High/Low Blood Pressure	_____
<input type="checkbox"/> Bloody Noses	_____	<input type="checkbox"/> Obesity	_____
<input type="checkbox"/> Eating Disorder (Bulimia, Anorexia, etc.)	_____	<input type="checkbox"/> Orthodontics, Braces or Retainer	_____
<input type="checkbox"/> Chest Pain/Heart problems	_____	<input type="checkbox"/> Pain in Back, Knees, Joints, Neck	_____
<input type="checkbox"/> Coughing	_____	<input type="checkbox"/> Seizures, convulsions	_____
<input type="checkbox"/> Diabetes/Hypoglycemia	_____	<input type="checkbox"/> Skin Sores or Rashes	_____
<input type="checkbox"/> Diarrhea/Constipation	_____	<input type="checkbox"/> Special Diet	_____
<input type="checkbox"/> Dizziness or fainting spells	_____	<input type="checkbox"/> Stomach aches, Indigestion	_____
<input type="checkbox"/> Ear Pain or Hearing Problems	_____	<input type="checkbox"/> Surgeries, Broken Bones	_____
<input type="checkbox"/> Eye Glasses/Contact Lenses	_____	<input type="checkbox"/> Unexplained weight gain/loss	_____
<input type="checkbox"/> Red Measles	_____	<input type="checkbox"/> Scoliosis	_____
<input type="checkbox"/> German Measles	_____	<input type="checkbox"/> Eczema	_____
<input type="checkbox"/> Chicken Pox	_____	<input type="checkbox"/> Bone Condition	_____
<input type="checkbox"/> Whooping Cough	_____	<input type="checkbox"/> Arthritis	_____
<input type="checkbox"/> Mononucleosis	_____	<input type="checkbox"/> Ulcers	_____
<input type="checkbox"/> Epilepsy	_____	<input type="checkbox"/> Anemia	_____
<input type="checkbox"/> Scarlet Fever	_____	<input type="checkbox"/> Hepatitis A	_____
<input type="checkbox"/> Rheumatic Fever	_____	<input type="checkbox"/> Hepatitis B	_____
<input type="checkbox"/> Polio	_____	<input type="checkbox"/> AIDS/HIV+	_____
<input type="checkbox"/> Meningitis	_____	<input type="checkbox"/> Frequent colds/sore throats	_____
<input type="checkbox"/> Pneumonia/Bronchitis	_____	<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> Heart Disorder	_____	<input type="checkbox"/> Bladder or Kidney Infection	_____
<input type="checkbox"/> Venereal Disease	_____	<input type="checkbox"/> Drug Addition	_____
<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	_____

If yes to any of the above, list date, doctor's name, address, hospital or explanation: _____

I represent that the above information is correct to the best of my knowledge and belief. In consideration of professional services rendered to the above student, I agree to pay the customary medical services. I hereby authorize the Doctor to receive assignment of insurance benefits, and agree to pay any unpaid benefits under my insurance plan. I also understand & agree to pay additional finance, collection or legal fees should my account be place with a collection agency for non-payment. I authorize the release of medical information that may be necessary for medical care or to my insurance company for processing of insurance benefits.

Parent/Guardian Signature

Date



Goals for your Student

Parents, please list what concerns/issues you currently have about your son or daughter and some goals that you would like them to accomplish before they come home.

Academic

Areas of Concern:

Goals:

- 1.
- 2.
- 3.
- 4.

Personal

Areas of Concern:

Goals:

- 1.
- 2.
- 3.
- 4.



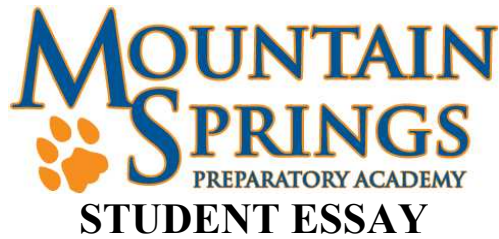
Goals for your Student (cont.)

Family

Areas of Concern:

Goals:

- 1.
- 2.
- 3.
- 4.



(To be completed by the student, unless student has interviewed in person or over the phone.)

Please write a three paragraph essay describing what you hope to gain at The Mountain Springs Preparatory Academy and what qualities you will contribute to the Academy if you are accepted. (Use additional paper if needed).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.