



2014-15 ADMISSIONS CRITERIA

Consistent with the mission of The Fletcher School to serve students with Specific Learning Disabilities and/or Attention Deficit Hyperactivity Disorders, applicants will be considered for admission based on the following criteria:

- **Average or above average intelligence** as measured by an individual intelligence test (preferably the Wechsler Intelligence Scale for Children or Woodcock-Johnson III Test of Cognitive Abilities) or potentially average intelligence when the examiner indicates that the overall score does not represent the true potential of the student due to overriding factors (such as language or auditory processing).
- **Difficulty in one or more academic areas** (such as reading, math, written expression, etc.) or basic learning processes (such as memory, visual perception, etc.) Students may be admitted who do not certify for services in the public schools but have been diagnosed with LD and/or ADHD.
- **Learning difficulties that are NOT the result of primary emotional or behavioral problems;** environmental, cultural and/or economic influences; or other handicapping conditions (physical or mental). The Fletcher School is not able to serve the needs of students who are diagnosed under the Autism Spectrum Disorder.

GUIDELINES FOR DIAGNOSIS OF KINDERGARTEN-GRADE 1

- Comprehensive developmental evaluation within six months at the time of application by a licensed psychologist and/or speech/language therapist in the following areas:
 1. Expressive/Receptive Language
 2. Phonemic Awareness
 3. Visual-Motor
 4. Listening/Comprehension
 5. Social/Emotional

The goal of admitting students to Kindergarten or First Grade is early intervention with an “at risk” population of students who are exhibiting signs of future academic difficulty. Students will be given provisional admittance for one academic year, at which time he/she will be re-evaluated by a psychologist or educational therapist to determine an appropriate education placement for the following year.

GUIDELINES FOR DIAGNOSIS OF GRADES 2-12

- Diagnosis of a Specific Learning Disability must be determined by a licensed psychologist and should be current within a two year period at the time of application.
- Diagnosis of an Attention Deficit Hyperactivity Disorder must be determined by a qualified professional (using a standardized assessment) and should be current within a six month period at the time of application.
- Diagnosis of ADHD without a Specific Learning Disability will be considered (typically in grades 6-12) where the student’s weak cognitive skills or attention difficulties compromise his/her ability to learn or perform academically.

GUIDELINES FOR DIAGNOSIS OF KINDERGARTEN-GRADE 1

- Comprehensive developmental evaluation within six months at the time of application by a licensed psychologist and/or speech/language therapist in the following areas:
 1. Expressive/Receptive Language
 2. Phonemic Awareness
 3. Visual-Motor
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The goal of admitting students to Kindergarten or First Grade is early intervention with an “at risk” population of students who are exhibiting signs of future academic difficulty. Students will be given provisional admittance for one academic year, at which time he/she will be re-evaluated by a psychologist or educational therapist to determine an appropriate education placement for the following year.

GUIDELINES FOR DIAGNOSIS OF GRADES 2-12

- Diagnosis of a Specific Learning Disability must be determined by a licensed psychologist and should be current within a two year period at the time of application.
- Diagnosis of an Attention Deficit Hyperactivity Disorder must be determined by a qualified professional (using a standardized assessment) and should be current within a six month period at the time of application.
- Diagnosis of ADHD without a Specific Learning Disability will be considered (typically in grades 6-12) where the student’s weak cognitive skills or attention difficulties compromise his/her ability to learn or perform academically.

THE FLETCHER SCHOOL

2014-15 ADMISSION PROCESS

Step 1. Online Inquiry Form

- Complete the online student inquiry form (found on the admissions tab) at www.thefletcherschool.org. The Office of Admissions will contact you shortly after receiving the online inquiry and guide you through the next steps.

Step 2. Psychological and Educational Evaluation

- Provide a current comprehensive psychological and educational evaluation (within the last 2 years) to **Susie Culp, Admissions Director** via fax, email, or postal service.
- Students will be considered for admission only if they meet the following criteria:
 - diagnosis of a Specific Learning Disability (K-5) and/or Attention Deficit Hyperactive Disorder (6-12)
 - average or above average intelligence (Full Scale IQ of 85 and above)
 - learning difficulties that are NOT the result of primary emotional or behavioral problems

Step 3. Parent Interview and Tour of The Fletcher School

- If the Office of Admissions determines that the student's evaluation meets our criteria, we will request that both parents meet for a tour of the school and an informational conference.
- If the student appears appropriate following the parent meeting, the next step is the application process, as listed below.

Step 4. The Application Process

- Complete the four page application, attach a picture of your child, and sign the Release of Information form.
- Enclose a nonrefundable application fee of \$300.
- Give or email your child's current teacher(s), resource teacher, tutor, and/or counselor recommendations as appropriate. Forms can be faxed, emailed, or mailed to The Fletcher School; electronic versions of these forms are available through our office.
- Provide a copy of evaluations and/or progress reports from outside services, such as counselor, neurological, occupational, speech and language and other therapies not listed.
- Provide current report cards, Individual Education Plans or 504 Plans.
- Provide an official Upper School transcript, if applicable.
- Student Health and Vaccine/Immunization Records must be completed by the physician's office. Forms can be faxed, emailed, or mailed.

Step 5. Placement Assessment and Student Classroom Visit(s)

- An in-house assessment of reading, writing, and math skills is administered by our Admissions staff. The results are used to determine optimal classroom placement for your child's visit.
- The classroom visit allows your child to experience a regular school day in their current grade level. K-1 students experience an abbreviated day and grade 2-5 visit for one day, 8:00-2:30. Grades 6-11 participate in a two day visit, 8:00-3:00. Students are expected to participate in classroom activities and complete all homework, if given.

Step 6. Admission decisions can be expected by May 31, 2014 for applications received by April 1, 2014.

- Acceptance: The Admissions Committee has found that our educational setting is an appropriate placement where there is an opening in an appropriate skill group.
- Wait List: The Admissions Committee has found that our educational setting is an appropriate match but there is not a space available at the current time. You will be notified as space becomes available.
- Not Accepted: The Admissions Committee has found that our educational setting is not an appropriate match for your child's strengths and needs.

Step 7. Required Summer Program

- Students who are accepted in grades kindergarten through 8th are required to attend the Fletcher Fundamentals Summer Program in July 2013. (K-1 one week, 2-8 two weeks).
- Upper school students will be required to participate in 8-10 hours of Fletcher tutorial services targeting areas of need.

Step 8. Financial Aid

- A child must be accepted before he or she will be considered for financial assistance. Our first obligation is to serve our current families. If aid is available, first year students may be considered. The Fletcher School subscribes to the services of FACTS Grant and Aid Assessment.

The Fletcher School does not discriminate on the basis of sex, race, color, religion, or national origin in the administration of its educational programs, admissions policies, financial aid policies, employment practices, or other school administered programs.

The Fletcher School

APPLICATION FOR ADMISSION

Attach or email a
current photo of
applicant
(required)

Complete this application form and return it with the
\$300.00 Application Fee along with a picture of your child.

Student Information

Applying for Grade: _____ in 2014-15

Applicant's Full Name: _____

Name Called _____ M ___ F ___ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Place of Birth: _____

Adopted? Yes ___ No ___ Date/Place of Adoption: _____

Current School: _____ Current Grade: _____ Repeated Grade: _____

I was referred to The Fletcher School by _____

Parent Information

Parents or Legal Guardians: _____ Marital Status: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Position: _____ Position: _____

If the applicant's parents are divorced, who has custody? _____

If joint custody, where is the child's primary residence? _____

(For office use only) Application Fee: Date _____ Check # _____ Amount \$ _____ Received by _____

Family Information

Brothers and Sisters of the Applicant:

Name	Grade	Age	School
------	-------	-----	--------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do other family members have learning and/or attention difficulties? State both relationship and type of learning/attention issue: _____

School Information

Address of Current School: _____

_____ School Phone _____

Name of Principal: _____

Name of Resource Teacher: _____

Does your child have a 504 Plan? _____ Individual Education Plan? _____

Previous schools applicant has attended:

School	Grade	Year
--------	-------	------

_____	_____	_____
_____	_____	_____

Psychological and Educational Evaluation

List the name of the psychologist who most recently evaluated the student:

Name: _____ Date: _____

Email: _____ Phone: _____

Names of other psychologists who have evaluated the student:

Name	Email	Phone	Date
------	-------	-------	------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Services

Check any services your child has ever received:

Counseling _____ Educational Tutoring _____
Occupational Therapy _____ Physical Therapy _____
Resource at School _____ Speech/Language Therapy _____
Vision Therapy _____ Other _____

List all professionals who have worked with your child in the last 5 years:

- Name of Therapist _____ Phone: _____
Type of Service: _____ Date: _____ to _____
- Name of Therapist _____ Phone: _____
Type of Service: _____ Date: _____ to _____
- Name of Therapist _____ Phone: _____
Type of Service: _____ Date: _____ to _____
- Name of Therapist _____ Phone: _____
Type of Service: _____ Date: _____ to _____

Medical Information

Physicians who have seen the student during the last three years (besides pediatrician):

Name	Phone
_____	_____
_____	_____

Is your child currently diagnosed with ADHD? Yes ____ No ____ If yes, date of diagnosis: _____

Has medication for ADHD been recommended for your child? Yes ____ No ____

Is your child currently receiving medication for ADHD or other medical diagnosis? If yes, name of diagnosis and medication(s): _____

Name of physician prescribing the medication: _____

About Your Child

What do you consider to be your child's strengths and abilities?

What do you consider to be your child's areas of need?

What are your child's hobbies or interests?

How do you expect The Fletcher School to help your child?

- With this application, I am submitting a \$300 check to cover the nonrefundable Application Fee along with a photo of my child.
- I understand that it is my responsibility to fully disclose all information requested by The Fletcher School.
- If all information is not made available, the student may be subject to dismissal.
- Incoming students, grades K-8, are required to attend Fletcher Fundamentals Program in July.
- Upper School students are required to participate in 8 to 10 hours of Fletcher tutorial services targeting areas of need.

Signature of parent or guardian: _____ Date: _____

THE FLETCHER SCHOOL

THE RANKIN INSTITUTE

8500 Sardis Road
Charlotte, North Carolina

www.thefletcherschool.org
tel: 704-365-4658 fax: 704-364-2978

Consent for Release of Information

**I hereby authorize
the Office of Admissions of The Fletcher School
to receive information concerning:**

(Applicant's Full Name)

Signature of Parent/Guardian

Date

THE FLETCHER SCHOOL

STUDENT MEDICAL HISTORY

This report should be completed by the applicant's primary care physician. The physician needs to return this form along with the patient's vaccine/immunization records. Please return these forms directly to the **Admissions Office at The Fletcher School, 8500 Sardis Road, Charlotte, NC 28270 or FAX to 704.364.2978.**

To be completed by Parents:

I hereby give (Physician's name) _____
permission to release information regarding _____
for use by The Fletcher School Admissions Office. This information will remain confidential between
the named individual and The Fletcher School.

Parent's signature _____ Date _____

To be completed by Physician:

Patient's Medical History: Has this child been in any hospital or other medical facility for
examination, observational diagnosis, operation(s) or treatment? Please provide dates and
descriptive treatment. _____

Does this child have a history of ear and/or upper respiratory infections? If so, please describe.

Has this child had high fevers and/or seizures? If so, please describe.

PLEASE ATTACH VACCINE/IMMUNIZATION RECORD

Does this child have any chronic conditions such as allergies, asthma, or epilepsy?

Is there a neurological or medical diagnosis such as ADHD, etc.? Yes ___ No___ If yes, please be specific. _____

List all medications this child is currently taking and include the reason for each medication and any side effects experienced by the child.

1. _____
2. _____
3. _____

Has this child had any developmental delays or been recommended for speech, OT or PT? If so, please explain. _____

Has the child experienced stuttering, repetitive movements, or tics? _____

Patient's date of birth _____

Physician's Name (please print): _____

Physician's Signature: _____ Date: _____

Phone: _____ Email _____

Please attach the patient's vaccine/immunization records when returning this form.

If you are unfamiliar with our program and would like information about our school, please visit our website at www.thefletchersschool.org or contact Susie Culp, Director of Admissions at sculp@thefletchersschool.org.

THE FLETCHER SCHOOL

TEACHER RECOMMENDATION

FOR GRADES K-5

The Admissions Office would appreciate your candid appraisal of this applicant. This form will be kept in strict confidence. Please return this form directly to: **Admissions Office at The Fletcher School, 8500 Sardis Road, Charlotte, NC 28270 or FAX to 704-364-2978.** Or, if you would prefer to complete this form electronically, please email Pam Cox at pcox@thefletcherschool.org.

Student's name: _____ Current grade: _____ Date: _____

Your name (please print): _____ Phone: _____

Name of your school: _____

Email address: _____ Subject(s) taught: _____

1. How long have you known the applicant? _____ In what capacity? _____

2. Do you believe this student is achieving at a level commensurate with his/her intellectual potential?

Please comment. _____

3. How does the student respond to guidance, corrections, or suggestions? _____

4. Have there been any violations of school and classroom rules? If yes, please explain. Please include any suspensions or expulsions. _____

5. Please describe the student's social relationships with other children. _____

6. Please comment on the student's willingness and ability to work:

- Independently _____

- In a small group _____

7. How would you describe:

- The child's relationship with his/her parents? _____

- The parents' relationship with you? _____

8. What words or phrases come to mind when describing the applicant?

- Strengths _____

- Weaknesses _____

9. Would the applicant be permitted to re-enroll in your school? Please comment. _____

10. Other comments: (If necessary, please use an additional sheet.) _____

11. Please fill out the chart below as accurately as possible:

Student	Never	Rarely	Sometimes	Usually	Always
Expresses him/herself well					
Follows oral directions					
Stays on task					
Exhibits self-control					
Respects peers					
Respects adults					
Is experiencing stress					
Is a positive role model for others					
Participates in class activities					
Is organized					
Is cooperative					
Easily transitions between activities					

If you wish to contact the Office of Admissions, please email Susie Culp at sculp@thefletchersschool.org .

THE FLETCHER SCHOOL

TEACHER RECOMMENDATION

FOR GRADES 6-11

The Admissions Office would appreciate your candid appraisal of this applicant. This form will be kept in strict confidence. Please return this form directly to: **Admissions Office at The Fletcher School, 8500 Sardis Road, Charlotte, NC 28270 or FAX to 704-364-2978.** Or, if you would prefer to complete this form electronically, please email Pam Cox at pcox@thefletcherschool.org.

Student's name: _____ Current grade: _____ Date: _____

Your name (please print): _____ Phone: _____

Name of your school: _____

Email address: _____ Subject(s) taught: _____

1. How long have you known the applicant? _____ In what capacity? _____

2. Do you believe this student is achieving at a level commensurate with his/her intellectual potential?

Please comment. _____

3. How does the student respond to guidance, corrections, or suggestions? _____

4. Have there been any violations of school and classroom rules? If yes, please explain. Please include any suspensions or expulsions. _____

5. Please describe the student's social relationships with other children. _____

6. Please comment on the student's willingness and ability to work:

- Independently _____

- In a small group _____

7. How would you describe:

- The child's relationship with his/her parents? _____

- The parents' relationship with you? _____

8. What words or phrases come to mind when describing the applicant?

- Strengths _____

- Weaknesses _____

9. Would the applicant be permitted to re-enroll in your school? Please comment. _____

10. Other comments: (If necessary, please use an additional sheet.) _____

11. Please fill out the chart below as accurately as possible:

Student shows:	Never	Rarely	Sometimes	Usually	Always
Understanding of learning differences					
Academic potential					
Motivation					
Ability to self-advocate					
Honesty					
Self-confidence					
Self-discipline					
Maturity (relative to age)					
Respect for peers					
Respect for faculty					
Response to criticism					
Response to frustration					

If you wish to contact the Office of Admissions, please email Susie Culp at sculp@thefletchersschool.org .

THE FLETCHER SCHOOL

TUTOR OR RESOURCE RECOMMENDATION

FOR GRADES K-5

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Student's name: _____ Current grade: _____ Date: _____

Your name (please print): _____ Phone: _____

Name of your school: _____

Email address: _____ Subject(s) taught: _____

1. How long have you known the applicant? _____ In what capacity? _____

2. Do you believe this student is achieving at a level commensurate with his/her intellectual potential?

Please comment. _____

3. How does the student respond to guidance, corrections, or suggestions? _____

4. Have there been any violations of school and classroom rules? If yes, please explain. Please include any suspensions or expulsions. _____

5. Please describe the student's social relationships with other children. _____

6. Please comment on the student's willingness and ability to work:

- Independently _____

- In a small group _____

7. How would you describe:

- The child's relationship with his/her parents? _____

- The parents' relationship with you? _____

8. What words or phrases come to mind when describing the applicant?

- Strengths _____

- Weaknesses _____

9. Would the applicant be permitted to re-enroll in your school? Please comment. _____

10. Other comments: (If necessary, please use an additional sheet.) _____

11. Please fill out the chart below as accurately as possible:

Student	Never	Rarely	Sometimes	Usually	Always
Expresses him/herself well					
Follows oral directions					
Stays on task					
Exhibits self-control					
Respects peers					
Respects adults					
Is experiencing stress					
Is a positive role model for others					
Participates in class activities					
Is organized					
Is cooperative					
Easily transitions between activities					

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THE FLETCHER SCHOOL

TUTOR OR RESOURCE RECOMMENDATION

FOR GRADES 6-11

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Student's name: _____ Current grade: _____ Date: _____

Your name (please print): _____ Phone: _____

Name of your school: _____

Email address: _____ Subject(s) taught: _____

1. How long have you known the applicant? _____ In what capacity? _____

2. Do you believe this student is achieving at a level commensurate with his/her intellectual potential?

Please comment. _____

3. How does the student respond to guidance, corrections, or suggestions? _____

4. Have there been any violations of school and classroom rules? If yes, please explain. Please include any suspensions or expulsions. _____

5. Please describe the student's social relationships with other children. _____

6. Please comment on the student's willingness and ability to work:

- Independently _____

- In a small group _____

7. How would you describe:

- The child's relationship with his/her parents? _____

- The parents' relationship with you? _____

8. What words or phrases come to mind when describing the applicant?

- Strengths _____

- Weaknesses _____

9. Would the applicant be permitted to re-enroll in your school? Please comment. _____

10. Other comments: (If necessary, please use an additional sheet.) _____

11. Please fill out the chart below as accurately as possible:

Student shows:	Never	Rarely	Sometimes	Usually	Always
Understanding of learning differences					
Academic potential					
Motivation					
Ability to self-advocate					
Honesty					
Self-confidence					
Self-discipline					
Maturity (relative to age)					
Respect for peers					
Respect for faculty					
Response to criticism					
Response to frustration					

If you wish to contact the Office of Admissions, please email Susie Culp at sculp@thefletchersschool.org .

THE FLETCHER SCHOOL

SCHOOL COUNSELOR RECOMMENDATION

The Admissions Office would appreciate your candid appraisal of this applicant. This form will be kept in strict confidence. Please return this form directly to: **Admissions Office at The Fletcher School, 8500 Sardis Road, Charlotte, NC 28270 or FAX to 704-364-2978.** Or, if you would prefer to complete this form electronically, please email Pam Cox at pcox@thefletcherschool.org.

Student's name: _____ Current grade: _____ Date: _____

Your name (please print): _____ Phone: _____

Name of your school: _____

Email address: _____

1. How long have you known the applicant and in what capacity? _____

2. Have there been any violations of school or classroom rules? If yes, please explain. _____

3. If the answer to #2 is yes, did the violation(s) result in suspension or expulsion? _____

4. Has additional academic help or other services been recommended for the applicant? Please comment.

5. Is support from the family appropriate? Please comment. _____

6. Please comment on the applicant's attitude toward school. _____
- _____
- _____
- _____
7. Do you feel that The Fletcher School (a private school for children with learning disabilities) is appropriate for this student? _____
- _____
8. Have you found any behavioral or academic strategies that have proven effective?
- _____
- _____
- _____
9. How would you describe the child's relationship with his/her parent(s) and the parent(s) relationship with you? _____
- _____
- _____
- _____
10. Other comments? _____
- _____
- _____
- _____

If you are unfamiliar with our program and would like additional information, please visit our website at www.thefletcherschool.org or contact the Office of Admissions, Susie Culp: sculp@thefletcherschool.org.

THE FLETCHER SCHOOL

2013-2014

SCHEDULE OF COSTS AND PAYMENTS

Application Fee	\$300
Tuition for Grades K-5 (<i>\$750.00 deposit plus \$20,580</i>).....	\$21,330
Tuition for Grades 6-12 (<i>\$750.00 deposit plus \$21,690</i>).....	\$22,440

A non-refundable deposit of \$750.00 is payable upon initial acceptance or re-enrollment. The deposit will be credited toward tuition. The balance is due and payable to The Fletcher School on July 1, 2013. The following installment options are available through FACTS Tuition Management Company:

- Two payments to be drafted by FACTS Tuition Management. A \$34 non-refundable processing fee will be charged.

July 5, 2013:	Gr K-5 \$10,665	Gr 6-12 \$11,220
December 5, 2013:	Gr K-5 \$9,915	Gr 6-12 \$10,470
- 10 monthly payments to be drafted by FACTS Tuition Management. A \$60 non-refundable processing fee will be charged.

Monthly June 2013 – March 2014:	Gr K-5 \$2,058	Gr 6-12 \$2,169
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- 12 monthly payments to be drafted by FACTS Tuition Management. A \$60 non-refundable processing fee will be charged.

Monthly June 2013 – May 2014:	Gr K-5 \$1,715	Gr 6-12 \$1,807.50
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All installment plans require a FACTS Tuition Payment Agreement.

Tuition covers all program costs but does not include expenses such as classroom supplies, lunch, field trips, yearbook, school photos, after school activities or extended day expenses. Students in grades 9-12 are expected to purchase their textbooks at an additional charge.

It is understood that students are enrolled for the entire academic year or such portion as may remain after the date of entrance. The fact that the tuition is paid in installments does not constitute a fractional contract. Tuition is payable according to the payment plan selected on the Enrollment/Tuition Agreement. All charges must be paid before report cards, progress reports, and school records will be released. The School reserves the right to prohibit the student from attending classes if charges are not paid by their due dates.

Enrollment may be cancelled without penalty, except forfeiture of the deposit, if received in writing by the Head of School on or before July 1, 2013. No refund of the deposit will be made. After July 1, 2012 obligation to pay tuition for the full academic year is unconditional regardless of absence, withdrawal or dismissal of the student.

Limited need-based financial aid is available. Eligibility is determined by FACTS Grant and Aid Assessment. Financial aid applications are available online at www.factstuitionaid.com and are due on or before April 15, 2013. No discrimination is made because of sex, race, handicap, color, religion, or national origin.

THE FLETCHER SCHOOL

2013-2014

FINANCIAL AID POLICY

1. Need is the chief criterion upon which financial aid amounts are based.
2. First priority is given to applicants who are currently receiving aid and complete all application requirements on time. Second, new applications from currently enrolled students are considered. Third, newly accepted applicants who have completed financial aid applications are considered. Last, all applications completed after the deadline will be considered if any funds remain.
3. The Fletcher School subscribes to the services of FACTS Grant and Aid Assessment. Financial aid forms are available online at www.factstuitionaid.com and are due on or before April 15, 2013. The application fee must be submitted with the completed form. If processed online, payment must be charged to a credit card. FACTS will report to The Fletcher School Financial Aid Committee the amount that they determine parents can pay towards tuition.
4. All applicants must submit copies of their Federal Income Tax Returns to FACTS. Copies of all W-2 Wage and Tax Statements for both parents and copies of all supporting tax schedules will also be required.
5. The Financial Aid Committee of The Fletcher School makes all final decisions on financial aid amounts.
6. Each parent is expected to make some contribution to the education of his or her child. No full scholarships will be awarded.
7. In cases of divorced or separated parents, the parent responsible for payment of the tuition should complete the application. If each of the divorced parents is responsible for a portion of the tuition, each parent should complete a separate application and indicate the portion of the tuition for which he/she is responsible.
8. **Financial aid is granted one year at a time. Application to FACTS must be made no later than April 15, 2013 in order to be considered for the 2013-2014 school year.**
9. All information is confidential.
10. Letters will be sent to all applicants notifying them whether or not they have received financial aid. Copies of these letters will also be sent to the Business Office at The Fletcher School.
11. Parents may appeal the decision in situations when extraordinary circumstances exist and/or when they want to ensure that the Committee is aware of those circumstances.
12. The Financial Aid Committee will not discriminate in the administration of its financial aid policies because of race, color, religion, national origin, sex or age.