Now that you’re going to be a Landmark student, we need a little more information from you. Please fill out the following forms. Most of them are also available online at https://intranet.landmark.edu/orientation.

If you have any questions, the information in the left-hand pocket will help you. Or give us a call. We look forward to welcoming you at the beginning of the semester!

For Your Records:

A. Enrollment Information & Billing Statement
   This explains your fees and serves as your bill, answers payment related questions and lists phone numbers you can call for more information.

B. Academic Calendar
   This calendar has all of the important dates in the semester, from course registration to residence hall closings.

C. Getting Here: Three Students’ Transition Stories
   What’s it really like to get started at Landmark? Recent Graduates share their story to give you a better idea.

Required Forms:

These are essential to our being able to welcome you to Landmark as a student. Please get them to us as soon as possible. You will probably need some assistance and/or additional signatures on forms marked with an asterisk (*).

1. General Release and Acknowledgement of Consent*
   Read it and sign this important legal document. Note that your parents also need to sign this if you’re under 18.

2. Responsible Payer Agreement Form*
   Read it carefully, fill it out and sign this important legal document. Note that your parents must sign too in most cases.

3. Housing Preference Form
   Tell us a little about how you like to live so we can match you with a compatible roommate.

4. Health Records*
   Provide a complete health profile so we can be prepared to assist you if anything happens. Ask for your doctor’s help with this.
   4a. Report of Health History
   4b. Physical Examination
   4c. Immunization Record

5. Health Insurance Form* (Include a copy of your medical insurance card.)
   Fill out this form, including any health insurance coverage you currently have. Parents will need to fill out part of the insurance form if you’re covered by their policy.

OVER PLEASE…
6. **Personal Student Evacuation Form***
The College would like to know that students and their families have given thought to where your student would go if this unlikely event should occur. If there is a pandemic threat, the College might have to make a decision to close on very short notice.

**Recommended Forms:**
These are things that will make your life and learning experience at Landmark easier and more enjoyable. **Again, you may need your parents’ help with forms marked with an asterisk (***).**

7. **Computer Information and Order Form**
Read the Notebook Program brochure in the left hand pocket. Most students order their required notebook computers through this program. Order online at [www.landmark.edu/notebooks](http://www.landmark.edu/notebooks) in order to take advantage of discounts on comprehensive on-site support.

8. **Co-Curricular Interest Form**
Tell us about your interests! A lot of the college experience happens outside the classroom.

9. **Telephone Application***
Fill this out if you want to have long distance service in your room (great for phoning home). Local service is already provided, but you need to bring your own phone and cord. **You may want your parents to fill this out with you if they’re helping with the bill.**

10. **Campus Debit Account Application***
Complete this form and it’ll be easier for you to buy books, supplies and snacks. Make sure you review the terms on the form. **If your parents are funding the account, you’ll need some information from them.**

11. **Consent to Release Educational Information**
Consider signing this form so we can track your progress once you leave Landmark. We won’t ever use your name when we publish statistics and you can revoke permission at any time.

12. **Emergency Contact Information**
This is the information that you would like to be kept on file in case emergency medical treatment is required.

13. **Authorization to Release Student Account & Education Information**
The Family Educational Rights & Privacy Act (FERPA) affords students the right to have some control over the disclosure of personally identifiable information from the education records. Use this form to allow the College to communicate with your family or others (also see the information on FERPA in “Making Your Way to Landmark College”).

**Envelopes**
Put all the forms in the envelopes and send them back to us—Health Forms #4A-C in one envelope, everything else in the big one.

**Please return these forms within two weeks of receipt**
Enrollment Information
and Billing Statement

Please retain this document for your records
THIS IS YOUR BILLING STATEMENT

2010-2011 ACADEMIC YEAR COMPREHENSIVE FEES

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>47,500</td>
</tr>
<tr>
<td>Room</td>
<td>4,400</td>
</tr>
<tr>
<td>Board</td>
<td>4,100</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>400</td>
</tr>
<tr>
<td>Damage Deposit</td>
<td>300</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>100</td>
</tr>
</tbody>
</table>

TOTAL ........$ 56,800

PAYMENTS ARE DUE ON THE FOLLOWING DATES:

<table>
<thead>
<tr>
<th>DUE DATES</th>
<th>DESCRIPTION</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1, 2010</td>
<td>Fall enrollment deposit</td>
<td>$1,500</td>
</tr>
<tr>
<td>August 2, 2010</td>
<td>Fall semester payment</td>
<td>$27,250</td>
</tr>
<tr>
<td>October 29, 2010</td>
<td>Spring enrollment deposit</td>
<td>$1,500</td>
</tr>
<tr>
<td>December 1, 2010</td>
<td>Spring semester payment</td>
<td>$26,550</td>
</tr>
</tbody>
</table>

• All checks should be made payable to Landmark College.
• If the Enrollment Agreement is issued after these due dates, the enrollment deposit is due within two weeks of the date of issuance or by registration, whichever comes first. All semester fees must be paid in full by registration each semester of attendance.
• A student who receives a financial aid award letter from the Landmark College Financial Aid Office may reduce the semester payments noted above by the amount of the award.
• The enrollment deposit is **non-refundable**.
• A student may register only after signing the Responsible Payer Agreement Form and after paying all required fees to the college.
• When any student’s fees have not been completely paid, any transcripts or records of academic progress will not be sent to the student or to another educational institution.

• Any assessed damages, unpaid fines, or other charges will be charged to the Damage Deposit. Campus damages that cannot be assessed to any individual student will be charged to all student accounts. The remaining balance in the student’s account will be returned within 90 days of the end of the academic term, unless the student is planning to return for the next academic term. If the balance in a student’s Damage Deposit account falls below $50, the student may be required to deposit additional funds to bring the Damage Deposit balance to $300.

**PAYMENT OPTIONS**

**OPTION 1:** Pay your enrollment deposit of **$1500 by June 1, 2010** or within two weeks of acceptance, and the balance of **$27,250 by August 2, 2010**.

**OPTION 2:** Parents of dependent students may choose to take out a **Federal PLUS loan**, which is a low-interest educational loan with repayment over ten years (beginning immediately).

**OPTION 3:** Enroll in a payment plan through **Quickpay**. For a $50 fee, you can participate in a series of monthly payments for each semester by credit card or e-check. You must still pay your Enrollment Deposit directly to Landmark College. Call Landmark for details at 802-387-6845.

**OPTION 4:** You can also pay your bill via **Quikpay**, our online payment system. Just visit the College’s website at www.landmark.edu and click the link for “Pay Online” at the bottom of the page. You will need your students ID number found in your admissions letter to make a payment as a guest payer. **Quikpay** does accept credit cards and e-checks. If you have any questions, please call Accounts Receivable at (802) 387-6845.

**INDEPENDENT STUDENT DEFINITION**

Students are considered independent only if they meet Department of Education definitions. According to the Department of Education, an independent student is:

• 24 years old before January 1 of the year of attendance;
• a veteran of the Armed Forces;
• married;
• an orphan or ward of the court;
• or has legal dependents other than a spouse.
PHONE NUMBERS FOR YOUR GENERAL QUESTIONS

If your question is about: | Call: | At:
--- | --- | ---
Financial Aid | Cathy Mullins | 802-387-6736
Student Employment | Jennifer Desmarais | 802-387-7179
Student Account Balance | Ginny Irish | 802-387-6845
Student Phone Accounts | Alyssa Bingham | 802-387-6801
Campus Debit Accounts | Alyssa Bingham | 802-387-6801
Student Life | Michael Luciani | 802-387-6714
Residential Life | Ed Klein | 802-387-6374
Student Mail & Deliveries | Student Life | 802-387-6714
Medical Forms | Simonne Holton | 802-387-6753
Student Health Insurance | Ellie Applegate | 802-387-6779
Technology Help Desk | IT Staff | 802-387-6800

PAYMENT POLICIES

LATE PAYMENT FEE
1.5% of outstanding charges per month is charged each month or part of a month that fees are late.

REFUND POLICY
No refund of fees is made in the case of dismissal of a student from Landmark College.

Students who withdraw either voluntarily or for medical reasons or serious emergencies shall forfeit the application fee and Enrollment Deposit but may receive a partial refund of tuition, room, and board fees, paid as follows:

<table>
<thead>
<tr>
<th>Week of Withdrawal</th>
<th>Percentage of Refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>(for Voluntary, Medical, or Emergency Reasons)</td>
<td>(of Tuition, Room, and Board)</td>
</tr>
</tbody>
</table>

Fall or Spring Semesters
- First Week ..................................................80%
- Second Week ..............................................60%
- Third Week ..............................................40%
- Fourth Week ..............................................20%
- After Fourth Week ......................................0%

- Requests for refunds should be submitted in writing to the Vice-President of Finance and Administration. If granted, refunds will be remitted by check from Landmark College to the person listed as the Responsible Payer. See Required Form 2.
- When a withdrawing student has accumulated outstanding bills or fines, the refund will be reduced by the amount owed.
• When any authorized refund represents in whole or in part the proceeds of any private, state, or federal financial aid, the amount of refund returned will be based on the applicable federal refund formula.

• See the Landmark College catalog for a detailed description of fees.

Direct any questions about fees, payment dates, or account balances to Student Accounts, 802-387-6845
2010 Fall Semester

- **Thursday, August 26:** New students arrive. New Student and Family Orientation programs begins.
- **Friday, August 27:** New student course registration. New Student Orientation continues.
- **Saturday, August 28:** New Student Orientation continues. Convocation at 10:30 a.m.
- **Sunday, August 29:** Returning students arrive. Residence Halls open at noon for returning students. New Student Orientation continues.
- **Monday, August 30:** Returning and late students registration. New Student Orientation continues.
- **Tuesday, August 31:** Classes Begin at 8:30 a.m.
- **Monday, September 6:** LABOR DAY — No classes.
- **Monday, September 13:** Last day to add courses or to change audit option to regular course enrollment.
- **Friday, September 24-Saturday, September 25:** Family Weekend/ No classes .
- **Monday, September 27:** Last day to drop courses or to change regular course enrollment to audit option.
- **Tuesday, September 28:** Start date to withdraw from courses with a W.
- **Monday, October 11-Tuesday, October 12:** No classes. Residence Halls remain open.
- **Wednesday, October 20:** Mid-semester grades due.
- **Friday, October 22:** Online registration for Thanksgiving Break Housing available.
- **Monday, October 25:** Last day to withdraw from courses with a W.
- **Tuesday, October 26:** Start date to withdraw from courses with WP (pass) or WF (fail).
- **Friday, November 5:** Deadline for online registration for Thanksgiving Break Housing.
- **Monday, November 8:** Housing preference forms for Spring 2011 semester available online.
- **Wednesday, November 17:** Course registration for spring semester begins.
- **Friday, November 19:** Deadline for Spring 2011 housing preference forms.
- **Wednesday, November 24:** No classes. Residence Halls close at noon except for students registered for break housing.
- **Thursday, November 25:** Thanksgiving.
- **Friday, November 26:** No classes.
- **Sunday, November 28:** Residence Halls open at noon.
- **Friday, December 3:** Last day of classes.
- **Monday, December 6:** Reading day.
- **Tuesday, December 7:** Final exams begin.
- **Thursday, December 9:** Grades for graduating seniors due at noon.
- **Friday, December 10:** Final Exams end.
- **Saturday, December 11:** Graduation.
- **Sunday, December 12:** Residence Halls close at noon.
- **Tuesday, December 14:** All grades due.
- **Tuesday, December 23:** College closes at 5:00 p.m.
2011 Spring Semester

- **Monday, January 3**: College reopens for staff.
- **Thursday, January 20**: New students arrive. New Student Orientation begins. Welcome to New Students and their families.
- **Friday, January 21**: New student course registration. New Student Orientation continues.
- **Saturday, January 22**: New Student Orientation continues.
- **Sunday, January 23**: New Student Orientation continues. Returning students arrive. Residence Halls open for returning students at noon.
- **Monday, January 24**: New Student Orientation continues.
- **Tuesday, January 25**: Classes begin at 8:30 a.m.
- **Monday, February 7**: Last day to add courses or change audit option to regular course enrollment.
- **Wednesday, February 16**: Online registration for Spring Break Housing available.
- **Monday, February 21**: Last day to drop courses or change regular course enrollment to audit option.
- **Tuesday, February 22**: Start date to withdraw from courses with a W.
- **Friday, February 25-Saturday, February 26**: Family Weekend. Classes will be held.
- **Wednesday, March 2**: Deadline for online registration for Spring Break Housing.
- **Friday, March 11**: Spring break begins at 5:00 p.m.
- **Saturday, March 12**: Residence Halls close at noon unless registered for break housing.
- **Sunday, March 20**: Residence Halls open at noon.
- **Monday, March 21**: Spring Break ends. Classes begin at 8:30 a.m.
- **Wednesday, March 23**: Mid-semester grades due.
- **Monday, March 28**: Last day to withdraw from courses with a W.
- **Tuesday, March 29**: Start date to withdraw from courses with WP (pass) or WF (fail).
- **Monday, April 11**: Course registration for summer begins. Housing preference forms for Summer & Fall semesters available online.
- **Monday, April 18-Tuesday, April 19**: No Classes.
- **Friday, April 22**: Deadline for Summer & Fall semester housing preference forms.
- **Monday, April 25**: Course registration for fall begins.
- **Friday, May 6**: Last day of classes.
- **Monday, May 9**: Reading day.
- **Tuesday, May 10**: Final exams begin.
- **Thursday, May 12**: Grades for graduating seniors due at noon.
- **Friday, May 13**: Final exams end.
- **Saturday, May 14**: Graduation.
- **Sunday, May 15**: Residence Halls close at noon.
- **Tuesday, May 17**: All grades due.
The transition to college is always tough for students and their families. Those with ADHD, dyslexia and other diagnosed learning differences – no matter how bright they are – usually have additional anxieties. More and more of these students are addressing their concerns head-on by making Landmark their college of choice. Three students in their final semester at Landmark agreed to share their perspectives. Their stories will give you a better idea of what transitioning to Landmark might be like.

Sydney’s Story
Sydney Ruff, Waterville, ME
Career Goal: Public Speaking & Communications

Part I: Background
I was originally diagnosed with an auditory processing disorder. As far as I could tell, that just meant I couldn’t have a lot of noise in the background. So I had to use some accommodations throughout high school, but I made very strong grades. When I took the SATs, it was kind of a test for me to see if I still needed some accommodations. Honestly, I got a poor score and it was devastating. Suddenly I was faced with a difficulty getting into college that I didn’t expect.

Part II: Choosing Landmark
My parents found Landmark and basically insisted that I go on a tour. I didn’t like anything – the tour, the interview, nothing. There was no way I was going to go to a school that was like a big resource room. But my parents kept urging me, so I gave in and told my dad I would go for one semester.

Part III: The Transition
Like I said, I was pretty reluctant to go to Landmark. At move-in, I thought, “I can’t believe I’m actually doing this.” I only took two weeks’ worth of stuff with me, thinking I would find some excuse to go home. After the first week of school, I started to feel I could see myself at Landmark. Then, the next week I got sick and had to go home for awhile. But I went back. At the end of every semester, I said “just one more semester.”

During the first semester a lot of people get put into the noncredit program. You hate paying so much and the fact that you don’t seem to be making progress towards your degree. But it was that first semester that made all the difference for me and I learned techniques that I use every day.
Part IV: Getting Into It

You grow up with a stereotype of what a learning disability is and you have to worry that people are judging you. Here, everyone knows you have a learning disability, so it’s not something you have to explain. It leads to greater openness – and even a lot of joking – but you have to stay aware and keep your confidence level up. I’ve gotten a lot more comfortable.

Landmark has so many tools. If you’re only here for a year or two, there’s no way to use them all. I often go down to the reading and writing center for help. They use different study approaches that really work. This is important for me, because the “quizzing” style of studying just makes me anxious. My favorite source for support right now is Coaching Services. Change is a big thing for me – and I don’t like it. They’re preparing me for what comes next in ways I wouldn’t do on my own.

Also, Dr. Katz [Landmark’s President] retested me and found that I was originally misdiagnosed. That rediagnosis has been one of the best things I’ve done in a long time.

Part V: Words of Advice

The main thing I would say is that you have to come here with an open mind. I started off expecting everything to be negative and it turned out far more positive than I could have imagined. Sometimes I wonder what would have happened if I’d come in with a more open attitude.

The other thing I have to stress is that people looking at going to Landmark should view it as part of their college education. You take two or three years here and then you transfer. People transfer all the time and this is just like another transfer.

——

Joe’s Story

Joe Templin, Hinesburg, VT
Career Goal: Middle School Math Teacher

Part I: Background

My issues are language-based. I had a fair amount of trouble with reading and writing, but my high school only offered help with the reading part. I didn’t know what I needed to do to be a better writer. In looking at colleges I was sure I had to find one that had strong support.

Part II: Choosing Landmark

I had an advantage because my brother attended Landmark, so I already knew what the College could do. We all saw that he could do it, and he pushed me to at least try it to see if I could do it, too. I did look at a couple of other small colleges with LD support, but I just wasn’t sure that I had the skills to go to them and be successful. So I picked Landmark.
Part III: The Transition
From the beginning I wanted to be at Landmark, so I didn’t have some of the issues other people have. But it was hard to be away from home, get to know a new environment and try to meet new friends. I guess that would be the same no matter what college you go to. It was also tough to adjust to what’s expected. The class loads are pretty tough; you’re in class every single day. And you have homework for each of those classes that they actually expect you to do. That’s so much different from other colleges. Also, at least in the beginning, you’re expected to attend office hours at least once a week. It’s a lot to get used to.

Part IV: Getting Into It
The staff has been really helpful. The teachers are wide open and they’re just great with students. And Residence Life was very useful, helping you plan ahead in case you get sick or something happens. Aside from the people, the program itself is cool. I wanted to gain a better understanding of my learning disability and what parts of the brain are impacted. I got just that – and I got tools that I’ve learned to use.

It was also important for me to get involved. I was on the soccer team. I’ve also been a resident assistant, so I get to help people who are struggling with the transition. I’ve seen students struggle with not liking the school initially. And I’ve also seen many students not trying as hard as they should.

Part V: Words of Advice
I would say this to anyone thinking about coming here: “If you’re motivated and you want to try very hard to succeed in your goals in life, Landmark is probably the best choice for you. Plan to give it 110% each and every day.”

Chris’ Story
Christopher Revill, Meriden, CT
Career Goal: Uncertain

Part I: Background
I was diagnosed with AD/HD in the first grade. Then, in my second or third year of high school, I found out I also had central auditory processing disorder. Partly because of this, I didn’t initially plan to go to college right away. So I was going to take a year off, but my mother kind of insisted that I do something. The initial solution was community college. I actually went for two years, taking courses part time and working with a private tutor. I wanted to stop, but my mother kept after me.

Part II: Choosing Landmark
A breakthrough came when my parents found out about the summer college skills program at Landmark College. I thought, “why not?” so
I went and really liked the program – and did well. That experience convinced me that I could actually succeed in college; it gave me the confidence to go to school. And of course my choice was Landmark.

Part III: The Transition
Since I already knew Landmark, it wasn’t as hard for me as it is for some other people. Getting used to a rural environment wasn’t easy. I grew up in Connecticut and it always pretty easy to get to New York or Boston. Putney isn’t exactly a thriving metropolis – or close to one. It was also tough to have a roommate. My first semester roommate was a lot different than me. But it worked out well and was a great experience.

Part IV: Getting Into It
I took different kinds of courses and was surprised by what I liked. I got really into social science and I also liked the visual arts. The big surprise, though, was literature and reading. It wasn’t even the fact that I could read, but that I was reading and liking the books. I read anything I could get my hands on, from *The Color Purple* to *The Bell Jar*. I loved *Nickel and Dimed* so much, I read it in a single weekend. I was falling in love with learning all over again.

As for getting involved, I got an opportunity to be an RA, and I took it. It’s probably going to be my short-term career through college and graduate school. It’s not easy; you see a lot of roommate issues, overwhelmed people, people who are homesick, etc., but I like being able to help out.

Part V: Words of Advice
If you’re thinking about Landmark, you should definitely check it out in person before you come here. Make sure you know yourself well enough, including what you want. You have to be fully ready to come here. Nobody is going to force you to do anything, but if you’re determined, you can achieve.

“I was falling in love with learning all over again.”
General Release and Acknowledgement of Consent

In consideration of the acceptance of, and recognizing that his or her enrollment at Landmark College (“the College”) is voluntary, and that there are certain risks which the Student assumes by enrolling at the College and participating in its educational, residential, athletic, and activity programs, the Student hereby enters into the following General Release and Acknowledgment of consent (“Release and Consent”).

1) The Student waives, releases, and forever discharges all claims, demands, actions or causes of action, which he or she may now or in the future have against the College, a non-profit educational organization, incorporated in the State of Vermont, its officers, directors, faculty, staff, employees, agents, and its successors and assigns, for any damages, loss, cost or expense including attorneys’ fees, arising out of or in any way connected with any of the following, and further agrees to defend, indemnify and hold harmless, from any and all liability, including, but not limited to attorneys’ fees, arising out of or related to the following.

a) Any injury or illness suffered by the Student due to her or his participation in any organized or sanctioned activity and or athletic program(s) sponsored by the College, regardless of whether or not it results in the death of the Student, due either to the nature of the activity or the dangers in travel to or from a specific event, whether or not it is the result of the active or passive negligence of the College. Activity and activity programs or events include, but are not limited to: aerobics, badminton, baseball, basketball, boxing, canoeing, carnival games, caving, dancing, drama club, floor hockey, hiking, horse back riding, ice hockey, martial arts, music, softball, rock climbing, ropes course, running, skiing, soccer, volleyball, weight training, yoga.

b) The Student accepts responsibility for wearing appropriate safety equipment during any activity or athletic event.

c) Any loss of or damage or injury to property, whether personal, real or mixed, owned by the Student or by another, caused in whole or in part by the Student whether alone or in association with others.

d) Any and all claims of whatever nature for injury, death, loss, damage, accident, delay, cost or expense sustained by Student arising out of or related to the use of any vehicle or other mode of transportation.

e) Any financial or other obligations or liabilities incurred by or on account of the Student.

2) The Student recognizes and acknowledges that the College has absolute discretion in matters relating to the administration of the College and its programs, and the dismissal of the Student from the College. If the Student violates any of the provisions of the College’s policies or any of the terms and conditions of the Student’s enrollment, or if for any other reason is the sole and absolute discretion the College determines that Student must be dismissed, the Student may be dismissed and sent home at the expense of the Student.

3) The Student recognizes and acknowledges that the medical staff at the College are independent contractors, and not employees of the College, and that the College is not in any way responsible for, and shall not be liable for, any aspect of medical treatment provided to the Student, including, but not limited to the consequences of any examination, advice, diagnosis, medication, treatment, prognosis or other professional services which such medical staff may furnish the Student. The student agrees to hold the College harmless from any claim related to action of the medical staff.

Students represent and warrants that he or she has disclosed (and will disclose) to the College any existing disability or illness of the Student which may require medical treatment or accommodation.
4) The Family Educational Rights and Privacy Act of 1974 allows the College to release directory information about a Student without obtaining the Student’s prior consent. Directory information includes, but is not limited to, a Student’s name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, dates of attendance at Landmark College, degrees and awards received, and the most recent previous educational institution attended.

The Student hereby authorizes the College, its agents, employees, officers and assigns, to take, process, publish, or otherwise use photographs, motion pictures, video images, or other forms of visual reproduction, and voice prints of the Student either alone or with others, in any way deemed appropriate by the College in the sole and absolute discretion of the College without the pre-approval of the student, for recruitment or promotional purposes.

Any student who objects to the release of this kind of information, either during or after his or her period of attendance at the College, should make a written request to the Registrar within one week of registration, asking that directory information and/or visual or vocal reproduction not be released without prior consent. In the absence of a written request, this authorization shall be considered in effect.

5) The student acknowledges that the College will maintain and publish internal directories that could contain, but not be limited to, a Student’s name, campus telephone number, mailbox number, room number and photograph.

6) The Student agrees to maintain an active and meaningful academic participation in all courses in which the Student is registered and to attend classes as required by the instructor.

7) The accepting college or university has the authority to accept or decline in transfer credits earned at Landmark College.

8) If any of the provisions of this Release and Consent shall be held invalid or inoperative, they shall be deemed to be severed from this agreement, and given no force or effect, and the remaining provisions shall be given full force and effect.

9) The Student agrees that this General Release and Acknowledgment of Consent shall remain in force and be valid as it pertains to any period of time during which the Student is enrolled at the College.

If there are any items on this release that are not fully understood, please call the College at (802) 387-6700 before signing below.

Important Note: The notes in the left column have been provided in an attempt to summarize, but not substitute the statements and conditions in the right column. By signing below, you agree to the actual conditions stated in the right column.

By signing this document, the Student represents that he or she has read this General Release and Acknowledgment of Consent, understands its provisions and agrees to be bound by it, and that he or she has signed it on:

INSERT DATE ON THIS LINE

SIGNATURE OF THE STUDENT

PRINTED NAME OF THE STUDENT

SIGNATURE OF PARENT/GUARDIAN IF STUDENT IS UNDER THE AGE OF 18 YEARS

PRINTED NAME OF THE PARENT/GUARDIAN

If you are under 18, your parents have to read and sign this as well.

According to Federal law, the College can print and release basic information about students.

The College will print and distribute internal directories.

Students agree to attend class and complete work.

The ability to transfer credits is up to the accepting institution.

If one part of this waiver is removed or invalid, the rest of the waiver remains in effect.

This waiver will remain in effect as long as you are enrolled at the College.

Landmark College • River Road South • PO Box 820 • Putney, Vermont 05346-0820 • Admissions Phone: (802) 387-6718 • Fax: (802) 387-6868 • Email: admissions@landmark.edu
PLEASE NOTE:

• By signing this agreement form, both the student and the person responsible for payment agree to pay Landmark College’s fees as presented and follow the college’s payment policies.

• By signing this agreement form, the student agrees to accept and abide by Landmark College’s rules and regulations.

• By signing this agreement form, the student understands and acknowledges that credits earned at Landmark College are transferable to other colleges only at the discretion of the other college.

STUDENT INFORMATION:

Student Name: ______________________________________________________________________

Student Social Security Number: _________-________-_______

Please complete the following information about the person who is responsible for paying the student’s fees. Only one responsible payor may be designated, even when payments may be made by more than one person.

Responsible Payer Name:  ____________________________________________________________

Responsible Payer email: _____________________________________________________________

Address: ___________________________________________________________________________

City: ____________________________________________ State: ____________ Zip:  ___________

Home Phone: (______)________-____________  Work Phone: (______)________-__________

Relationship To The Student: _________________________________________________________

The undersigned agrees to allow Landmark College to set up the Responsible Payer listed above as an Authorized Payer on Quikpay for the purpose of providing access to billing statements and other services provided by the Quikpay program. Landmark will send logon information to the email address provided above. For more information on the Quikpay program please visit http://quikpay.landmark.edu/

SIGNATURES:

Person responsible for payment_________________________________________ Date ___________

Student (if not the person responsible for payment) _______________________Date ___________

It is the policy of Landmark College to send the student’s academic records to any person who is authorized to receive such information (see form 12 and “Communication with Families & Others” in Making Your Way to Landmark College for more information.

ATTACH CHECK HERE and include in return envelope or send directly to:

Accounts Receivable
Landmark College
P.O. Box 820
River Road South
Putney VT 05346
Name: ____________________________________________ Age: ________

☐ Female ☐ Male

Please help us place you in a housing assignment by providing the following information.

1. Do you smoke? ☐ Yes ☐ No

(Note: Even though smoking is not allowed in any residence hall, we still make housing assignments with this information in mind)

2. If I do not have a class, I anticipate that I will wake up in the morning:
   ☐ Before 7:00 a.m. ☐ Between 7–9 a.m. ☐ After 9:00 a.m.

3. I anticipate studying in my room during the:
   ☐ Daytime/Afternoon ☐ Evening (6–10 p.m.) ☐ Late night (after 10 p.m.)

4. On weeknights, I typically go to bed at:
   ☐ Before 11:00 p.m. ☐ 11:00 p.m.–12:00 a.m.
   ☐ 12:00-1:00 a.m. ☐ after 1:00 a.m.

5. I prefer to study:
   ☐ in a quiet environment ☐ with music or other ambient noise

6. Regarding my room:
   ☐ I enjoy having others in my room. ☐ I prefer not to socialize in my room.

7. My room is:
   ☐ Always neat & organized ☐ Usually neat & organized
   ☐ Rarely neat & organized

8. I enjoy listening to this type(s) of music: ________________________________

9. What activities, hobbies or sports do you enjoy: __________________________

10. I regularly participate in religious activities. ☐ Yes ☐ No

11. I would like to be considered for “Wellness Housing” ☐ Yes ☐ No

   Note: Although there is already a strongly enforced expectation that Landmark College is a dry campus, the wellness hall offers an additional measure of support for those individuals who choose not to drink or use drugs. Substances are defined to include alcohol, cigarettes, and other smoking materials as well as all illicit drugs. Please note that wellness housing also has extended quiet hours.

12. Is there anything else you would like to tell us about yourself or what type of roommate you would like? ____________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

FOR OFFICE USE ONLY:

Date Received: ____________________________

Assignment: ____________________________

REVISED 3/08
TO THE STUDENT: YOU HAVE BEEN ACCEPTED. Information you provide will not be used to influence your situation at the College. It will be used, if necessary, solely as an aid to providing necessary health care while you are a student. This information is strictly confidential. Your knowledge and consent will be required for release of this record.

Name: ____________________________________________  Birth Date ______________________________

Home Address:  ____________________________________________________________  Home Tel. No.: (____)_____________________

Marital Status:  □ Single  □ Married  □ Other __________________  Soc. Sec. No.: ______________________

Health Insurance Provider:  __________________________________________  Sex:  □ Male  □ Female

Subscriber’s Name: ____________________________  Cert #: ___  Grp #: ______  Citizenship: __________________________

FAMILY HISTORY/INFORMATION

Father’s Name: ____________________________________________  Father’s Home Phone: (____)_____________________

Father’s Home Address: __________________________________________

Mother’s Name & Maiden Name: ____________________________________  Mother’s Home Phone: (____)_____________________

Mother’s Home Address: __________________________________________

Student’s Health Care Provider: ____________________________________  Physician’s Phone: (____)_____________________

Health Care Provider’s Address: ______________________________________

Name of Person to be Notified In Emergency: __________________________  Relationship: __________________________

Address: ____________________________________________  Phone: (____)_____________________

<table>
<thead>
<tr>
<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age at Death</th>
<th>Cause of Death</th>
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<tbody>
<tr>
<td>Father</td>
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<td>Mother</td>
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<td>Brothers</td>
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<td>Sisters</td>
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**FAMILY HISTORY:** Have any of your blood relatives had any of the following:

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<th>Relationship</th>
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<tr>
<td>Alcoholism/Drug Abuse</td>
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<td>Headaches</td>
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<td>Allergies</td>
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<td>High Blood Pressure</td>
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<td>Intestinal Problems</td>
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<td>Asthma</td>
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<td>Learning Disability</td>
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<td>Lung Disease/TB</td>
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<td>Cancer</td>
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<td>Stomach Disease</td>
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<td>Stroke</td>
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<td>Cholesterol problems</td>
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<td>Epilepsy/Convulsions</td>
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**PERSONAL HISTORY:** Have you had any of the following:

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<td>2. Alcoholism</td>
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<td>5. Anxiety, frequent</td>
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<td>6. Anorexia</td>
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<td>9. Back problems</td>
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<td>10. Bleeding, abnormal</td>
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<td>11. Broken bones</td>
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<td>12. Bulimia</td>
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<td>13. Cancer or impaired immunity</td>
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<td>14. Chicken Pox</td>
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<td>16. Chronic cough</td>
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<td>17. Chronic constipation</td>
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<td>18. Colds, recurrent</td>
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<td>19. Colitis</td>
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<td>20. Convulsions/Seizures</td>
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<td>24. Diarrhea, frequent</td>
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<td>31. Fainting/Blackouts</td>
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<td>32. Foot trouble</td>
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<td>33. Gall Bladder problems</td>
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<td>35. Hay Fever</td>
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<td>36. Head injury/Unconscious</td>
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<td>37. Headaches, frequent</td>
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<td>38. Heart murmur</td>
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<td>42. High Blood Pressure</td>
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<td>43. Indigestion, frequent</td>
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<td>44. Insomnia</td>
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<td>46. Joint Disease/Injury</td>
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<td>47. Kidney Disease</td>
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<td>54. Mumps</td>
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<td>58. Palpitations/Heart</td>
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<td>78. Ulcer/Stomach or other</td>
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<td>85. Weakness/Paralysis</td>
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<td>86. Worry, often severe</td>
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<td>87. Other</td>
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Please explain any positive answers below by using #’s:  

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______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
The following information will be required of every student. Please respond to allergies, surgery and personal history sections. Please complete these next sections whether or not you intend to participate in athletics.

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<th>Y</th>
<th>N</th>
<th>Surgery:</th>
<th>Y</th>
<th>N</th>
<th>Women Only:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin</td>
<td></td>
<td></td>
<td>Appendectomy</td>
<td></td>
<td></td>
<td>Irregular Periods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfa Drugs</td>
<td></td>
<td></td>
<td>Tonsillectomy</td>
<td></td>
<td></td>
<td>Severe Cramps</td>
<td></td>
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<tr>
<td>Horse Serum</td>
<td></td>
<td></td>
<td>Hernia Repair</td>
<td></td>
<td></td>
<td>Excessive Flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Feathers/Eggs</td>
<td></td>
<td></td>
<td>Fractures/Orthopedics</td>
<td></td>
<td></td>
<td>Breast Lumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Drugs</td>
<td></td>
<td></td>
<td>Handicaps or Special Needs</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foods</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bees/Wasps</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trees/Plants</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
<td>Medications Used (list all):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dust/Molds</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
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<tr>
<td>Other (explain)</td>
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<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
<td>Other (explain)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are taking any prescription medicines, please give names and dosages:

Name over-the-counter medicines used:

Serious illness or surgery or handicaps:

When was your last visit to the dentist:

If you smoke, how many cigarettes a day and number of years:

How much caffeine do you consume (coffee, tea, soda)? Number of servings per day:

If you drink alcoholic beverages, how many a day or week:

Do you use street drugs?

Activity level: ☐ Sedentary ☐ Moderate ☐ Strenuous

EXPLANATION OF ABOVE:

**PAST INJURIES:** Do you have, or have you ever had, the following? If so, please state when.

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>When?</th>
<th>Explain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concussion(s) No.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skull Fracture(s) No.</td>
<td></td>
<td></td>
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<tr>
<td>Neck Injury</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Shoulder Injuries</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Elbow Injuries</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Arm/Wrist/Hand Injuries</td>
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<td></td>
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<tr>
<td>Rib Cage Injuries</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Back Injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thigh Injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Leg Injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shin Splints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle Injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE ANSWER AND EXPLAIN:**

1. Will you be restricted from physical activity, sports, or athletics and the like? ☐ ☐  
   Be sure your Health Care Provider gives details on physical form.

2. Will you need allergy desensitization therapy? ☐ ☐  
   If yes, bring serum and schedule from physician.

3. Have you had psychiatric or psychological counseling? ☐ ☐  
   You would like to discuss with a Health Center staff member?

4. Do you have any questions about your health or other matters you would like to discuss with a Health Center staff member? ☐ ☐  

Landmark College • River Road South • PO Box 820 • Putney, Vermont 05346-0820 • Health Services Phone: (802) 387-6753 • Fax: (802) 387-1644 • Email: admissions@landmark.edu
I hereby certify that this form is complete to the best of my knowledge.
Signed ______________________________________ Date _____________________

I understand that the athletic department may request a copy of this page (page 3) if I participate in intramural, varsity, and/or club sports. I give my permission to health center personnel to forward a copy of this page on the request of the athletic department.
Signed ______________________________________ Date _____________________

Student’s Bill of Rights
As a student, I understand I have the right…
1. to be treated with dignity and respect by all those who serve me.
2. to a plan of care that is designed to meet my individual needs.
3. to participate in the development of my care.
4. to have my plan of care evaluated and updated periodically
5. to expect that all personnel who care for me will be current in the skills and knowledge of their field of employment.
6. to expect that those providing my care will receive supervision and direction from qualified persons on an ongoing basis.
7. to expect proper identification by name and title of those persons who care for me.
8. to know that case-related information will be kept confidential and may not be released to anyone (including parents/guardians) without my written authorization.
9. to review my record of care at any time.
10. to refuse treatment.
11. to be served without regard to race, color, religion, national origin, sex, age, veteran or handicapped status.

I have read the above Student’s Bill of Rights.
Signed ______________________________________ Date _____________________

Consent Form for Permission to Provide Medical Treatment
I do hereby give the college health center personnel permission to order routine tests and treatment for

Name of Student ________________________________________________________________________________________________

I release the College, its staff, and employees from any and all liability arising out of, or connected with 1) the performance of laboratory tests, or 2) the diagnosis based on any laboratory tests. I understand that the college health center is required by state law to report positive results of certain laboratory tests to the public health agencies.

Signature of Student __________________________________________________________ Date _____________________

Signature of Parent or Guardian if student is under 18 years ______________________________ Date _____________________

Consent Form for Permission to Treat Minors in an Emergency
In the event that I cannot be reached in an emergency, I hereby give my permission to the physician(s) selected by the College to hospitalize, secure proper medical treatment, and to order injections, anesthesia, and/or surgical procedures for the student named above.

Signature of Parent or Guardian _________________________________________________________ Date _____________________

Full Name of Parent or Guardian (printed) ________________________________________________________________________

Address ______________________________________________________________________________________________________

Parent or Guardian Telephone: Home (_____) ____________________ Work (_____) _____________________________________

REVISED 10/09
Please review the student’s history and complete the following Physical Examination form. Please comment on all positive findings and be sure all information is complete.

Name: _____________________________________________  Sex: [ ] Male [ ] Female  Date of Birth: _____ / ____ / _____

Blood Pressure ________________  Pulse ________________  Weight ________________  Height ________________

Visual Acuity: OD  20/_______  OS  20/_______  Corrective Lenses: ______________________________________________________

ANY ABNORMALITIES OF:

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>Explain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes, Head, Ears, Nose, Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck, Thyroid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Abdomen</td>
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<td></td>
<td></td>
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<tr>
<td>Genitals</td>
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<td></td>
<td></td>
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<tr>
<td>Hernia</td>
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<td></td>
<td></td>
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<tr>
<td>Extremities/Joint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LABORATORY:  Hgb/Hct ________________  Urine:  Sugar ________________  Protein ________________

HEALTH CARE PROVIDER’S EXAM AND RECOMMENDATIONS
(Required for all students whether or not participating in athletics.)

SPECIFIC TO MUSCULOSKELETAL SYSTEM:
Neck/Shoulder ________________________________________________________________
Elbow/Hand/Wrist _____________________________________________________________
Back _____________________________________________________________
Knees _____________________________________________________________
Ankle _____________________________________________________________
Feet _____________________________________________________________
Flexibility _____________________________________________________________
Other _____________________________________________________________

REVIEW: Any special recommendations for care of student.

No sports participation ___________________________________________________________
Limited participation ___________________________________________________________
Clearance withheld until ___________________________________________________________
Full unlimited athletic participation: [ ] Yes [ ] No  Explain: __________________________

HEALTH CARE PROVIDER
Name __________________________________ M.D./N.P/P.A  Address __________________________
Signature __________________________ Date ______________________ Phone ___________________
Health Records: Immunization Record

PART ONE: To be filled out by student

Name: _______________________________ _______________________________ 

Address: _______________________________________________________________________________________________________

Date of Entry ____/____/____   Date of Birth ____/____/____

PART TWO: Must be completed and signed by your Health Care Provider

(Do not attach Immunization Record)  

The immunization protocol is mandated by the State of Vermont.

A. M.M.R. (Measles, Mumps, Rubella) (REQUIRED)  (Two doses required at least 28 days apart for students born after 1956)

1. Dose 1 given at 12 months or later............................................................ #1 ____/____/____
2. Dose 2 given at least 28 days after first dose............................................. #2 ____/____/____

B. POLIO (REQUIRED)  (Primary series done at least 28 days apart. Three primary series schedules are acceptable.)

1. Date of Completion of Series: ................. ____/____/____

C. VARICELLA (REQUIRED)  (Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease  Yes  No  or  Birth in the U.S. before 1980  Yes  No
2. Varicella antibody  ____/____/____  Result:  Reactive  Non-reactive
3. Immunization
   a. Dose #1 ................................................................. #1 ____/____/____
   b. Dose #2, given at least 12 weeks after first dose ages 1-12 year age #2 ....................... #2 ____/____/____
      and at least 4 weeks after first if age 13 years or older.

D. TETANUS-DIPTHERIA-PERTUSSIS (REQUIRED)  (Primary series with DTaP, DT, or Td, and booster with Td or Tdap in the last ten years.)

1. Primary series of four doses with DTaP, DTP, DT, or Td:
    Date of Completion of Series: ............................................................. ____/____/____
2. Booster Td or Tdap within the last ten years. .............................................. ____/____/____
### E. Quadrivalent Human Papillomavirus Vaccine (HPV) (Recommended)

For female college students 11-26 years of age at 0, 2, and 6 month intervals:

<table>
<thead>
<tr>
<th>Immunization (HPV)</th>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Dose #3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>D</td>
<td>Y</td>
</tr>
</tbody>
</table>

### F. Influenza (Recommended)

Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. H1N1 vaccine is recommended prior to arrival at Landmark.

<table>
<thead>
<tr>
<th>Seasonal Flu Vaccine</th>
<th>Date</th>
<th>H1N1 Vaccine</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>D</td>
<td>Y</td>
</tr>
</tbody>
</table>

### G. Hepatitis A (Recommended)

1. Immunization (hepatitis A)

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>D</td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

2. Immunization (Combined hepatitis A and B vaccine)

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Dose #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>D</td>
<td>Y</td>
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</tbody>
</table>

### H. Hepatitis B (Required)

Three doses of vaccine or a positive hepatitis B surface antibody meets the requirement.

1. Immunization

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Dose #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>D</td>
<td>Y</td>
</tr>
</tbody>
</table>

- Adult formulation
- Child formulation

2. Immunization (Combined hepatitis A and B vaccine)

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Dose #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>D</td>
<td>Y</td>
</tr>
</tbody>
</table>

3. Hepatitis B surface antibody: Date

<table>
<thead>
<tr>
<th>Results:</th>
<th>Reactive</th>
<th>Non-reactive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### I. Pneumococcal Polysaccharide Vaccine (Recommended)

One dose for members of high-risk groups.

<table>
<thead>
<tr>
<th>Date</th>
<th>M</th>
<th>D</th>
<th>Y</th>
</tr>
</thead>
</table>

### J. Meningococcal Tetraivalent (Required)

(A, C, Y, W-135 /One dose—for all students. College students over 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetravalent conjugate (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues):

<table>
<thead>
<tr>
<th>Date</th>
<th>M</th>
<th>D</th>
<th>Y</th>
<th>M</th>
<th>D</th>
<th>Y</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
F. TUBERCULOSIS SCREENING  

1. Does the student have signs or symptoms of active tuberculosis disease?  ☐ Yes  ☐ No  
   If No, proceed to #2.  
   If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.  

2. Is the student a member of a high-risk group or is the student entering the health professions?  ☐ Yes  ☐ No  
   If No, stop.  
   If Yes, place tuberculin skin test (Mantoux only: Inject 0.1ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) intradermally into the volar (inner) surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.  

3. Tuberculin Skin Test:  Date given:  _____/_____/_____  Date Read:  _____/_____/_____  
   Result:  __________ (Record actual mm of induration, transverse diameter; if no induration, write “0”)  
   Interpretation (based on mm of induration as well as risk factors):  ☐ positive  ☐ negative  

4. Chest x-ray (required if tuberculin skin test is positive)  Result:  ☐ normal  ☐ abnormal  
   Date of chest x-ray:  _____/_____/_____  

---  

1 The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC’s Core Curriculum on Tuberculosis available at state health departments or at the following web site: www.cdc.gov/nchstp/tb/pubs/corecurr/.  

2 Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify students of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemia’s or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone > 15mg/d for >1 month) or other immunosuppressive disorders.  

---  

HEALTH CARE PROVIDER  

Name ___________________________ M.D./N.P/P.A  Address ________________________________  

Signature ___________________________  Date __________________  Phone ________________________
Student Health Insurance Form

PAGE 1 OF 1

IMPORTANT: Please complete and return immediately with a copy of your medical insurance card.

Landmark College requires that each student participate in the Student Health Insurance Plan.
All students must complete and return this form.

This health insurance form MUST be completed every August and by every new student.
If you have a primary insurance carrier, please provide a copy of the front and back of the insurance card.
This provides our Health Service Center with more information regarding your prescription coverage.

Name: ________________________________________________________________________________________________________

Social Security Number: ________/__________/______________ Academic Year _______________________________________

Date of Birth: _________________/__________/______________ Home Phone: (                )   _____________________________

Home Mailing Address: __________________________________________________________________________________________

NO./STREET/APT CITY STATE ZIP

IMPORTANT: Please complete and return immediately with a copy of your medical insurance card.

Landmark College requires that each student participate in the Student Health Insurance Plan.
All students must complete and return this form.

This health insurance form MUST be completed every August and by every new student.
If you have a primary insurance carrier, please provide a copy of the front and back of the insurance card.
This provides our Health Service Center with more information regarding your prescription coverage.

Name: ________________________________________________________________________________________________________

Social Security Number: ________/__________/______________ Academic Year _______________________________________

Date of Birth: _________________/__________/______________ Home Phone: (                )   _____________________________

Home Mailing Address: __________________________________________________________________________________________

NO./STREET/APT CITY STATE ZIP

PLEASE CHECK ONE: If you have health insurance, please fill out the information below.

☐ I have health insurance identified below as my primary insurance carrier, and Bollinger Insurance will be my secondary carrier.

Insurance Company: _____________________________________________________________________________________________

Insurance Address: _____________________________________________________________________________________________

Insurance Phone Number: _______________________________________________________________________________________

Policy Number: _______________________________________________________________________________________________

Policyholder’s Name: ___________________________________ Group Number _________________________________________

Policyholder’s ID Number: _______________________________________________________________________________________

Policyholder is (check one):  ☐ Student ☐ Spouse ☐ Parent

By signing below, I certify that the abovementioned health insurance policy is currently in force and expect it will be
maintained in force during the present academic year. Please notify Health Services at Landmark College of any change to your
insurance policy or carrier.

☐ I have no other health insurance. Bollinger Insurance will be my primary insurance carrier.

SIGNATURE:

Student’s Signature: ___________________________________________________________ Date: ________/_______/_______

NOTE: If you have another health insurance plan, please attach a copy of the front and back of your card to this
form. If you have a separate card for pharmacy coverage, please attach a copy of that as well.

REVISED 10/09

Landmark College • River Road South • PO Box 820 • Putney, Vermont 05346-0820 • Admissions Phone: (802) 387-6718 • Fax: (802) 387-6868 • Email: admissions@landmark.edu
In the unlikely event of a pandemic outbreak or other emergency, the College could be required to close for an undetermined period of time. The decision to close the College could be made very quickly, requesting all students to leave within a period of a few days. For that reason, it is important for all students and their families to plan ahead on what you would do and where you would go if the College were to close. Another possible development could be that while Landmark remains open you become ill with the flu and the College suggests you leave campus for a period to recover. Especially for those who live at a distance from the College, having a near-by destination as an alternative to home would be very useful. The strategy of “social distancing” is one of the best practices that will help limit the spread of the infection. All students enrolled at Landmark are required to complete this form every year.

Name of Student:_____________________________________________________________________________
Home Address:_____________________________________________________________________________

If the College decides to close, we recommend that you identify two locations where you can go. When deciding on these locations, consider the following:

1. Is my home or other intended primary location within driving distance to Landmark?
2. Is there a relative or friend that I can stay with temporarily until I can get to my primary location?
3. What will I need to get to my locations and how can I make those arrangements?
4. What will I need to bring with me and how will this affect my transportation needs?
5. How will I communicate with my family during a evacuation?

Please provide the address of two locations, preferably in different cities, and one within a reasonable driving distance of Landmark College

Address 1

How will you get there?

Address 2

How will you get there?

Student’s Signature

Please return to the Office of Student Affairs, Landmark College, River Road South, Putney, VT 05346 or fax to (802) 387-6703

Landmark College • River Road South • PO Box 820 • Putney, Vermont 05346-0820 • Admissions Phone: (802) 387-6718 • Fax: (802) 387-6868 • Email: admissions@landmark.edu
## Computer Information and Order Form

**Student Name** ____________________________  **Contact Phone** ____________________________

**Contact Email** ____________________________

If you will not be purchasing a computer from Landmark, please complete the information below. This will be used by the Help Desk to provide support for your machine when you arrive on campus. Please note that if you bring your own computer you are still required to have the software listed below installed on your computer.

**Manufacturer** ____________________________  **Model#** ____________________________

Read the Notebook Program brochure in the left hand pocket. Most students order their required notebook computer through this program. Order online at www.landmark.edu/notebooks in order to take advantage of discounts and comprehensive on-site support or make your selection on this form.

- [ ] Order the Lenovo ThinkPad Edge 14” Package            $1146.00
- [ ] Order the Lenovo ThinkPad Edge 15” Package            $1166.00

Please Note: Incoming Language Intensive Curriculum (LIC) and Partial Credit program students are required to have Dragon Naturally Speaking Software and Kurzweil Professional installed.

- [ ] If you are in the LIC or Partial Credit Programs, check here to indicate you understand that Kurzweil 3000 Color Professional and Dragon Naturally Speaking will be installed on your laptop at a cost of            $327.00

Please Note: Incoming Credit and Credit Executive Function program students may choose either Text Reader after a 30 day experimental trial. As a Credit or Executive Function program student, I will make my Text Reader decision after attending the training workshops on campus. The fee for either selection will be $227.00.

- [ ] Purchase the optional Dragon Software with headset            $100.00
- [ ] Check here if you have already ordered a computer from Landmark College

**Apple Computer Policy:**

Apple computers running a supported version of Windows via “Boot Camp” may meet the College’s computer requirements. For students using Apple computers with “Boot Camp”, the College does provide support services in the Windows environment only. This includes installing Novell network and GroupWise e-mail client software and assistive technology software as well as supporting Internet connectivity and spyware removal. The College does not however provide support services related to Apple hardware troubleshooting, repair or use of unsupported software. In addition, the college does not provide Windows Operating System installations.
Co-Curricular Interest Form

PAGE 1 OF 1

Name: _____________________________________________________   Age: _________   □ Female   □ Male

We are interested in what interests you outside of the classroom! Please check off your interests in the appropriate boxes. We will use this information to help guide you in the right direction when you get to campus.

1. Sports
   - Intramurals
   - Men’s Baseball
   - X-Country Skiing
   - Golf
   - Tennis
   - Women’s Volleyball (Club)
   - Fencing (Club)
   - Boxing
   - Ice Hockey (Club)
   - Indoor Soccer
   - Men’s & Women’s Basketball
   - Women’s Softball

2. Adventure Education
   - Rafting
   - Ice Climbing
   - Map & Compass Skills
   - Leader Trainings
   - Ropes Courses
   - Hiking
   - Native American Skills
   - Live Owl & Hawk Shows
   - Caving
   - Camping
   - Wilderness 1st Aid
   - Canoeing
   - Winter Sports
   - Rock Climbing

3. Music
   - Pep Band
   - Open Mics
   - Chorus
   - Jazz Jam
   - Jazz Ensemble
   - Music Lessons
   - Other
   - Chamber ensemble

4. Student Play:
   - Acting
   - Production Crew
   - Other Tech Crew

5. Women’s Programs
   - Volunteer
   - On-Campus Programs & Events
   - Field Trips
   - Movement Classes

6. Cultural Diversity
   - Intercultural Club
   - Cultural Cooking
   - On-Campus Programs & Events
   - a. I am an international student from ______________________
   - b. I speak languages other than English and they are ______________________

7. Gay, Lesbian, Bisexual & Friends Alliance

8. Student Government Association

9. Student Leadership

10. Campus Activities Board (C.A.B.)

11. Student Clubs/Groups:
    - Gardening
    - Chess
    - Business
    - Gaming
    - Art
    - Impressions Literary Magazine
    - Rock Climbing Team
    - Community Service

12. Is there anything else you would like to tell us about yourself or what type of activities or extra-curricular programs you are interested in? ___________________________________________________________________________________________________
    ____________________________________________________________________________________________________________
    ____________________________________________________________________________________________________________

REVISED 11/08
CONTRACTUAL AGREEMENT

All resident students are eligible for Long Distance and Local Service. Long Distance Service, with lower costs per minute, and no additional operator service fees, is a privilege extended to students in the residence halls, enhancing communication to and from the college community, and to family and friends. Students are to use the service responsibly, and pay bills for service promptly.

Each student enrolled in the Long Distance Service program is responsible for all long distance calls charged to their authorization code. It is your responsibility to make all reasonable precautions to protect your code and not allow the use of that code by anyone but yourself. You are responsible for all calls charged to your number. ACCEPTANCE OF COLLECT CALLS OR THIRD PARTY BILLING IS NOT PERMITTED. Domestic calls are 15¢ a minute.

Each student account will be billed monthly, with payment due within 15 days of the invoice date. PAYMENTS ARE POSTED WHEN RECEIVED. Outstanding bills in excess of $100.00 will result in an automatic disconnection of service. Payments are made with check or money order directly to Landmark College Business Office.

PENALTIES FOR MISUSE OF AUTHORIZATION CODES

Improper use of long distance authorization codes is a violation of Vermont Criminal Law. Depending on the nature of the crime and the dollar amount involved, penalties can run as high as $500,000 fine and/or 16 years imprisonment. Any accidental or intentional use of any authorization code other than your own will result in a process fee for each call made plus the actual cost of the call. Also, where intentional misuse occurs, the offender will be referred to the Student Life Office for disciplinary action.

I have read and understand the Landmark College Telecommunications Policy and agree by signing this contract that I am obligated to the provisions herein and all College policy and regulations. I understand that I am responsible for all long distance billed through my authorization code and any and all fees for reconnection or other incurred charges by the College.

PLEASE CHECK BELOW FOR LONG DISTANCE:  No application needed for local service!

☐ LONG DISTANCE SERVICE

Signature ___________________________________________ Date __________________________

Please PRINT the following information in FULL

FIRST NAME _____________________________ MI _____ LAST NAME _______________________

HOME ADDRESS ___________________________________________ NO./STREET/APT __________

RESPONSIBLE PAYOR ___________________________ CITY ___________ STATE ___________ ZIP

☐ PLEASE CHECK HERE IF YOU WISH TO HAVE THE TELEPHONE BILL SENT TO YOUR HOME ADDRESS.
Students are strongly encouraged to open a Campus Debit account at Landmark. This account allows students to use their student ID card to make purchases at the College Bookstore, Café, vending machines, dining hall, and Putney Pizza charging those purchases against their Debit Account. The Debit Account is a real convenience for students, assuring that there are sufficient funds available to make book and supply purchases at the beginning of the semester. More money can be added to the account balance at any time by using the Quikpay system. See “Making your way to Landmark College” for more info on Quikpay.

TO ESTABLISH A CAMPUS DEBIT ACCOUNT:

Complete this form and return with a check or Visa, MasterCard, or Discover number and expiration date to open your account. You can send it in the enclosed envelope or send it separately to:

Landmark College  
Attn: A. Bingham  
P.O. Box 820  
1 River Rd South  
Putney, VT 05346  

It’s recommended that students open their account with $500 to $600 to cover the cost of textbooks and supplies required for classes.

Any credit balance remaining in a student’s College Debit Account will be rolled over to the next semester unless otherwise requested. Students are responsible for payment of all charges made to the Debit Account.

STUDENT INFORMATION:

Student Name: _____________________________________________________
Home Address: _____________________________________________________
Phone Number: _____________________________________________________

Payment Choice:

☐ PAYMENT ENCLOSED FOR INITIAL DEBIT ACCOUNT DEPOSIT $ _______
☐ CHARGE MY CREDIT CARD FOR THE AMOUNT OF: $ _______
Type of Card: ☐ Visa ☐ MasterCard ☐ Discover

Card # __________________________ Exp. Date: __________
Name on Card: ____________________________________________

PLEASE NOTE:

• The Debit Account cannot be used for cash advances.
• A report of all transactions on your account is available upon request.
• See other side for more information on the debit account
Frequently Asked Questions Regarding The Landmark ID Debit Card:

1) Where do I get the Card?
The Debit card is your Landmark photo ID card. This card is used as your ID, your meal plan card and can be used as a Debit card when money is added. Photos are taken at registration and subsequently in the Office of Student Affairs.

2) How do I add value to the card?
There are several ways to put money on a card. Anyone can go to the Landmark college website located at www.landmark.edu and click on the $ Pay Online icon near the bottom of the homepage. This will redirect you to the Quikpay site where you can be a guest payor and make a payment using an e-check or by using VISA, MASTERCARD, DISCOVER or AMEX. You will need to know the students ID number and birthday. There are no credit card service fees charged to use this service. Funds will be on the student debit card by the end of the next business day. Money can also be added to the card by mailing a check to the College Business Office. Please indicate the student’s name. Money can also be added at registration via check, cash, VISA, MASTERCARD, or DISCOVER. Just stop by the Debit Card table.

3) Where can this money be spent?
Money on the Debit Card can be spent in the Landmark College Bookstore which sells books, dorm supplies, school supplies, clothing, personal care items, as well as food and beverages. Money can also be spent on Campus at the Fireside Cafe, in the Dining Hall, and in all beverage vending machines. It can also be used off campus at Putney Pizza.

4) What happens to unspent funds?
If a student is planning to return to Landmark, the funds will remain on the card for use when the student returns. If a student is not planning to return to Landmark, all unspent funds are credited to the student’s tuition account. Any credit balances on the tuition account are refunded several weeks after the end of the semester.

5) Can I get a cash advance from the funds on my Debit Card?
No – Landmark does not give cash advances from the debit card. If a student needs cash, they should use the ATM cash machines located outside the bookstore near the student mailboxes or in the lobby of the Dining Hall. The Landmark ID debit cards do not work in the ATM. Students who need cash can also cash checks in the college bookstore.

6) What amount does the college suggest for opening an account?
For the Fall or Spring Semester we suggest that the student start with $500-$600 which should be enough for books, some supplies and some extra spending money. For the Summer programs $100 is a good starting amount. The Bookstore also accepts Cash, Check, VISA and MASTERCARD for the payment of books.
Landmark College is interested in student success, while students are here and after they leave to pursue further education. Therefore, the College seeks your permission to obtain information about your academic progress at institutions you attend after Landmark College. Specifically, the College is most interested in your Grade Point Average (GPA) and Academic Standing. Data collected will only be used in de-identified or aggregate form. The College will not reveal your name or other identifying information.

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects the privacy of student education records. GPA and Academic Standing are considered part of the student record and as such, are protected under FERPA. Neither can be disclosed without the student’s written consent. The College may also be interested in obtaining information about your enrollment status, major, degrees awarded, and other similar “directory information.” Such directory information is usually shared with the public without the student’s consent, but it is referred to here in case institutions you attend require consent.

Therefore, by signing this consent to release in the space below, you are granting Landmark College the right to obtain from institutions you attend after Landmark your Grade Point Average (GPA), Academic Standing, and “directory information” as defined in FERPA regulations. The purpose of this disclosure is so that Landmark can collect the information to track the academic progress of its former students and use it in de-identified or aggregate form. This consent to release is effective for a period of five years after your last date of attendance at Landmark College.

Your consent for the release of this information to Landmark College is completely voluntary, and you can revoke your consent at any time by making a request in writing to the Registrar at Landmark College or to the Registrar at the institution(s) that you attend after Landmark College.

Student Signature: ___________________________ Date: ______________

Printed Name: ____________________________________________
As a College, we are concerned about the welfare of our students. It may be helpful if we have the requested information in case you require emergency medical treatment. If you would like this information on file for emergency purposes, please list the appropriate items on the form below, sign and return the form.

STUDENT NAME: _______________________________________ HALL/ROOM: _______________________

STUDENT CELL PHONE #: ________________________ AGE: _________________________

EMERGENCY CONTACT NAME: ________________________ RELATION: _________________________

EMERGENCY CONTACT PHONE #: ______________________ ALTERNATE #: _______________________

SIGNATURE: ______________________________________ DATE: _________________________

As required by law, the College must ask you to identify a specific individual to be contacted in the case a student was reported missing. Please indicate this specific contact person below.

☐ Same contact as above.

NAME: _______________________________________ RELATION: _________________________

CONTACT PHONE ______________________ ALTERNATE PHONE NUMBER ______________________

The information below will only be used by Residential/Security Staff to assist medical personnel in cases of emergencies and will not be given to anyone else.

Please note any of the following information you would like us to know about in an emergency:

Do you take prescription medicines? ☐ Yes ☐ No
If yes, please list or describe: ____________________________________________________________________
____________________________________________________________________________________________

Do you have any special medical conditions? ☐ Yes ☐ No
If yes, please list or describe: _____________________________________________________________________
____________________________________________________________________________________________

Do you have any allergies? ☐ Yes ☐ No
If yes, please list or describe: ______________________________________________________________________
Authorization to Release
Student Account and Education Information (FERPA Release)

Page 1 of 1

Name of Student: (please print) ________________________________ Social Security #: ________________________________ Date of Birth: ________________________________

DISCLOSURE TO PARENTS/GUARDIANS OF STUDENTS CLAIMED AS DEPENDENTS

As allowed by federal regulations (the Family Educational Rights & Privacy Act), Landmark College releases information contained in a student’s educational record to a student’s parents/guardians (both custodial and non-custodial) if the student is claimed as a dependent on the parent’s/guardian’s Federal Income Tax Return.

Please check one:

☐ The student named above is claimed as a dependent on their parent(s) or guardian(s) income tax return.

☐ The student named above is not claimed as a dependent on their parent(s) or guardian(s) income tax return.

Parent/guardian ________________________________ Parent/guardian ________________________________
Relationship ________________________________ Relationship ________________________________
Street ________________________________ Street ________________________________
City/state/zip ________________________________ City/state/zip ________________________________
telephone ________________________________ telephone ________________________________
e-mail ________________________________ e-mail ________________________________

Student’s Signature ________________________________ Date ________________________________

(notes: if student signature is not included here, then a copy of the first page of most recent year’s tax return must be attached. Please feel free to black-out any social security number or income amounts)

DISCLOSURE TO OTHER INDIVIDUALS

In addition to dependent students, any student may elect to have the information contained in their educational record shared with persons of their choice (for example: grandparents, tuition contributors, etc).

By completing this section, you authorize the following person(s) to have access to your educational record and receive all mailings, including grades and other correspondence related to your performance at Landmark College, so that they will have such information. You understand that you have the right not to consent to the release of your education records, and that this consent shall remain in effect unless revoked by you, in writing, and delivered to Landmark College, but that any such revocation shall not affect disclosures previously made by Landmark prior to the receipt of any such written revocation.

Name ________________________________ Name ________________________________
Relationship ________________________________ Relationship ________________________________
Street ________________________________ Street ________________________________
City/state/zip ________________________________ City/state/zip ________________________________
telephone ________________________________ telephone ________________________________

Student’s Signature ________________________________ Date ________________________________

If you have any questions regarding this document, please contact the Dean of Students at (802) 387-6713.

Landmark College • River Road South • PO Box 820 • Putney, Vermont 05346-0820 • Admissions Phone: (802) 387-6718 • Fax: (802) 387-6868 • Email: admissions@landmark.edu