



**Part 1: Student Information**

- This form should be completed by the applicant.
- Mail a copy of this form, along with the appropriate application fee, to all schools to which you are applying.
- Some schools may ask you to submit additional information. If you have questions about the admission process, please contact the schools to which you are applying before submitting this form.

**Applicant information**

First Name	Middle Initial	Last/Family Name		
Preferred Nickname	Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> Male <input type="radio"/> Female		
Applicant Street Address	City	State/Province	Zip/Postal Code	Country
Home Phone (include country and area code)		Mobile	Fax	
Is your current Address at a Boarding School? <input type="radio"/> Yes <input type="radio"/> No				
If Yes, Boarding School Name & Address _____				
Email	Native Language (Reading/writing/listening/speaking)		Language(s) spoken at home	
Country of Birth		Country of Citizenship		

**The following question is OPTIONAL and is used for statistical purposes only. Please check all that apply.**

- |   |   |  |   |
|---|---|--|---|
| <input type="radio"/> Black or African American             | <input type="radio"/> White                             | <input type="radio"/> Multiracial                              | <input type="radio"/> Mexican or Mexican American |
| <input type="radio"/> Native American                       | <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Other Hispanic, Latino or Latin American |   |
| <input type="radio"/> Asian American/Asian Pacific Islander | <input type="radio"/> Other (Please specify) _____      | <input type="radio"/> Prefer Not to Respond                    |   |

Year of proposed entrance	Current grade	Applying for grade	
Residential Status: <input type="radio"/> Boarding <input type="radio"/> Day <input type="radio"/> Undecided		Applying for Financial Aid? <input type="radio"/> Yes <input type="radio"/> No	
Will the student require a Form I-20 or an F-1 Visa to enter the United States? <input type="radio"/> Yes <input type="radio"/> No			
Name as it appears on your passport: _____			
	Last Name	Middle Name	First Name

**Education**

Current School Name	Dates of Attendance	School ends at what Grade?		
<b>Select School Type (menu)</b>				
<input type="radio"/> Public School within US and Canada	<input type="radio"/> Home School			
<input type="radio"/> Public Charter or Magnet School within US and Canada	<input type="radio"/> American International School Outside US and Canada			
<input type="radio"/> Private Independent School within US and Canada	<input type="radio"/> School Located Outside US and Canada			
<input type="radio"/> Parochial School within US and Canada	<input type="radio"/> Other			
School Street Address	City	State/Province	Zip/Postal Code	Country
Head or Counselor Name	Phone	Fax		



**Other Schools Attended**

School Name	Dates Attended	
City	State/Province	Country
School Name	Dates Attended	
City	State/Province	Country
School Name	Dates Attended	
City	State/Province	Country

**We request that you complete the following sections for all parents, step parents or guardians with whom the applicant resides or who takes care of him/her.**

**Family Information - Parent 1**  Married  Widowed  Divorced  Separated  Never Married

Dr/Miss/Mr/Mrs./Ms.	First Name	Last Name	
Relationship to Applicant	Is Parent 1 Living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Street Address	City	State/Province	Zip/Postal Code Country
Home Phone <i>(include country and area code)</i>	Mobile Phone	Email	
Business Name	Occupation/Title		
Business Street Address	City	State/Province	Zip/Postal Code Country
Business Phone	Fax	Email	

Degrees Earned:  High School or Equivalent (GED)  Cert and Vocational and/or College Coursework  Associate's Degree  Bachelor's Degree  
 Doctorate  Master's Degree (CFA, CPS, MBA, MA, MS)  Professional (MD, JD, DDS, DVM, Pharm D, PsyD)

Is Parent 1 remarried?  Yes  No If yes, please provide:

Spouse's First Name/Last Name	Relationship to Applicant
Preferred Contact Number <i>(include country and area code)</i>	Email Occupation

**Family Information - Parent 2**  Married  Widowed  Divorced  Separated  Never Married

Dr/Miss/Mr/Mrs./Ms.	First Name	Last Name	
Relationship to Applicant	Is Parent 2 Living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Street Address	City	State/Province	Zip/Postal Code Country
Home Phone <i>(include country and area code)</i>	Mobile Phone	Email	
Business Name	Occupation/Title		
Business Street Address	City	State/Province	Zip/Postal Code Country
Business Phone	Fax	Email	

Degrees Earned:  High School or Equivalent (GED)  Cert and Vocational and/or College Coursework  Associate's Degree  Bachelor's Degree  
 Doctorate  Master's Degree (CFA, CPS, MBA, MA, MS)  Professional (MD, JD, DDS, DVM, Pharm D, PsyD)

Is Parent 2 remarried?  Yes  No If yes, please provide:

Spouse's First Name/Last Name	Relationship to Applicant
Preferred Contact Number <i>(include country and area code)</i>	Email Occupation



**Family Information - Other**

Applicant Lives With:       Parent 1       Parent 2       Other (please specify) \_\_\_\_\_

Send Admission Materials to:  Parent 1       Parent 2       Other (please specify) \_\_\_\_\_

Send bills to:                       Parent 1       Parent 2       Other (please specify) \_\_\_\_\_

**Family Information - Siblings**

Please list the names of applicant's brothers and sisters, their ages and the schools/colleges they now attend.

Name	Age	School/College
Name	Age	School/College
Name	Age	School/College
Name	Age	School/College

**Family Information - Legacy**

If the applicant has had any relatives who have graduated from the school(s) to which the student is applying, or if any relatives currently attend, please list their names (including maiden names where applicable), relationship to applicant and the years they attended. You are welcome to attach applicable legacy information for each school on separate pieces of paper.

Name	Relationship to Applicant	School	Years Attended
Name	Relationship to Applicant	School	Years Attended
Name	Relationship to Applicant	School	Years Attended
Name	Relationship to Applicant	School	Years Attended

Applicant Name	Signature	Date
Mailing address		
E-mail address	Phone number	



## Part 2: Student Essays

- This form should be completed by the applicant.
- Complete this form carefully and legibly in your own handwriting and send it to the schools to which you are applying. Use additional sheets, if necessary.
- Some schools may ask you to submit additional information. If you have questions about the admission process, please contact the schools to which you are applying before submitting this form.

### Question 1

List and describe your level of interest and participation in school activities (school, volunteer groups, athletics, music, etc.). List any awards or honors you received in the past two years. In which activities do you plan to participate in the future?

### Question 2

List and describe your level of interest and participation in hobbies, activities and groups not associated with school. List any awards or honors you received in the past two years.

### Question 3

What reading have you enjoyed most in the past year and why?



**Question 4**

Please note anything more you would like us to know about you.

**Question 5**

Please choose one of these statements and then write a 250-500 word response to it.

- 5a.** Describe a person you admire or who has influenced you a great deal
- 5b.** What makes you the interesting person you are? (Be sure to include the qualities you like best about yourself.)
- 5c.** Explain the impact of an event or activity that has created a change in your life or in your way of thinking.

Applicant Name	Signature	Date
Mailing address		
E-mail address	Phone number	



### Part 3: Parent Statement

- This form should be completed by the applicant's parent or guardian.
- Complete this form carefully and legibly and send it to the schools to which your child is applying. Use additional sheets, if necessary.
- Some schools may ask you to submit additional information. If you have questions about the admission process, please contact the schools to which you are applying before submitting this form.

#### Question 1

What qualities of character and mind in your daughter or son most delight you?

#### Question 2

What do you believe your son or daughter will contribute to the school community? Have you any concerns about your child's readiness for independent school?



**Question 3**

What has posed the biggest academic and/or extracurricular challenge for your child?

**Question 4**

Is there anything about the sequence of your child's schooling that we should know? Did your son or daughter skip or repeat a year? Was your son or daughter ever asked to withdraw from any school, suspended or put on probation?

<b>Parent Name</b>	Signature	Date
Mailing address		
E-mail address	Phone number	