



APPLICATION FOR ADMISSION

APPLICANT INFORMATION

_____ is applying to grade _____ for Academic Year 20____ - _____
Applicant's Full Name (First, Middle, Last)

_____ Male Female _____ (____) _____
Prefers to be Called Date of Birth (mo/day/year) Home Phone

Mailing Address (Street)

(City) (State) (Zip) (Country)

_____ Adopted at age _____
Place of Birth Country of Citizenship

SCHOOL INFORMATION

_____ (____) _____
Name of Current School Current Grade Grade Entered Phone

_____ (____) _____ (____) _____
Address (Street) (City) (State) (Zip) Contact Person

Other Schools Attended (School Name, Grades Attended, Dates Attended)

Other Schools Attended (School Name, Grades Attended, Dates Attended)

Resident of What School District?

FAMILY INFORMATION

_____ Date of Birth _____ School _____
Sibling's name

_____ Date of Birth _____ School _____
Sibling's name

_____ Date of Birth _____ School _____
Sibling's name

_____ Maternal Grandparents' Names (Title, First, Middle, Last) _____
Paternal Grandparents' Names (Title, First, Middle, Last)

_____ Maternal Grandparents' Address (Street) _____
Paternal Grandparents' Address (Street)

_____ (____) _____ (____) _____ (____) _____
(City) (State) (Zip) (City) (State) (Zip)

PARENT/GUARDIAN INFORMATION

Applicant lives with: Both parents Father Mother Stepfather Stepmother Other _____
Check if applicable: Married Divorced Separated Single Father remarried Mother remarried
Who has legal custody of the student? Both parents Mother Father Other _____

Parent's/Guardian's Full Name (Title, First, Middle, Last)

Parent's/Guardian's Full Name (Title, First, Middle, Last)

Relation to Applicant

Prefers to be Called

Relation to Applicant

Prefers to be Called

Date of Birth

Date of Birth

Mailing Address if Different from Applicant (Street)

Mailing Address if Different from Applicant (Street)

(City) (State) (Zip) (Country)

(City) (State) (Zip) (Country)

() _____ () _____
Home Phone Cell Phone

() _____ () _____
Home Phone Cell Phone

Home E-mail Address

Home E-mail Address

Who will be the primary contact during the admission process?
What is the preferred method of contact? Please check one:
 home work cell home e-mail business e-mail

Employer/Type of Business

Employer/Type of Business

Title/Position () _____
Work Phone

Title/Position () _____
Work Phone

Business E-mail

Business E-mail

High Schools Attended

High Schools Attended

Colleges Attended

Colleges Attended

Community Activities

Community Activities

CONNECTIONS TO SANFORD

From Whom or From Where Did You Learn About Sanford?

In submitting information and in signing the application, parents are stating that all information is correct and that there have been no deliberate omissions or misrepresentations on this or other documents submitted as part of the application. Also, parents agree to communicate to the Admission Office in writing any changes in matters contained in the application or forms, and understand that upon discovery of any inaccuracy of information or the omission of requested information, Sanford School reserves the right to revoke the admission.

A non-refundable Application Fee of \$40 must accompany this application. (Check payable to Sanford School)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Sanford School seeks and admits students without regard to race, color, religion, creed, gender, sexual orientation, or nationality or ethnic origin. The School does not discriminate in the administration of its policies and programs.



SANFORD SCHOOL

PARENT STATEMENT

_____ is applying to grade _____ for Academic Year 20____ - _____
Applicant's Full Name (First, Middle, Last)

As a parent, no one knows your child better than you. Please help us get to know your child as you know him/her by commenting on the following:

Particular strengths or successes, both academically and socially

Relative weaknesses or struggles, both academically and socially

Special interests and activities

Peer relationships

Experience with school to date

Any health or emotional issues of which we should be aware



SANFORD SCHOOL

SCHOOL OFFICIAL REPORT

(To be completed by the Principal, Guidance Counselor, or other school official)

_____ is applying to grade _____ for Academic Year 20____ - _____
Applicant's Full Name (First, Middle, Last)

TO THE PARENT/GUARDIAN

Please type or print your child's name in the space above. Next, read and sign the statement below. Then, give this form to the Principal, Guidance Counselor, or other school official at your child's current school.

I/We understand that we may not look at this evaluation and assure the evaluator that we will not try to do so. We give permission for the evaluator to release the information on this form to the Admission Office at Sanford School. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

TO THE PRINCIPAL, GUIDANCE COUNSELOR, OR OTHER SCHOOL OFFICIAL

The student named above has applied for admission to Sanford School. Your candid assessment of the applicant will help us determine whether the applicant is a good match for Sanford. Please complete this form and return it to the Admission Office at Sanford School. Be sure the parent/guardian has signed the form in the space above. This report will remain confidential and will not become part of the student's permanent record.

Title

School

How well do you know the student academically? _____ As a person? _____

School serves grades: _____ to _____. Number of students in entire school: _____

Number of students in the student's grade level: _____ In the student's classroom: _____

What are the first words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Please comment on each of the following:

Approach to school.

Particular strengths and relative weaknesses academically.

Peer relationships.

Character, citizenship, and contributions to your community.

Attendance record.

Disciplinary record.

Thank you for your time and care in completing this report. We value your comments and appreciate your help.

Please check here if you would like the Admission Office to call you so that you may share your comments by phone.

Signature of School Official

Date

Mailing Address

E-mail Address

(_____)
Phone



TRANSCRIPT RELEASE

TO THE PARENTS

Please complete this form and submit it to the guidance counselor or the principal at your child's current school.

PERMISSION FOR RELEASE OF INFORMATION

Name of Current School

I hereby authorize the above named school to release copies of all school records, including official transcripts, current grades, test profiles, and other school records relevant to admission, for the student named below to Sanford School for the purpose of admission application review.

Applicant's Full Name (First, Middle, Last)

Current Grade

20____ - ____
Current Academic Year

Signature of Parent/Guardian

Date

Parent/Guardian's Full Name (First, Middle, Last)

Relation

TO THE CURRENT SCHOOL

The student named above has applied for admission to Sanford School. Please send the following information to the Admission Office at Sanford School at your earliest convenience:

- *An official transcript of the student's academic record to date, including current grades*
- *A copy of the student's complete test profile*
- *Other school records relevant to admission*

Please send to:

Admission Office
Sanford School
P.O. Box 888
6900 Lancaster Pike
Hockessin, DE 19707



(Suggested range of use:)

Applicants to GRADES 2-8 CONFIDENTIAL COMMON RECOMMENDATION FORM

This common recommendation form is accepted by all independent schools who are members of ADVIS (Association of Delaware Valley Independent Schools). **To be signed by the parents or guardians and given to the student's present school.**

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature _____

Second Parent/Guardian Signature _____

Name of Student _____ has applied for grade _____

To the Evaluator: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known the candidate and in what connection? _____

Please list subject taught, including level of difficulty _____

Please list the textbook(s) used, if applicable _____

	Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original thinking, creativity of approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation, effort, drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well cooperatively / in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits, organization, task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LISTENING receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING fluency, clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH sense of number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on each of the following regarding this child

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace _____

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues _____

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration _____

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor _____

To your knowledge, are the parents in agreement with your view of the student? Yes No Don't know

Is there anything else that the schools should know as this student is considered for admission? _____

Do you have any additional information that may be helpful in our evaluation of this student? _____

May we contact you for further information? Yes No

TEACHER'S NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS

TELEPHONE

E-MAIL

SIGNATURE

DATE

Thank you for taking the time to complete this evaluation. Please mail directly to: