



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) Social Security Number

_____ (_____) _____
Mailing Address (Street) Home Phone

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

_____ Adopted at age _____
Place of Birth Country of Citizenship

SCHOOL INFORMATION

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

_____ (City) _____ (State) _____ (Zip) _____
Address (Street) 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 Father deceased Mother deceased 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

Social Security Number

Date of Birth

Social Security Number

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

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?

Family Members Who Attended Sanford (Name, Relation, Class)

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

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



(Suggested range of use:)

Applicants to GRADES PreK-1 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).

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 _____ Date _____

Second Parent/Guardian Signature _____ Date _____

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 this student? _____

Social/Emotional Development	Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on social/emotional development _____				
Physical Development				
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on physical development _____				
Pre-Academic Skill Development				
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussions	<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"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on pre-academic skill development _____				

Please comment on each of the following regarding this child

What words come quickly to mind when you describe this child? _____

Interaction with other children, cooperation, respects the rights of others, willingness to share, responsibility for own actions _____

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

How would you describe this student's expressive and receptive language skills? _____

Comments or other information you believe might be helpful (other specific strengths and weaknesses?). _____

For children applying to First Grade, please describe child's development of readiness for

Beginning reading skills _____

Beginning math skills _____

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: