

If parents are divorced or separated, with whom is the applicant living? _____

If parents are divorced or separated, do you desire duplicate mailings? _____

APPLICANT EDUCATION

Name of school child is currently attending _____

Name of Principal or Head of School _____

School Address _____ City _____ State _____ Zip _____

Phone _____ Date of entry _____

List all schools child has attended over the last three years _____
(If different than above)

FAMILY INFORMATION

Please complete the sibling information below

Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

Please list any relatives/friends who have attended Shaker Road School

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

How did you hear of Shaker Road School? Please check all that apply and any additional information in the space provided.

- Advertising _____
- Correspondence _____
- Website _____
- Alumnus of Shaker Road _____
- Open House _____

- Faculty Member _____
- Shaker Parent _____
- Shaker Road student _____
- Consultant _____
- Other _____

Do you have special concerns regarding your child's education? _____

What are your child's strengths?

What does your child find difficult?

What are your child's favorite subjects? Why? _____

What are your child's favorite outdoor sports and/or recreational activities? _____

What is his/her level of participation in these activities? _____

What are your child's favorite indoor recreations and/or hobbies? _____

What is his/her level of participation in these activities? _____

Please list any leadership position(s)/community service activities in which your child has been involved:

I understand that this application and all other relevant information will be considered by the Admission Committee when such material is complete. I grant Shaker Road School permission to request and receive confidential information regarding my child. I understand that this confidential information will be used solely as part of the admission process and will not be made part of my child's permanent record.

Date of application _____ Signature _____
(Parent/Guardian)

Shaker Road School shall admit students of any race, handicap, color, national and ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to students of Shaker Road School. Shaker Road School will not discriminate on the basis of race, handicap, color, national and ethnic origin in administering its educational policies, scholarship and loan programs, and athletic and other school-administered programs. Shaker Road School is an equal opportunity employer.

Full Name _____

Describe what you like to do outside of school and why.

What are you most proud of?

How do you feel about changing schools?

What do you want from your new school?

Describe a teacher who has made an impact on you?

Please Sign:

Applicant's Signature _____

Date _____



CONFIDENTIAL RECOMMENDATION FORM

The student named below is a candidate for admission to Shaker Road School. The Admission Committee depends upon and values your assessments when making its final decision. We appreciate your candid responses to the questions below and any specific comments you may have regarding this applicant. Please be assured that all information will be kept confidential and not kept as part of his/her permanent record.

Name of applicant _____ For grade _____

How long have you known this applicant? _____ In what capacity? _____

What are the first words that come to mind when describing this applicant?
_____, _____, _____, _____

What major units/topics have been covered in your course this year? _____

To what degree has the student mastered the material covered thus far? _____

Please describe the student's overall performance in relation to his/her ability. _____

Title and publisher of text used? _____ Grade level of text _____

Please evaluate the candidate's performance in the following areas:

	Below grade level	Consistent with grade level	Above grade level
Addition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decimals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the candidate displayed any significant behavioral patterns that interfere with his/her performance in the classroom? Yes No
If yes, please explain. _____

In relation to applicant's peers, please check the appropriate box for each item below.

	Poor	Average	Excellent	Superior	
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Classroom participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



CONFIDENTIAL RECOMMENDATION FORM

The student named below is a candidate for admission to Shaker Road School. The Admission Committee depends upon and values your assessments when making its final decision. We appreciate your candid responses to the questions below and any specific comments you may have regarding this applicant. Please be assured that all information will be kept confidential and not kept as part of his/her permanent record.

Name of applicant _____ For grade _____

How long have you known this applicant? _____ In what capacity? _____

What are the first words that come to mind when describing this applicant?
_____, _____, _____, _____

What major units/topics have been covered in your course this year? _____

To what degree has the student mastered the material covered thus far? _____

Please describe the student's overall performance in relation to his/her ability. _____

Please list the titles and grade levels of books read by candidate.

Title _____	Grade level _____
Title _____	Grade level _____
Title _____	Grade level _____
Title _____	Grade level _____
Title _____	Grade level _____
Title and publisher of text used? _____	Grade level of text _____

Please evaluate the candidate's performance in the following areas:

	Below grade level	Consistent with grade level	Above grade level
VOCABULARY			
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING			
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING			
Sentence structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRAMMAR			
Parts of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parts of sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the candidate displayed any significant behavioral patterns that interfere with his/her performance in the classroom? Yes No
If yes, please explain. _____

In relation to applicant's peers, please check the appropriate box for each item below.

	Poor	Average	Excellent	Superior	
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Classroom participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eagerness to learn	<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"/>	_____
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Overall, please rate this applicant's prospect for success at Shaker Road School.

For Academic Promise	<input type="checkbox"/> *Do not recommend	<input type="checkbox"/> *With reservation	<input type="checkbox"/> Confidently	(*Please explain)
For character and personal promise	<input type="checkbox"/> *Do not recommend	<input type="checkbox"/> *With reservation	<input type="checkbox"/> Confidently	(*Please explain)

Additional Comments _____

Completed by _____ May we contact you with further questions? Yes No
Number where we can reach you _____ and/or Email address _____
Signature _____ Date _____

Thank you for your help in making the decision in regard to this candidate a more informed one.

Shaker Road School

Office of Admission



RECORDS RELEASE FORM

Applicants Name _____ Grade _____

To: _____
School

Street address

City State Zip

The student listed above has applied for admission to Shaker Road School. In order to give careful consideration to this application, we kindly request *copies* of the following:

- Student’s complete transcript, records and evaluations, including grade reports from the current school year.
- Teacher comments
- Standardized test results
- Any other work samples in student’s current file.

I hereby authorize the school mentioned above to release a *copy* of my child’s records to the Admission Office at Shaker Road School. It is understood that the privileged and confidential nature of such records will be preserved. Thank you for your assistance.

Signature of parent or guardian _____ Date _____

TO THE PARENT/GUARDIAN:
After you have filled out the information above and signed the authorization, give this form to your child’s current school administrator together with a stamped envelope addressed to Shaker Road School Admission Office.

Shaker Road School

Office of Admission