



Family Information

Student's Name _____

Age _____ Date of Birth _____ Grade in Sept. 2010 _____

Mailing address _____ Home phone _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

E-Mail address: _____

Occupation _____

Occupation _____

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

Student lives with: ___ Father ___ Mother ___ Both ___ Other: _____

Emergency Contact _____ Phone (home) _____

Relationship to student _____ (work) _____

Grandparents' names and addresses (optional) _____

Mother

Father



Parent Questionnaire

Student's Name _____

Please comment on your child's past school experiences and setting.

What do you consider to be your child's greatest strengths (academic and personal)?

In what areas do you feel your child could benefit from extra support in school (academic and/or personal)?

How much of your child's time outside of school is spent reading? What does s/he choose to read?

What are your child's responsibilities in the household?

Please feel free to share any story or anecdote that might allow us to know your child better.

Does your child have any vision, hearing other health-related problems? Is s/he taking any prescription medication? If so, for what reason?

Do you own a home computer?

(E-mail is one of the main methods of communication with staff, parents and teachers)

What academic goals do you have for your child?

What are your main reasons for considering Spring Street International School?



Student Application Form

(To be completed by the student applicant)

Name _____ Age _____

Names and ages of brothers and sisters _____

Please answer the following questions by:

- 1) Giving a short answer to questions 1 - 9
- 2) Writing a half page response to question 10 in your own handwriting

1. What are your regular responsibilities (chores, etc.) at home?

2. When you have finished your chores and homework, what are your favorite things to do?

3. Describe a time when you were really happy.

4. What is/are your favorite subject(s) in school?

5. What is/are your least favorite subject(s) in school?

6. Describe a school assignment or project on which you feel you did your best work.

7. What books have you read that you especially enjoyed?

8. Who is/are the teacher(s) you feel you have learned the most from? Why do you think you learned the most from them?

9. Have you ever traveled to the U.S? Other countries?

10. Please tell us why you are interested in attending Spring Street International School?



Teacher Recommendation Form

_____ is an applicant for admission to grade _____. It would be a great help to us if you would complete the following form. Since this recommendation is **confidential**, we would appreciate the return of the completed form directly to Spring Street International School. Your evaluation is an important part of the candidate's application. Once we receive this form, we will be able to complete the student's admissions file. Thank you for your assistance.

Spring Street International School offers a challenging academic program with an emphasis on experiential education in a small and caring community. Students who are capable, enthusiastic about learning, who are of good character and who will assume personal responsibility for making a positive contribution to the school community are well suited to our school. Compared to all students this age you have taught, please rate this student in the following areas:

	<u>Extraordinary</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Please note additional comments on a separate page and attach.)					
Creativity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For English teachers:						
Knowledge and use of grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and use of vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Math teachers:						
Basic calculation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual grasp	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you taught this student and in what subject areas? _____

Has the candidate ever shown evidence of a learning difference requiring accommodation?

Has the candidate ever been involved in any disciplinary action?

How supportive/cooperative are this student's parents or guardians?

For English teachers: What books has your class read this year?

For math teachers: What textbook have you used this year?

Is there anything unusual or exceptional about this student that you feel deserves special consideration by the members of our admissions committee?

Thank you for your assistance!

Signature_____ Date_____

Name_____ School Name_____

School Address_____

School Phone_____

If we need additional information and cannot reach you at school, may we call you at home in the afternoon or early evening?_____ Home phone_____