

Admission Application

TABS**GENERAL INFORMATION**

Developed by TABS for Independent Boarding and Day Schools

Instructions: This form is part of an admission application packet being used by most independent boarding schools throughout the U.S., Canada, and abroad. Carefully and legibly complete this form and submit it to the schools to which you want to apply for admission. After you have completed this form, fill out the student questionnaire and distribute the recommendation forms to the appropriate individuals. A list of schools accepting these forms can be found on the back page of the teacher recommendations.

(Please contact the schools to which you are applying before submitting this form.)

Applicant Information

First Name	Middle Name	Family Name	Preferred or Nickname		
Home Address		City	State/Province	Country	Zip/Postal Code
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Age		Date of Birth (Mo/Day/Year)	Country of Birth	Country of Citizenship	
Social Security Number (optional)		Email Address			
Home Telephone (include country, city, and area codes)		Fax Number (include country, city, and area codes)			
		Resident Status: <input type="checkbox"/> Boarding <input type="checkbox"/> Day			
Month/Year of Proposed Entrance	Current Grade	Applying for Grade			

Parent/Guardian

Name	Occupation	Name of Company			
Home Address	City	State/Province	Country	Zip/Postal Code	
Business Address	City	State/Province	Country	Zip/Postal Code	
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area codes)			
Fax Number (include country, city, and area codes)		Email Address			

Parent/Guardian

Name	Occupation	Name of Company			
Home Address	City	State/Province	Country	Zip/Postal Code	
Business Address	City	State/Province	Country	Zip/Postal Code	
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area codes)			
Fax Number (include country, city, and area codes)		Email Address			

Admission Application

TABS**GENERAL INFORMATION****Name of Student** _____Applicant lives with? ☐ Father ☐ Mother ☐ Both ☐ Other _____Where should admission materials be sent? ☐ Father ☐ Mother ☐ Both ☐ Other _____Where should bills be sent? ☐ Father ☐ Mother ☐ Both ☐ Other _____Check if appropriate: ☐ Father Deceased ☐ Parents Divorced ☐ Father Remarried ☐ Living Outside U.S.
☐ Mother Deceased ☐ Parents Separated ☐ Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? _____

Are you applying for financial aid? ☐ Yes ☐ No If yes, please contact each school to which you are applying for instructions.

List any admission tests you have taken _____

First language, other than English Language spoken in the home _____

Declaration of ethnicity (optional) _____

Information about brothers and sisters (use additional sheets if necessary)

Name Age School

Name Age School

Name Age School

Name Age School

Education☐ Independent ☐ Private/Parochial ☐ Public

School Name Dates of Attendance

Address City State/Province Zip/Postal Code

Head or Counselor Telephone Fax Number

Other schools attended in past three years

School Name City State/Province Dates of Attendance

School Name City State/Province Dates of Attendance

Signature of Applicant (please sign this after it has been photocopied) Date**Signature of Parent or Guardian** (please sign this after it has been photocopied) Date☐ **Application fee enclosed.** (Visit www.BoardingSchools.com/Fees for the list of schools that accept this form and their application fees. Some schools may not process this form without this fee.)

Admission Application

TABS

APPLICANT QUESTIONNAIRE

Developed by TABS for Independent Boarding and Day Schools

Name of Student		Current Grade	
Current School		Applying for Grade	
Home Address	Street/PO Box	City	
State/Province		Country	Zip/Postal Code

Instructions:

- Complete this form carefully and legibly in your own handwriting or electronically and send it to the schools to which you are applying. Use additional sheets, if necessary.
- You may submit signed photocopies of this form.
- 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.

-
- 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. Include an activities sheet if available.

2. List and describe your level of interest and participation in summer activities. (I.e., camps, jobs, travel, etc.)

3. 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.

4. Why are you applying to boarding school and what do you hope to gain from attending one?

Name of Student _____

5. What reading have you enjoyed most in the past year?

6. What else would you like us to know about you?

Name of Student _____

7. Please choose one of these statements and then write a 250-500 word response to it. Use additional sheets if necessary.
- 7a. Describe a person you admire or who has influenced you a great deal.
 - 7b. What makes you the interesting person that you are? (Be sure to include the qualities you like best about yourself.)
 - 7c. Explain the impact of an event or activity that has created a change in your life or in your way of thinking.

Student's Signature (please sign this form after it has been photocopied) _____ Date _____

Contact the schools to which you are applying to be sure you are submitting the required materials!

Admission Application

Developed by TABS for Independent Boarding and Day Schools

To the Applicant:

- Please type or print your name in the space below and then give this form to your current English teacher.
- Attach an addressed, stamped envelope for each of the schools to which you are applying.
- See the last page of these forms for a list of schools which accept the admission application.
- Please contact the schools to which you are applying before submitting this form.

Name of Student (please print)

Applicant to Grade

Signature of Student

Date

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to each school to which you are applying.)

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Date

To the Teacher:

This form is part of a admission application being used by several independent schools throughout the U.S., Canada, and abroad. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to the schools for which the applicant has provided stamped envelopes. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary.

Students and parents complete page one; teachers complete pages two and three. A fillable PDF version of this form is available for download at: www.boardingschools.com/English

To complete the fillable PDF form:

1. Open the form using Acrobat Reader and enter your responses within the embedded fields of page two and three.
3. Save and print the form, then attach the completed pages to page one.
4. Make photocopies of all 3 pages of the completed form.
5. Sign each form and send them to the requested schools in the envelopes provided by the student.

Thank you for your cooperation and candor.

Teacher's Name (please print)

Title

School

Name of Student _____

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

Are you teaching the student this academic school year? ☐ Yes ☐ No

If no, what years did you teach the student? _____ How large is/was the class? _____

What course(s)? _____

Is the student on a block schedule? ☐ Yes ☐ No

Is this course part of a tracking system or designated as an honors or accelerated course? ☐ Yes ☐ No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

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

1.

2.

3.

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgement
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student’s character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Signature _____ Date _____

Mailing Address _____

Email Address _____ Telephone _____

Admission Application

Developed by TABS for Independent Boarding and Day Schools

To the Applicant:

- Please type or print your name in the space below and then give this form to your current Principal, Head, or Counselor.
- Attach an addressed, stamped envelope for each of the schools to which you are applying.
- See the last page of these forms for a list of schools which accept the admission application.
- Please contact the schools to which you are applying before submitting this form.

Name of Student (please print)

Applicant to Grade

Signature of Student

Date

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to each school to which you are applying.)

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Date

To the Principal/Head/Counselor:

This form is part of a admission application being used by several independent schools throughout the U.S., Canada, and abroad. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to the schools for which the applicant has provided stamped envelopes. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary.

Students and parents complete page one; principal/counselor completes pages two and three. A fillable PDF version of this form is available for download at: www.boardingschools.com/principal

To complete the fillable PDF form:

1. Open the form using Acrobat Reader and enter your responses within the embedded fields of page two and three.
3. Save and print the form, then attach the completed pages to page one.
4. Make photocopies of all 3 pages of the completed form.
5. Sign each form and send them to the requested schools in the envelopes provided by the student.

Thank you for your cooperation and candor.

Your Name (please print)

Title

School

Name of Student _____

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

Please submit these materials with this recommendation:

- ☐ Recent teacher reports, if any
- ☐ Final or mid-semester grades for current term (must be included)
- ☐ Standardized test scores
- ☐ Grades since 6th grade, if available (for younger children, grades for all years)
- ☐ A school profile, if available

In what month does your school year begin? _____ End? _____

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

Does your school use a block scheduling system? ☐ Yes ☐ No

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

What percentage of your students receive which grades? _____

Does your school rank? ☐ Yes ☐ No

Is your rank ☐ Approximate ☐ Exact How many students are in the entire grade? _____

This candidate ranks _____ out of _____. _____ other students share this rank.

Are students placed in sections according to ability? ☐ Yes ☐ No If yes, please tell us in which level the applicant is placed for each subject.

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

1. _____ 2. _____ 3. _____

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? ☐ Yes ☐ No

Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health? ☐ Yes ☐ No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgement
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student’s character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student’s application.

Signature _____ Date _____

Mailing Address _____

Email Address _____ Telephone _____

Admission Application

Developed by TABS for Independent Boarding and Day Schools

To the Applicant:

- Please type or print your name in the space below and then give this form to your current Mathematics teacher.
- Attach an addressed, stamped envelope for each of the schools to which you are applying.
- See the last page of these forms for a list of schools which accept the admission application.
- Please contact the schools to which you are applying before submitting this form.

Name of Student (please print)

Applicant to Grade

Signature of Student

Date

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to each school to which you are applying.)

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Date

To the Teacher:

This form is part of a admission application being used by several independent schools throughout the U.S., Canada, and abroad. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to the schools for which the applicant has provided stamped envelopes. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary.

Students and parents complete page one; teachers complete pages two and three. A fillable PDF version of this form is available for download at: www.boardingschools.com/math

To complete the fillable PDF form:

1. Open the form using Acrobat Reader and enter your responses within the embedded fields of page two and three.
3. Save and print the form, then attach the completed pages to page one.
4. Make photocopies of all 3 pages of the completed form.
5. Sign each form and send them to the requested schools in the envelopes provided by the student.

Thank you for your cooperation and candor.

Teacher's Name (please print)

Title

School

Name of Student _____

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

Are you teaching the student this academic school year? ☐ Yes ☐ No

If no, what years did you teach the student? _____ How large is/was the class? _____

What course(s)? _____

Is the student on a block schedule? ☐ Yes ☐ No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Next year what math course would be the most appropriate placement for the student? _____

Is this course part of a tracking system or designated as an honors or accelerated course? ☐ Yes ☐ No

Student’s Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. If your school does not follow this sequence, please attach your curriculum. Please check those courses or list others for which the student will have completed by the end of the current school year.

- ☐ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)
- ☐ First Year Algebra (a thorough course which included quadratics)
- ☐ Geometry
- ☐ Second Year Algebra (not including trigonometry)
- ☐ Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)
- ☐ Pre-Calculus (including analytical trigonometry)
- ☐ Calculus (an introduction) ☐ Calculus (Advanced Placement AB) ☐ Calculus (Advanced Placement BC)
- ☐ _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgement
Knowledge of the Basic Skills						
Accuracy in the Use of Basic Skills						
Problem Solving Ability						
Reasoning Ability						
Understanding of and Appreciation for the Underlying Ideas and Concepts						
Effort						
Overall Performance						
Willingness to Accept the Challenge of the More Difficult Problems and Exercises						
Command of Mathematics When Compared to Other Students Whom You Have Taught						

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

1. _____ 2. _____ 3. _____

PAGE 2 OF 3

© The Association of Boarding Schools. All Rights Reserved

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgement
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature

Date

Mailing Address

Email Address

Telephone