



APPLICATION FOR ADMISSION GRADES 6 -12

Optional Photo
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I. APPLICATION FOR ADMISSION

Year of proposed entrance: _____ Term: Fall Spring

Applying for grade: 6 7 8 9 10 11 12 Male Female

APPLICANT INFORMATION

First Name _____ Middle _____ Last _____ Preferred Name _____

Home Address _____ City _____ State _____ Zip _____

Telephone _____ Applicant's email address _____

Date of Birth (M/D/Yr) _____ Present Grade _____ Present School _____

OPTIONAL INFORMATION *(for statistical purposes only)*

Religious Affiliation _____ Name of Parish/ Place of Worship _____

Ethnic/Racial Background: African-American Asian-American Caucasian Hispanic/Latino
 Middle Eastern Native American Mixed Race Other

FAMILY INFORMATION

Father's name _____

Mother's name _____

Home address *(if different from applicant's)* _____

Home address *(if different from applicant's)* _____

Telephone *(if different from applicant's)* _____ Fax _____

Telephone *(if different from applicant's)* _____ Fax _____

Employer _____ Job Title _____

Employer _____ Job Title _____

Business Telephone _____ Business Fax _____

Business Telephone _____ Business Fax _____

Father's email address _____

Mother's email address _____

Check if appropriate: Father Deceased Parents Divorced Father Remarried
 Mother Deceased Parents Separated Mother Remarried

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

Brothers or sisters (please indicate half and step relationship):

Name	Relation	Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Attend(ed) Episcopal	Applying to Episcopal

Name	Relation	Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Attend(ed) Episcopal	Applying to Episcopal

Name	Relation	Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Attend(ed) Episcopal	Applying to Episcopal

APPLICANT'S EDUCATION

Name of current school _____ Dates of attendance _____

Address _____ City _____ State _____ Zip _____

Head of School/Principal/Counselor _____ Telephone _____

Previous schools:

Name	Location	Dates of attendance

Name	Location	Dates of attendance

Name	Location	Dates of attendance

Please indicate if you have been evaluated for any reason by a learning specialist/psychological examiner? Yes No

It helps us to know if our students have diagnosed learning differences. Please provide a copy of any evaluation recommendations.

If yes, please specify finding: _____

Have you ever been suspended/expelled/dismissed from the current or former school? Yes No

If yes, please discuss the reason, date, and length of discipline action on an attached sheet of paper.

Have you ever used drugs? Yes No Do you currently use drugs? Yes No

Have you ever been treated for substance abuse? Yes No

If yes, please discuss the reasons on an attached sheet of paper.

Have you ever been arrested? Yes No

If yes, please discuss the reasons for arrest, whether charges were filed, and the outcome of the charges on an attached sheet of paper.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

II. APPLICANT PROFILE

Name: _____

We would like to know more about your extracurricular interests and activities since your contributions to these areas of campus life are important to the school community. Briefly list your activities and interests in the following:

A. School Activities (school offices, publications, plays, etc.) _____ Grade(s) Participated _____

B. Summer Activities (camps, employment, travel, etc.) _____ Grade(s) Participated _____

C. Athletics (sports, dance, riding, etc.) _____ Grade(s) Participated _____

D. Hobbies and Extracurricular Activities (not including sports) _____ Grade(s) Participated _____



EPISCOPAL
COLLEGIATE SCHOOL

REQUEST FOR RECORDS

Please submit the completed form to your child's current school.

As parent or guardian of _____, whose
Name of student

date of birth is ____ / ____ / ____ , I give my permission to release his/her records

to Episcopal Collegiate School. Please include the following items:

___ Official Academic Record
(minimum two years)

___ Birth Certificate

___ Standardized Test Scores

___ Immunization Records

___ Grades Current to Withdrawal

Parent or Guardian Signature

Date

____ / ____ / ____

Please mail or fax records to:

**Admission Office
Episcopal Collegiate School
1701 Cantrell Road
Little Rock, AR 72201
(501) 372-1194 Fax (501) 372-2160**

School currently attending:

Name of School

Address

City, State, ZIP

Telephone

Fax



**EPISCOPAL
COLLEGIATE SCHOOL**

**CONFIDENTIAL
RECOMMENDATION FORM
GRADES 6-12**

_____ is applying for admission to the _____ grade for the _____ academic year at Episcopal Collegiate School. The Admission Committee would appreciate your cooperation in giving as full an appraisal as possible for this student. These comments are especially helpful in assisting our faculty in meeting this student's needs. All information will be held confidential. Please complete this form front and back and return in the enclosed, return envelope.

1. In what capacity have you worked with this student? _____
2. How long have you known this student? _____
3. Would this student be permitted to re-enroll in your school? Yes () No ()
4. Given the opportunity, were the applicant's parents supportive in your classroom and school program?
Yes () No ()
5. Is English his/her primary language? Yes () No ()
6. Please circle the number you feel most appropriately describes this student in each of these areas:

	Poor (1)	<i>Below</i> Average (2)	Average (3)	Good (4)	Excellent (5)
<i>Personal and Social Traits</i>					
Independence	1	2	3	4	5
Cooperation with peers	1	2	3	4	5
Cooperation with adults	1	2	3	4	5
Self-control	1	2	3	4	5
Motivation	1	2	3	4	5
Leadership	1	2	3	4	5
Responsibility	1	2	3	4	5
Honesty	1	2	3	4	5
Emotional maturity	1	2	3	4	5
Creative qualities	1	2	3	4	5
Self-confidence	1	2	3	4	5
Concern for others	1	2	3	4	5
Respect for others	1	2	3	4	5

<i>Academic Readiness</i>					
Attention span	1	2	3	4	5
Follows directions	1	2	3	4	5
Study habits	1	2	3	4	5
Language development	1	2	3	4	5
Math achievement/concrete	1	2	3	4	5
Math achievement/abstract	1	2	3	4	5
Reading level/oral	1	2	3	4	5
Reading level/comprehension	1	2	3	4	5
Composition skills	1	2	3	4	5
Spelling ability	1	2	3	4	5
Fine motor skills	1	2	3	4	5
Memory and retention	1	2	3	4	5
Attitude toward school	1	2	3	4	5
Summary as a student	1	2	3	4	5

Please make a short comment on the following:

1. Has professional evaluation or support been recommended? Yes () No () Been given? Yes () No ()
Are modifications being made for this student? Yes () No () If yes to any question, please elaborate.

2. Attendance: _____

3. Student's strengths: _____

4. Student's weaknesses: _____

5. Additional comments: _____

Signature

Date

Position

Name of School

School Telephone

Address

School Fax

City, State, Zip

Thank you for your time and effort in completing this assessment. If you have any questions or need further assistance, please call (501) 372-1194.

**Admission Office
Episcopal Collegiate School
1701 Cantrell Road
Little Rock, AR 72201
Fax (501) 372-2160**



EPISCOPAL COLLEGIATE SCHOOL

THE APPLICATION PROCESS

I. APPLICATION FOR ADMISSION

Application materials are available from and may be submitted to the Admission Office on the Jackson T. Stephens Campus. When applying:

- ◆ *Complete the application in full.*
- ◆ *Please remember to sign and date the application. Incomplete applications will not be processed.*
- ◆ *Return completed application and \$50 application fee in the enclosed return envelope.*
- ◆ *Priority deadline for applications for the 2010-2011 academic year is November 30, 2009. Early decision letters will be mailed no later than mid-December. Applications turned in later than November 30, 2009 will continue to be considered as long as space is available.*
- ◆ *Applicants will be notified of an admission decision once all steps of the process have been completed.*

II. STUDENT RECORDS

Parents of applicants should fill out and submit to their child's current school the *Request for Records Form* in order to have report cards, standardized scores, and health records released to the Admission Office. At that time, the child's current school will mail records directly to Episcopal Collegiate School.

III. TEACHER RECOMMENDATION FORM

All applicants must have the *Recommendation Form* completed by a *current* academic teacher. If the applicant has more than one teacher, select the teacher who has worked most closely with and who can give the most in-depth assessment of the applicant. Please provide the teacher with the enclosed self-addressed, stamped envelope in which to return the recommendation form directly to Episcopal Collegiate School. Teacher recommendation forms are confidential.

IV. ADMISSION TESTING

Applicants for PreK, Kindergarten, and first grade will be required to attend an observation session lasting approximately 30-90 minutes depending on grade. Applicants for grades 2-12 will be required to sit for admission testing. Please contact the Admission Office to schedule testing.

V. INTERVIEW

Parents or legal guardians of all applicants are asked to meet with the Director of Admission for an interview. In most cases, the interview will be scheduled in conjunction with the applicant's observation or admission test.

VI. FINANCIAL AID

Please contact the Admission Office for Financial Aid information forms.

