



I. APPLICATION FOR ADMISSION

Year of proposed entrance: \_\_\_\_\_ Term:  Fall  Spring Requesting Financial Aid  Yes  No  
*Please contact the Admission Office for Financial Aid forms*

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 <i>(if different from applicant's)</i>  | Home address <i>(if different from applicant's)</i>  |
| _____  | _____  |
| Telephone <i>(if different from applicant's)</i> Fax | Telephone <i>(if different from applicant's)</i> 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                                    |
|      |          |     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |          |     | Attend(ed) Episcopal                                     | Applying to Episcopal                                    |
|      |          |     | <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 \_\_\_\_\_

Have you ever been evaluated for any reason by a learning specialist/psychological examiner?  Yes  No

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 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 \_\_\_\_\_

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

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

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

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**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 Transcript

\_\_\_ Standardized Test Scores

\_\_\_ Grades Current to Withdrawal

\_\_\_ Birth Certificate

\_\_\_ Immunization Records

\_\_\_\_\_  
*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*



**CONFIDENTIAL  
RECOMMENDATION FORM**

\_\_\_\_\_ 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) | Below<br>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 a 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.

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2. Attendance: \_\_\_\_\_

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3. Student's strengths: \_\_\_\_\_

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4. Student's weaknesses: \_\_\_\_\_

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5. Additional comments: \_\_\_\_\_

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\_\_\_\_\_  
*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 in full all appropriate sections of the application including the Applicant Profile and Essay.*
- ◆ *Please remember to sign and date the application. Incomplete applications will not be processed.*
- ◆ *Return completed application and \$25 application fee in the enclosed return envelope.*
- ◆ *Applications 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 for 6<sup>th</sup> – 12<sup>th</sup> grades should fill out and submit to their child's current school the *Request for Records Form* in order to have grades, 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* math or English 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 grades 6 – 12 will be required to sit for admission assessment. Please contact the Admission Office to schedule testing.

### V. INTERVIEW

All applicants for grades 6 – 12 and their parents or legal guardians are asked to meet with the Head of Middle School or Head of Upper School or the Director of Admission for an interview. In most cases, the interview will be scheduled in conjunction with the applicant's Admission Test.

### VI. FINANCIAL AID

Please contact the Admission Office for Financial Aid information forms.