



## APPLICATION FOR ADMISSION PRE-K 3 – GRADE 5

Attach Photo  
Here  
(Optional)

Applying for grade:  Pre-K 3 – three days  Pre-K 3 – five days  Pre-K 4 – ½ day  Pre-K 4 - full day  Kindergarten  
 Grade 1  Grade 2  Grade 3  Grade 4  Grade 5

Year of proposed entrance: \_\_\_\_\_ o Male o Female

### APPLICANT INFORMATION

First Name Middle Last Preferred Name

Home Address City State Zip

Telephone

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

### 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) Cell Phone

Telephone (if different from applicant's) Cell Phone

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*):

_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name	Relation	Birthdate	Attend(ed) Episcopal	Applying to Episcopal
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name	Relation	Birthdate	Attend(ed) Episcopal	Applying to Episcopal
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name	Relation	Birthdate	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

**OPTIONAL INFORMATION** (*for statistical purposes only*)

_____	_____			
Religious Affiliation	Name of Parish/ Place of Worship			
_____	_____	_____	_____	
Ethnic/Racial Background:	<input type="radio"/> African-American	<input type="radio"/> Asian-American	<input type="radio"/> Caucasian	<input type="radio"/> Hispanic/Latino
	<input type="radio"/> Middle Eastern	<input type="radio"/> Native American	<input type="radio"/> Mixed Race	<input type="radio"/> Other



5. Has your child had behavioral difficulties in school? If so, please describe the circumstances.

6. Has your child ever repeated or skipped a grade in school? If so, please give details.

7. Is there any other information regarding your child's learning which would help us evaluate and best serve your child?

8. How did you first hear about Episcopal Collegiate?

SIGNATURE: I understand that withholding or misrepresenting information may jeopardize admission or enrollment. My signature below indicates that all the information provided is correct and complete.

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Signature of parent/guardian

Date

*Because the Episcopal Collegiate School recognizes the value of a diverse educational community, it does not discriminate on the basis of race, color, sex, religion, physical disabilities, or national/ethnic background in the administration of its educational policies.*

**Please send completed application, forms, records, and a \$50 application fee to:  
Mary Jane Briggs, Lower School Director of Admission  
1701 Cantrell Road  
Little Rock, Arkansas 72201**



**EPISCOPAL**  
COLLEGIATE SCHOOL

**CONFIDENTIAL**  
**TEACHER RECOMMENDATION FORM**  
**GRADES 2-5**

Name of Applicant \_\_\_\_\_ Applicant for Grade \_\_\_\_\_

**Parent or Guardian**

**Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher. Please include a stamped envelope addressed to:**

**Episcopal Collegiate School  
Lower School Admission  
1701 Cantrell Road  
Little Rock, AR 77201**

I understand and agree that the information contained on this Teacher Recommendation Form is confidential and will be used during the application process only and will not become a part of the applicant's permanent file. I also agree that this form will not be available to applicants, parents, or anyone outside of the Admission Committee, and I waive any right that I may have to see it.

\_\_\_\_\_  
*Name of Parent or Guardian*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**Teacher**

**Teacher: Please complete this confidential form and return it in the enclosed envelope by November 1 or within seven days if received after November 1.** In order to give you time to get to know the applicant better, we ask that you not complete this form before October 15. This teacher recommendation will be treated confidentially and will not be shared with students or parents. You may wish to keep a copy for your records. Thank you for your cooperation and honesty. **The child's application cannot be processed until this form is received in the Admission Office.**

**Communication Skills**

<i>Ratings</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Listens to and follows teacher's directions					
Is attentive to group discussion/activities					
Contributes appropriately to group discussion/activities					
Demonstrates ability to work independently					
Perseveres in spite of difficulty					
Works cooperatively					
Enjoys new challenges					
Moves easily from one activity to another					
Demonstrates ability to stay on task					
Completes work in a timely manner					

**Academic Skills**

<i>Ratings</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Ability to express ideas verbally					
Clarity of writing					
Grammar/Mechanical skills					
Reading rate and fluency					
Reading comprehension					
Knowledge and usage of vocabulary					
Imagination and creativity					
Problem-solving skills					

Name of applicant: \_\_\_\_\_ Applicant for Grade: \_\_\_\_\_

**Social Skills**

<i>Ratings</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Responds positively to constructive criticism					
Establishes friendships easily					
Is comfortable in a group					
Is respectful of others (adults and peers)					
Is respectful of property (personal and others)					
Accepts responsibility for actions					
Demonstrates self-control					
Takes responsibility for belongings					
Is cooperative					
Exhibits emotional maturity					

**Circle the words that best describe this applicant:**

- |           |                  |                |                    |                 |
|-----------|------------------|----------------|--------------------|-----------------|
| Cheerful  | Positive leader  | Anxious        | Spirited           | Aggressive      |
| Confident | Self-disciplined | Follower       | Easily discouraged | Disobedient     |
| Flexible  | Self-reliant     | Over-protected | Immature           | Manipulative    |
| Helpful   | Well-liked       | Perfectionist  | Impulsive          | Negative leader |
| Honest    | Witty            | Shy            | Irritable          | Oppositional    |

- Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concern?

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- Is the applicant habitually tardy or absent?  Yes  No  
If yes, please explain.

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- This applicant is:  Strongly Recommended  Recommended  Recommended with reservation  Not recommended

- Is there anything regarding the applicant that would be helpful for the Admissions Committee to know?

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- Is there anything regarding the family that would be helpful for the Admission Committee to know?

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\_\_\_\_\_  
*Signature of Teacher*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position at School*

\_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*School Telephone Number*

\_\_\_\_\_  
*Street Address of School*

\_\_\_\_\_  
*City, State and Zip*

Thank you for your time and effort in completing this assessment. If you have any questions or need further assistance, please call the Admission Office at (501) 372-1194, ext. 675.



**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 Record

\_\_\_ Grades Current to Withdrawal

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please mail or fax records to:

**Lower School 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

## 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 materials in full.*
- ◆ *Please remember to sign and date the application. Incomplete applications will not be processed.*
- ◆ *Return completed application, parent questionnaire and \$50 application fee.*
- ◆ *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 pre-kindergarten, 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 admission observation or test.

### VI. FINANCIAL AID

Please contact the Admission Office for Financial Aid information forms.