



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.

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
EARLY CHILDHOOD - GRADE 1

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 Admissions 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 30 or within seven days if received after November 30. In order to give you time to get to know the applicant better, we ask that you not complete this form before November 1. 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.

<i>Social Skills</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with teachers					
Uses words to express feelings					
Internalization of classroom routine					
Separation from parents/caregivers					
Ability to share and work cooperatively					
Ability to wait for turn					
Respect for property (personal and others)					
Accepts responsibility for actions					
Sense of humor					
Curiosity					
Attention span – self-chosen activity					
Attention span – assigned activity					
Cooperative attitude					
Leadership skills					
Makes transitions easily					
Ability to focus in small group					

Name of Applicant: _____ Applicant for Grade: _____

Usually chooses to work in: _____ large group _____ small group _____ alone
 Usually takes the role of: _____ leader _____ follower _____ varies
 Hand dominance: _____ right _____ left _____ not yet established

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

Physical Development

<i>Physical Development</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Fine motor coordination (lacing, puzzles, etc.)					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body/space awareness					
Balance, gait, fluidity, smoothness of movement					
Participates in physical group activities					

- Please describe any notable physical strengths or weaknesses: visual, auditory, and/or kinesthetic.

Circle the words that best describe this applicant:

Articulate	Flexible	Detached	Aggressive
Cheerful	Good-natured	Easily frustrated	Determined
Confident	Respectful	Over protected	Impulsive
Courteous	Spirited	Serious	Oppositional

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

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

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

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. 677.



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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



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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.