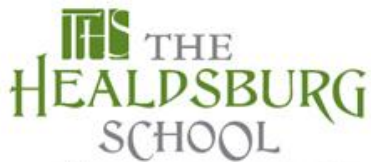


Inspiring Compassionate Leaders Through Academic Excellence

ADMISSIONS PROCEDURES CHECKLIST

The Healdsburg School is currently accepting applications for the 2011-2012 and 2012-2013 academic years. **All Admissions procedures listed below must be completed by February 1, 2012 for consideration for the 2012-2013 academic year.**

<p>Kindergarten (Ages 5- 6)</p>	<ul style="list-style-type: none"> ✓ Students must be a minimum of 5 years of age on or before September 30th. ✓ A completed "Applicant and Family Information" form ✓ A \$125 non-refundable application fee ✓ A completed "Parent/Guardian Statement" form ✓ A signed and dated "Student Release of Information and Records" form ✓ **A "Teacher Recommendation for Students Entering Kindergarten" form, <u>completed no earlier than December</u> ✓ If applicable, submission of Tuition Support Forms to TADS by January 21, 2012 ✓ A formal academic assessment: February 4 or February 11, 2012 to be arranged with the Admissions Office
<p>Grades 1 – 4 (Ages 6 – 10)</p>	<ul style="list-style-type: none"> ✓ A completed "Applicant and Family Information" form ✓ A \$125 non-refundable application fee ✓ A completed "Parent/Guardian Statement" form ✓ A signed and dated "Student Release of Information and Records" form ✓ **A "Core Academic Teacher Recommendation for Students Entering Grades 1-4" form, <u>completed no earlier than December</u> ✓ A completed "Recommendation from Mentor, Coach, or Other Adult (grades 1-8)" form ✓ If applicable, submission of Tuition Support Forms to TADS by January 21, 2012 ✓ A formal academic assessment and "shadow" visit day to be arranged with the Admissions Office
<p>Grades 5 – 8 (Ages 10 – 14)</p>	<ul style="list-style-type: none"> ✓ A completed "Applicant and Family Information" form ✓ A \$125 non-refundable application fee ✓ A completed "Parent/Guardian Statement" form ✓ A completed "Student Statement" form ✓ A signed and dated "Student Release of Information and Records" form ✓ **A completed "Math Teacher Recommendation for Students Entering Grades 5-8" form ✓ **A completed "English Teacher Recommendation for Students Entering Grades 5-8" form ✓ A completed "Recommendation from Mentor, Coach, or Other Adult (grades 1-8)" form (<i>optional for grades 5-8</i>) ✓ If applicable, submission of Tuition Support Forms to TADS by January 21, 2012 ✓ A formal academic assessment and "shadow" visit day to be arranged with the Admissions Office <p><i>**Contact the Director of Admissions if you are unable to satisfy this requirement.</i></p>



A K-8 INDEPENDENT SCHOOL

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Applicant and Family Information

Student Information *(please print)*

Name *First, Middle, Last*

Gender M F

Home Address

City, State, Zip code

Date of Birth

Place of Birth

Applying for Grade

Beginning Fall of which year?

Ethnicity (optional)

Current and former schools attended

Parent/Guardian Information I *(please print)*

Name *First, Last*

Title: Mr. Mrs. Miss Ms. Dr. Other

Relation to applicant

Home Address (if different from above)

City, State, Zip code

Occupation

Title

Employer/Firm

Business Address

Business Phone

Cell Phone

Home Phone

Email Address

Parent/Guardian Information II *(please print)*

Name *First, Last*

Title: Mr. Mrs. Miss Ms. Dr. Other

Relation to applicant

Home Address (if different from above)

City, State, Zip code

Occupation

Title

Employer/Firm Title

Business Address

Business Phone

Cell Phone

Home Phone

Email Address

Siblings *(please print)*

Please list any siblings.

Name	Birth date	School of Attendance	<input type="checkbox"/> F <input type="checkbox"/> M
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Name	Birth date	School of Attendance	<input type="checkbox"/> F <input type="checkbox"/> M
------	------------	----------------------	---

Name	Birth date	School of Attendance	<input type="checkbox"/> F <input type="checkbox"/> M
------	------------	----------------------	---

ReferencesNames of two adults, other than teachers, who can provide a personal reference for this student: *(please print)*

Name	Relationship	Telephone	Email
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Name	Relationship	Telephone	Email
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Other ContactsIf correspondence from the school, assessment reports, or any other school information should be sent to an address *other than or in addition to* the applicant's home address, please indicate:

Name of recipient at other address <i>(please print)</i>	Relationship to Student
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Address

City, State, Zip code	Telephone	Email
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How did you learn about The Healdsburg School? _____

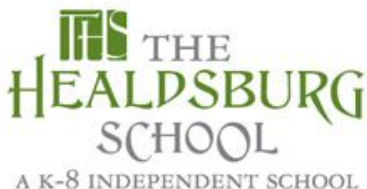
Name of parent/guardian completing this form
(please print)

Signature of parent/guardian completing this form

Signature of applicant (grades 5-8 only)

Date

Date
Please mail your application, along with the \$125.00 application fee, to:**The Healdsburg School, Office of Admissions, 33 H Healdsburg Avenue, Healdsburg, CA 95448**



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Student Release of Information and Records Form

Parents/Guardians

Please complete this form by signing both the release of records, as well as the confidentiality waiver below, and return to The Healdsburg School. We will fax this form to the appropriate school.

School

The student listed below has applied for admission to The Healdsburg School. Please send us copies of this student's report cards for the current academic year, as well as the previous two academic years (if applicable). Additionally, please forward copies of all attendance records, disciplinary reports, and results of standardized tests to: **The Healdsburg School, Office of Admissions, 33-H Healdsburg Avenue, Healdsburg, CA 95448.**

Student's Name (please print) _____
First Middle Last
Applying to grade Birth date
Years the applicant attended their present school Last grade attended at this school

School Name (please print) _____
Address City, State, Zip code Telephone
Main Contact Person (please print) Title

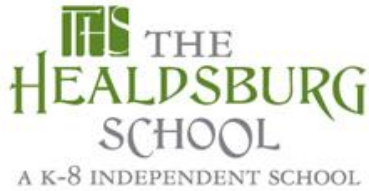
Parent/Guardian Records Release Authorization

Name of parent/guardian (please print) _____ Telephone _____
Signature of parent/guardian _____ Date _____

Parent/Guardian Confidentiality Waiver Agreement

I acknowledge that I waive my right to read any confidential material that the school may provide as a part of this release of records form.

Name of parent/guardian (please print) _____
Signature of parent/guardian _____ Date _____



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Parent/Guardian Statement

Please answer the questions below on a separate piece of paper. Sign this sheet and staple it to your answers. Parents/guardians must fill out a separate statement for each child applying to the school. Thank you for taking the time to give us a comprehensive picture of your child and family.

Student's Full Name (please print): _____

Applying to enter grade: K 1 2 3 4 5 6 7 8

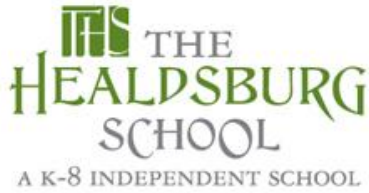
Applying for entrance in: 2011-2012 2012-2013 2013-2014

1. Describe the ideal school environment for your child.
 2. What are your child's greatest strengths and challenges as both a student and a person?
 3. What are your long-term goals for your child?
 4. What are your short-term goals for your child?
 5. How does your child feel about the following?
 - school
 - home
 - him/herself
 6. What are your child's and family's special interests and extracurricular activities?
 7. What is your child's primary language? To what extent are other languages spoken in the home?
 8. What has been your involvement in your child's education, and what would you prefer it to be?
 9. Please describe the most important values by which you and your family live. How do you instill and reinforce those values with your children? What expectations do you have about the school's involvement in your child's ethical and social/emotional growth?
 10. Describe your child's previous school experience(s). (If applicable, please comment on your reasons for applying to THS.)
 11. Has your child ever repeated a grade or been promoted more than one grade level? If yes, please elaborate.
 12. Is your child currently seeing, or has your child ever seen, a psychologist, psychiatrist, or counselor?
 Yes No
- If yes, please elaborate and send a copy of any assessments/evaluations to the Admissions Office. Please also feel free to make an appointment to discuss the matter with our Head of School and Director of Admissions.*
13. Does your child take medication or have medical conditions that require special treatment? Please elaborate.

Name of parent/guardian completing this form (please print)

Signature

Date



Inspiring Compassionate Leaders Through Academic Excellence

Teacher Recommendation for Students Entering Kindergarten

Student's Full Name *(please print)*: _____

School Name *(please print)*: _____

To the parent/guardian: *Please sign the release form below and give this form to your child's teacher with a stamped envelope addressed to **The Healdsburg School, Office of Admissions, 33-H Healdsburg Avenue, Healdsburg, CA 95448.** ****Please have your child's teacher fill out the form no earlier than December of the current academic year.***

For the student named above, I acknowledge that I waive my right to read this confidential teacher recommendation.

Name of parent/guardian *(please print)* _____ Telephone _____

Signature of parent/guardian *(please print)* _____ Date _____

To the teacher: This student is a candidate for admission to The Healdsburg School, an independent private school for grades K – 8. Your thoughtful and candid evaluation of the applicant will be of great assistance to our Admissions Office and is truly appreciated. **Your assessment will be held in confidence, as noted above.** Please mail this form directly to The Healdsburg School in the envelope that the family has provided. If you have any questions, please contact The Healdsburg School Admissions Office at 707.433.4847.

Name of the teacher completing this form *(please print)* _____ Date _____

Address _____

City, State, Zip code _____ Telephone _____

Email address _____

Please comment briefly on the following: *(Feel free to use the back of this page, or add pages, to elaborate on your comments.)*

- Please describe this student's special or unusual characteristics and strengths and/or interests and talents.
- Any challenges?
- Which three words best describe this student?
- How well do you know this applicant?

Please complete the following checklist:

	Never	Occasionally	Usually	Always
The student demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student responds positively to the challenge of academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is respectful and courteous to peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student displays a well-balanced temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is able to work independently for an age-appropriate length of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student cooperates with their peers during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Overview

1. Please write a short descriptive assessment of this student in regards to their academic strengths and weaknesses, and share any further thoughts regarding the student's academic foundation and emerging skills.

2. Please elaborate on this student's performance as compared with his/her ability.

3. Please comment on the classroom setting you think would most benefit this student and what teaching techniques work best with him/her.

4. Please share with us any thoughts you have regarding the student's family, expectations for their child, their cooperation with you, and their contribution to the school community.

Teacher Recommendation for Students Entering Kindergarten (pg. 3 of 3)

5. Has this student been recommended for special support services and/or tutoring support? Yes/No
Is this student currently receiving any special support services and/or tutoring support? Yes/No
If yes, please explain.

6. Have there been any disciplinary, emotional or other concerns regarding this student? Yes/No
If yes, please explain.

7. How many days per week and how many hours per day does this student attend your school?

➤ We welcome any additional information you think would be helpful in assessing this student.

➤ Do you have information about this student that can be better conveyed in a phone call? Yes / No

Signature

Date

Best Contact Number

Many thanks for your assistance in providing us with this information.