



PARENT / GUARDIAN APPLICATION FORM <hr/> Submit by January 20.

35 Standley St., Beverly MA 01915 • Tel: 978-927-8793 • Fax: 978-921-2107 • www.waringschool.org

STUDENT INFORMATION

Full Name _____	Grade: Current _____ Applying for _____
Nickname (if preferred) _____	Student cell _____
Address _____	Student email _____
City / State _____	Sex _____
Home Phone _____	D.O.B. _____
Present school _____	Ethnicity _____
School phone _____	

Names and ages of siblings _____

PARENT/GUARDIAN INFORMATION

Father _____	Mother _____
Address (if different) _____	Address (if different) _____
_____	_____
Phone (if different) _____	Phone (if different) _____
Cell _____	Cell _____
Email _____	Email _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Work phone _____	Work phone _____

Parents are: Living together? _____ Separated? _____ Divorced? _____ Other? _____

If remarried: Stepmother's name _____ Stepfather's name _____

Guardian's name and address (if other than parent) _____

How did you learn about Waring School?

Why do you think that Waring is a good fit for your child?

What activities do you participate in as a family on a regular basis?

Please share any thoughts or concerns that might further our understanding of your child:

Are there any physical limitations that might prevent your child from participation in the school's required athletic program? If so, please describe them:

It is most helpful for us to have a full and frank assessment of your child's readiness to benefit from our demanding program. Are there any other considerations that we should be aware of?

Do you intend to apply for financial aid? _____ (Admission is not affected by a financial aid application. Financial aid decisions are made separate from and subsequent to admissions decisions.)

Please give the name (and address if different from the one above) of the person who will pay the tuition bill:

Parent/Guardian signature(s) _____

Date: _____

**A non-refundable application fee of \$50 must be submitted with this application.
Checks should be payable to The Waring School.**

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APPLICANT: Please complete this form in your own handwriting.

Name _____

At school, in which areas do you feel you excel? _____

Which areas do you like? _____

Which areas do you find difficult? _____

What books are you currently reading? _____

What books have you read in recent months?

What books would you like to read next?

Have you ever studied French? _____

For how long? _____

What exposure to classical music have you had in the past year, if any? _____

Do you play a musical instrument? _____ Are you currently taking private lessons? _____

Which instrument(s) and for how long? _____

Which sports do you play? _____

Describe any athletic experience: _____

What words would your friends use to describe you? _____

Please attach a
recent photo of
yourself here
(any size is fine)



TEACHER RECOMMENDATION

ENGLISH or HISTORY TEACHER to complete this form. Submit by January 20.

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(Applicant's Name) _____ is applying to the Waring School. We would like to hear from you concerning this candidate's readiness for serious, disciplined work in both academic and artistic areas. You may use the following recommendation form and answer our questions concerning the applicant, or you may prefer to write us a letter. In any case we thank you for your help. Your recommendation will be kept in strictest confidence.

Your Name _____
 School _____

Position/Subject _____
 Number of years you've known candidate? _____

What are the first words that come to mind to describe this candidate?

Discuss the student's overall performance in relation to his or her ability:

Describe the student's class participation:

Please comment on the student's character and personality:

Describe the student's working relationship with you:

Describe the student's working relationship with peers:

ACADEMIC EVALUATION (Check appropriate responses. Add comments or modify the form if appropriate)

Academic potential _____
limited fair average good outstanding

Effort & perseverance _____
does very little some desire well-motivated sets high goals perseveres under pressure

Study habits _____
poor fair good excellent

Intellectual curiosity _____
limited occasional spark in one area only strong & varied Intense & varied

Ability to work independently _____
needs much supervision needs help frequently needs help occasionally always works well

Organizational skills _____
limited fair average good outstanding

Follows directions _____
needs much explanation occasionally needs help follows quickly & effectively

Attention span _____
easily distracted occasionally distracted usually good exceptionally good concentration

Creativity & originality _____
tends to follow occasional spark generates ideas independently unusually original

PERSONAL EVALUATION (Check appropriate responses)

Consideration of others _____
thoughtless seldom considerate usually considerate unusually supportive

Social adjustment with peers _____
serious problems loner scapegoat friendly leader peacemaker

Classroom conduct _____
troublemaker occasionally disrupts unusually good always good dominates

Positive initiative _____
never initiates rarely shown occasionally initiates frequent display

Cooperation of parents _____
Poor fair good outstanding

Self-confidence _____
needs much reassurance needs some support appears overly confident healthy self-image

Fulfills responsibilities _____
rarely sometimes usually always

Please feel free to make general comments below, and discuss any particular strengths or weaknesses of the student:

OVERALL RECOMMENDATION _____
not recommended without enthusiasm fairly strongly strongly enthusiastically

Signature _____ Date _____



TEACHER RECOMMENDATION <hr/> MATH TEACHER to complete this form. Submit by January 20.

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Your Name_____	Position_____
School_____	Number of years you've known candidate?_____

What are the first words that come to mind to describe this candidate?

Discuss the student's overall performance in relation to his or her ability:

Describe the student's class participation:

Please comment on the student's character and personality:

Describe the student's working relationship with you:

Describe the student's working relationship with peers:

ACADEMIC EVALUATION (Check appropriate responses. Add comments or modify the form if appropriate)

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Please feel free to make general comments below, and discuss any particular strengths or weaknesses of the student:

OVERALL RECOMMENDATION _____
not recommended without enthusiasm fairly strongly strongly enthusiastically

Signature _____ Date _____



SCHOOL REPORT <hr/> To be completed by School Official or Guidance Counselor. Submit by January 20.

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Parent: Please complete this release form and send it to the Guidance Office at your child’s current school.

Student’s name _____ Current grade in school _____

Please send a copy of my child’s school records, including an official transcript (subjects taken and grades received for the past two years) and test results, to the Admissions Office of the Waring School.

Parent’s signature _____ Date _____

To the School Official or Guidance Counselor:

The above named student is applying for admission to the Waring School. Along with this student’s school records, we would be grateful for your candid appraisal of the applicant and of the school’s relationship with the family. We assure you that your appraisal will be held in the strictest confidence and will not become part of the student’s permanent record at Waring.

If the student has an education plan (IEP, 504 or other), please attach a copy of the plan and supporting documentation.

Your name _____ Title _____

School name _____ Phone _____

School address _____

Comments:

Please evaluate the applicant by checking the appropriate responses:

	Poor	Fair	Average	Strong	Outstanding
Academic promise	_____	_____	_____	_____	_____
Personal promise	_____	_____	_____	_____	_____

Signature _____ Date _____



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PERSONAL RECOMMENDATION
To be completed by someone who knows the candidate well. Submit by January 20.

(Applicant's Name)_____ is applying to the Waring School. We would like to hear from you concerning this candidate's readiness for serious, disciplined work in both academic and artistic areas. You may use the following recommendation form and answer our questions concerning the applicant, or you may prefer to write us a letter. In any case we thank you for your help. Your recommendation will be kept in strictest confidence.

Your name_____

Phone_____

Address_____

Occupation_____

Relation to the candidate?_____

How long have you known candidate?_____

What are the first words that come to your mind to describe this student?

Please comment on this student's character and personality and any strengths or weaknesses that should be noted:

Signature_____

Date_____