

Application Packet

FOR OFFICE USE ONLY:

Date Received: _____

Date Entered: _____

Check Number: _____



Attach
Photo
Here

**Application for Admission
for the academic year beginning Fall of 20_____**

Student's Name _____
First Middle Last (Please indicate Jr., III, etc.)

Name Called _____

Home Address _____
Street

City State Zip

Home Phone (_____) _____ E-mail* _____
* for Admission correspondence

Cell Phone (_____) _____

Female Male Applying for Grade _____ Date of Birth _____ Place of Birth _____

Social Security Number _____

School Currently Attending _____ Current Grade _____

School Address _____
Street

City State Zip

School Telephone (_____) _____ School Fax (_____) _____

Principal _____ Guidance Counselor _____

Other Schools Attended in the Last Five Years:

School _____ Dates _____ Grade(s) _____

School _____ Dates _____ Grade(s) _____

School _____ Dates _____ Grade(s) _____

Name of Parents or Guardians _____

(Please indicate Mr., Mrs., Dr., Ms., etc.)

Marital Status: Married Separated Divorced Parent Deceased

If divorced, with whom does student live? _____

Father's Name _____
First Middle Last (Please indicate Jr., III, etc.)

Name Called _____

Home Address if other than above _____
Street

City State Zip

Home Phone (_____) _____

Business Name _____ Position _____

Business Address _____
Street

City State Zip

Business Phone (_____) _____ Send school correspondence? Yes No TO Home Business

Mother's Name _____
First Middle Last

Name Called _____

Home Address if other than above _____
Street

City State Zip

Home Phone (_____) _____

Business Name _____ Position _____

Business Address _____
Street

City State Zip

Business Phone (_____) _____ Send school correspondence? Yes No TO Home Business

Brothers and Sisters of the Applicant:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

In what school or community activities has your child participated?

What special abilities has your child shown in school work?

What academic areas, if any, are most difficult for your child?

What grade did he or she skip? _____ Repeat? _____

Describe any illnesses, diseases, operations, or physical disabilities that would help us work more effectively with your child in the classroom or in the physical education program.

Has the applicant ever had an educational, neurological, or psychological evaluation? Yes No

(Note: If yes, a copy of the written evaluation must be submitted to the Admissions Office to be included as part of the applicant's confidential file.)

Please use this space for any additional comments that would help us to know your child better:

How did you hear of The Elon School?

- Advertisements Co-worker Educator at another school News Story
 Elon teacher or coach (Name) _____ Other _____

Please check the category below that indicates your ethnic or cultural heritage. Your response is voluntary.

- African American Asian American Hispanic American
 American Indian Caucasian Multiracial
 International Country _____

Along with this application I am submitting a \$100.00 check to cover the non-refundable application fee.

Parent Signature _____

Date _____

Please send application to:

Admissions Office
The Elon School
201 South O'Kelly Avenue
Elon, North Carolina 27244
Phone: 336.584.0091
Fax: 336.584.4026



English Teacher Recommendation Form

(Name) _____ is a candidate for admission to grade _____ at The Elon School. Your expertise, insight, and honest assessment of the applicant are invaluable to us as we get to know him or her. In relation to other students you have taught in recent years, please rate this student. Any specific examples and anecdotes are very helpful. Your remarks will be held in strict confidence. Please complete both sides of this form and return it directly to the address listed below. Thank you.

Grade in which you teach applicant _____

Advanced or regular level _____ Principal Text used _____

Applicant's grade and rank in class _____

Attendance record _____ Tardiness Record _____

ACADEMIC PERFORMANCE	Superior/Excellent	Good	Average	Below Average	Poor
Reading comprehension skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has additional tutoring or outside help been recommended? _____ If Yes, please elaborate on the specific reason for the recommendation _____

Has tutoring been given? _____ By whom? _____

STUDY HABITS	Superior/Excellent	Good	Average	Below Average	Poor
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span/focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS	Superior/Excellent	Good	Average	Below Average	Poor
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following:

Applicant's greatest strength and/or talent:

Special areas that may need to be addressed (academic, emotional, social):

Applicant's participation in extracurricular activities:

Parent Information:

Cooperation with faculty/administration: rarely sometimes usually always

Expectation for student: unknown unrealistic realistic other _____

Participation in child's education: rarely sometimes appropriately overly involved

Additional comments (anecdotal observations, disciplinary concerns, *etc.*):

Your Name (please print) _____ Date _____

Title/position _____

School _____

School Address _____

Street

City

State

Zip

Phone (_____) _____

Email _____

**Again, thank you for your assistance in providing us with this information.
Please mail this form as soon as possible to:**

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The Elon School
201 South O'Kelly Avenue
Elon, North Carolina 27244
Phone: 336.584.0091
Fax: 336.584.4026



Math Teacher Recommendation Form

(Name) _____ is a candidate for admission to grade _____ at The Elon School. Your expertise, insight, and honest assessment of the applicant are invaluable to us as we get to know him or her. In relation to other students you have taught in recent years, please rate this student. Any specific examples and anecdotes are very helpful. Your remarks will be held in strict confidence. Please complete both sides of this form and return it directly to the address listed below. Thank you.

Grade in which you teach applicant _____

Advanced or regular level _____ Text used _____

Applicant's grade and rank in class _____

Attendance record _____ Tardiness Record _____

ACADEMIC PERFORMANCE	Superior/Excellent	Good	Average	Below Average	Poor
Math facts/computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math concepts development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has additional tutoring or outside help been recommended? _____ If Yes, please indicate skill area and specific reason for the recommendation _____

Has tutoring been given? _____ By whom? _____

STUDY HABITS	Superior/Excellent	Good	Average	Below Average	Poor
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span/focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS	Superior/Excellent	Good	Average	Below Average	Poor
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following:

Applicant's greatest strength and/or talent:

Special areas that may need to be addressed (academic, emotional, social):

Applicant's participation in extracurricular activities:

Parent Information:

Cooperation with faculty/administration: rarely sometimes usually always

Expectation for student: unknown unrealistic realistic other _____

Participation in child's education: rarely sometimes appropriately overly involved

Additional comments (anecdotal observations, disciplinary concerns, *etc.*):

Your Name (please print) _____ Date _____

Title/position _____

School _____

School Address _____

Street

City

State

Zip

Phone (_____) _____

Email _____

Again, thank you for your assistance in providing us with this information.

Please mail this form as soon as possible to:

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The Elon School
201 South O'Kelly Avenue
Elon, North Carolina 27244
Phone: 336.584.0091
Fax: 336.584.4026



Supplemental Teacher Recommendation Form

(Name) _____ is a candidate for admission to grade _____ at The Elon School. Your expertise, insight, and honest assessment of the applicant are invaluable to us as we get to know him or her. Please tell us about the applicant's participation in and contribution to your group or activity. Information on how the applicant interacts with his or her peers and with adults, as well as any specific anecdotes, would be very helpful. Your remarks will be held in strict confidence. Thank you.

Your name _____

What is the organization or activity through which you have known this applicant? _____

How long have you known this student and in what capacity? _____

Please comment on the following characteristics of this student:

Honesty, conduct, potential for leadership, motivation, and effort:

Peer relationships, concern for others, adult and teacher relationships:

Parent Information:

Cooperation with faculty/administration: rarely sometimes usually always

Expectation for student: unknown unrealistic realistic other _____

Participation in child's education: rarely sometimes appropriately overly involved

Additional comments that would help us to know this applicant better:

Signature _____

Address _____

Street

City

State

Zip

Phone (_____) _____

Email _____

**Again, thank you for your assistance in providing us with information.
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Parental Authorization for Release of Records

PARENTS: Please complete this form and send it directly to your child's present school.

SCHOOL: Please send transcript at the end of first semester

I have applied for my child, _____, to attend

The Elon School in grade _____ beginning in the Fall of _____. I give permission for you to

send The Elon School the following information concerning my child:

The Official School Transcript that includes:

1. Standardized Test Scores (Intelligence, Aptitude, Achievement)
2. Academic Performance (Classroom grades or evaluation)
3. Birth Certificate

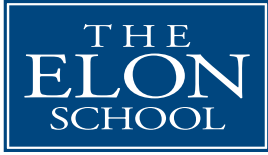
Date _____

Signature _____

Relationship to child _____

**REGISTRAR: Please send this student's records
to the address below as soon as possible:**

Admissions Office
The Elon School
201 South O'Kelly Avenue
Elon, North Carolina 27244
Phone: 336.584.0091
Fax: 336.584.4026



Student Applicant Essay

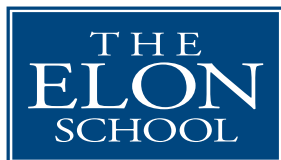
As part of your admissions application to The Elon School, we would like to see a sample of your ability to write an essay. Use pen or word processor, please.

It is very important that you receive no help on this essay from any other person, but you may use a dictionary if you wish. Please attach your work to the application. Do not use the Internet to research this paper; it is not necessary to do so.

Organize your thoughts before you begin. Choose **ONE** of the following topics:

1. Write an essay on a book that you liked and have read in the last three years, and talk about what it has meant to you
2. Write an essay on a person in history (other than your mother, father, or guardian) that you most admire, and tell why you admire that person.
3. Write an essay on a trip that you took or an event that you attended that had meaning to you, and tell why that was meaningful.

Thank you.



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