

Applying for Grade _____ **APPLICANT INFORMATION** For School Year 20 _____ to 20 _____

Applicant's First Name _____ Middle Name _____ Last Name _____

Prefers to be Called _____ Sex _____ Date of Birth _____ Age _____

Applicant's Current Address _____

City _____ State _____ Zip Code _____

SCHOOL INFORMATION

Present School _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Name of Principal _____

Name of Former School _____ Dates of Enrollment _____

Name of Former School _____ Dates of Enrollment _____

FAMILY INFORMATION

PARENT/GUARDIAN First Name _____ Last Name _____ Mr. Mrs. Ms. Dr. other

Home Address (other than applicant's) _____ Cell Phone _____

Employer _____ Job Title _____

Employer's Address _____ Work Phone _____

PARENT/GUARDIAN First Name _____ Last Name _____ Mr. Mrs. Ms. Dr. other

Home Address (other than applicant's) _____ Cell Phone _____

Employer _____ Job Title _____

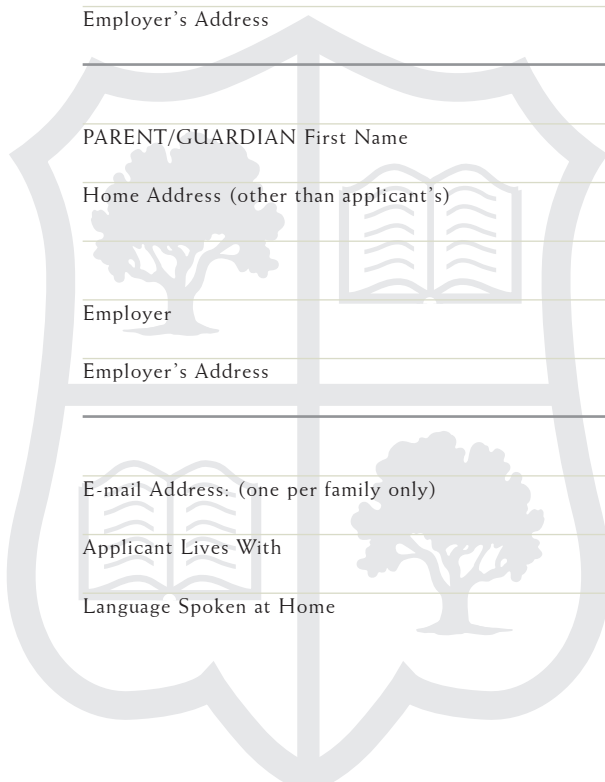
Employer's Address _____ Work Phone _____

E-mail Address: (one per family only) _____ Home Phone _____

Applicant Lives With _____

Language Spoken at Home _____

application for admission



OTHER CHILDREN IN APPLICANT'S FAMILY

Name	School	Age	Grade
Name	School	Age	Grade

Do you have relatives who have attended or are graduates of Chapin School? Yes No

Name	Class of	Relationship to Applicant
Name	Class of	Relationship to Applicant

QUESTIONS FOR PARENTS

What are your goals for your child's education?

What are your child's strengths? weaknesses?

Please comment on your child's home life, including relations with parents, siblings, or other members of the household. Are there any situations at home of which we should be aware?

Has your child had any physical, mental, or emotional conditions or history of which we should be aware? Yes No (check one) If yes, please explain.

Has there been any medical, psychological, or educational testing of your child? Yes No (check one) If yes, please explain.

APPLICATION FEE

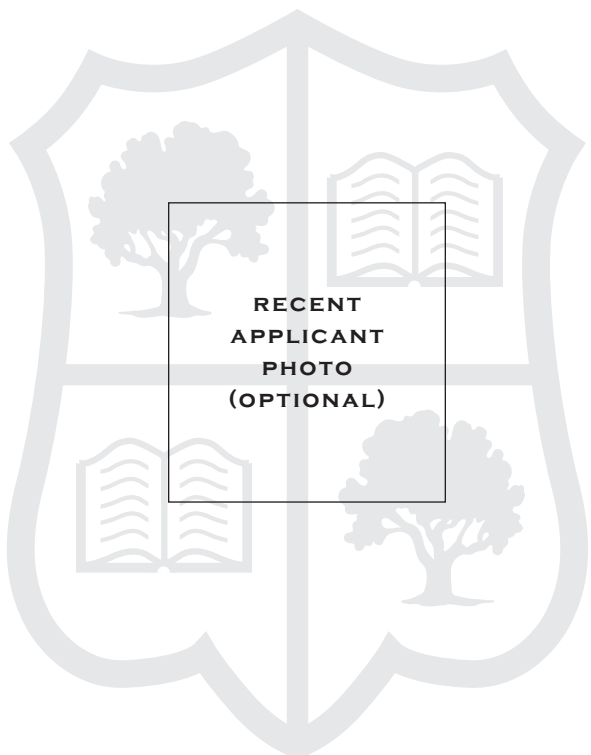
This application is to be accompanied by a non-refundable application fee of \$40. Your signature authorizes the release of records from your child's current and previous schools. Failure to disclose any material information on this application may result in withdrawal of acceptance or termination of Enrollment Contract.

Date _____ Signature of Parent(s) or Guardian(s) responsible for financial obligations

Please return this form and the application fee to: Director of Admission
Chapin School
4101 Princeton Pike
Princeton, NJ 08540

Please send Financial Aid Information

Chapin School is an equal opportunity institution. All decisions concerning admission to Chapin School are based upon the personal qualifications of the applicant, without regard to race, creed, color, ancestry, age, gender, national origin, religious affiliation or any other characteristic protected by law. Furthermore, Chapin does not discriminate on the basis of race, creed, color, ancestry, age, gender, national origin, religious affiliation or any other characteristic protected by law in the administration of its educational policies, admission policies, financial aid, athletic and other school-administered programs.



P R E - K I N D E R G A R T E N T H R O U G H G R A D E 1

Student Last Name _____ First _____ Middle _____ Has Applied for Grade _____

I/We give permission for the evaluator to release the information on this form to Chapin School for admission considerations.

Parent/Guardian Signature(s) _____ Date _____

TO THE EVALUATOR: Please complete both sides of this form. Your comments will be held in strictest confidence by the Admission's Committee. Thank you very much for your cooperation and assistance.

How long have you known this student? _____

In what capacity? _____

Exceeds Age Expectations Age Appropriate Needs Development No Basis for Judgment

SOCIAL/EMOTIONAL DEVELOPMENT

Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL DEVELOPMENT

Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRE-ACADEMIC DEVELOPMENT

Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

recommendation form

What are the first three words that come to mind to best describe this child?

Please comment on this child's

Emotional development: how he/she feels about him/herself, accepts limits and routines, makes transitions, handles frustration.

Personal qualities: leadership, character, honesty, sense of humor, responsibility, concern for others.

Social skills: interaction with other children and adults, cooperation, respects for the rights of others, responsibility for own actions, awareness of social cues.

Academic areas: effort, achievement in relation to potential, critical thinking skills.

Other: learning style, application of learned skills, distractibility, working pace.

Parental cooperation and involvement.

To your knowledge, are the parents' perceptions of the child compatible with the school's understanding of the child? Yes No Don't know

Do you have any additional information that may be helpful in our evaluation of this student?

Name

Date

Position

School

Phone

GRADES 2 THROUGH 8

Student Last Name _____ First _____ Middle _____ Has Applied for Grade _____

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Parent/Guardian Signature(s) _____ Date _____

TO THE EVALUATOR: Please complete both sides of this form. Your comments will be held in strictest confidence by the Admission's Committee. Thank you very much for your cooperation and assistance.

How long have you known this student? _____

In what capacity? _____

Exceeds Age Expectations Age Appropriate Needs Development No Basis for Judgment

Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original thinking, creativity of approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self motivation, effort, drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<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"/>
Works well cooperatively in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LISTENING/SPEAKING SKILLS				
Receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING				
Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING				
Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH				
Number sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

recommendation form

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