



If parents are divorced or separated, with whom is the applicant living? \_\_\_\_\_

If parents are divorced or separated, do you desire duplicate mailings? \_\_\_\_\_

**APPLICANT EDUCATION**

Name of school child is currently attending \_\_\_\_\_

Name of Principal or Head of School \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of entry \_\_\_\_\_

List all schools child has attended over the last three years \_\_\_\_\_  
(If different than above)

**FAMILY INFORMATION**

Please complete the sibling information below

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Please list any relatives/friends who have attended Shaker Road School

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear of Shaker Road School? Please check all that apply and any additional information in the space provided.

Advertising \_\_\_\_\_

Correspondence \_\_\_\_\_

Website \_\_\_\_\_

Alumnus of Shaker Road \_\_\_\_\_

Open House \_\_\_\_\_

Faculty Member \_\_\_\_\_

Shaker Parent \_\_\_\_\_

Shaker Road student \_\_\_\_\_

Consultant \_\_\_\_\_

Other \_\_\_\_\_

Do you have special concerns regarding your child's education? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths?

What does your child find difficult?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite subjects? Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite outdoor sports and/or recreational activities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is his/her level of participation in these activities? \_\_\_\_\_

What are your child's favorite indoor recreations and/or hobbies? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is his/her level of participation in these activities? \_\_\_\_\_

Please list any leadership position(s)/community service activities in which your child has been involved:

\_\_\_\_\_  
\_\_\_\_\_

I understand that this application and all other relevant information will be considered by the Admission Committee when such material is complete. I grant Shaker Road School permission to request and receive confidential information regarding my child. I understand that this confidential information will be used solely as part of the admission process and will not be made part of my child's permanent record.

Date of application \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian)

Shaker Road School shall admit students of any race, handicap, color, national and ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to students of Shaker Road School. Shaker Road School will not discriminate on the basis of race, handicap, color, national and ethnic origin in administering its educational policies, scholarship and loan programs, and athletic and other school-administered programs. Shaker Road School is an equal opportunity employer.



Full Name \_\_\_\_\_

Describe what you like to do outside of school and why.

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What are you most proud of?

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How do you feel about changing schools?

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What do you want from your new school?

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Describe a teacher who has made an impact on you?

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Please Sign:

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



CONFIDENTIAL RECOMMENDATION FORM

The student named below is a candidate for admission to Shaker Road School. The Admission Committee depends upon and values your assessments when making its final decision. We appreciate your candid responses to the questions below and any specific comments you may have regarding this applicant. Please be assured that all information will be kept confidential and not kept as part of his/her permanent record.

Name of applicant \_\_\_\_\_ For grade \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What are the first words that come to mind when describing this applicant?  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please describe specifically any of the candidate's attributes you feel are particularly noteworthy.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In relation to applicant's peers, please check the appropriate box for each item below.

	Poor	Average	Excellent	Superior	
Leadership potential					_____
Character					_____
Emotional control					_____
Conduct in social situations					_____
Personality					_____
Relationship with peers					_____
Relationship with adults					_____
Energy					_____
Independence					_____
Integrity					_____
Sense of humor					_____
Concern for others					_____

Overall, please rate this applicant's prospect for success at Shaker Road School.  
For character and personal promise      \*Do not recommend      \*With reservation      Confidently      (\*Please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_ May we contact you with further questions? Yes No  
Number where we can reach you \_\_\_\_\_ and/or Email address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



## RECORDS RELEASE FORM

Applicants Name \_\_\_\_\_ Grade \_\_\_\_\_

To: \_\_\_\_\_  
School\_\_\_\_\_  
Street address\_\_\_\_\_  
City State Zip

The student listed above has applied for admission to Shaker Road School. In order to give careful consideration to this application, we kindly request *copies* of the following:

- Student's complete transcript, records and evaluations, including grade reports from the current school year.
- Teacher comments
- Standardized test results
- Any other work samples in student's current file.

I hereby authorize the school mentioned above to release a *copy* of my child's records to the Admission Office at Shaker Road School. It is understood that the privileged and confidential nature of such records will be preserved. Thank you for your assistance.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO THE PARENT/GUARDIAN:**

After you have filled out the information above and signed the authorization, give this form to your child's current school administrator together with a stamped envelope addressed to Shaker Road School Admission Office.

## Shaker Road School

Office of Admission

131 Shaker Road Concord, NH 03301 • Phone 603-224-0161 • Fax 603-226-0257 • [www.shakerroad.pvt.k12.nh.us](http://www.shakerroad.pvt.k12.nh.us)

# INTERNATIONAL STUDENT SUPPLEMENT

For international students only:

1. What is your child's English language experience? (classes, tutorial, abroad programs etc.)

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2. What level of English language instruction will your child require?    Beginning            Intermediate            Advanced            None

Please describe your reasoning. \_\_\_\_\_

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3. Will your child need to be placed with a host family while attending Shaker Road School?    Yes    No  
If you answered *yes*, please describe what you are looking for in a host family.

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## HEALTH INFORMATION

1. Does your child have any health problems, behavior disorders, mobility limitations, allergies, sight or hearing limitations, or any other medical conditions?    Yes    No

2. Is your child currently taking any prescribed medications?    Yes    No

3. Will your child be taking prescribed medications during their camp/school stay?    Yes    No

4. Does your child have any special dietary requirements?    Yes    No

If you answered yes to any of the above health information questions, you must attach a complete description of his/her condition and/or medication(s). If a medication is necessary, a doctor's order must be attached in *English* to prescription drugs detailing dosage, and means of administering the medication.

Please refer to the *International Student Guidelines* for more information and rules regarding host families, tutorial, payment and travel. Student's attendance and placement at Shaker Road School is subject to following the general conditions and terms outlined in the *International Student Guidelines*.

I understand that this application and all other relevant information will be considered by the admission Committee when such material is complete. I grant Shaker Road School permission to request and receive confidential information regarding my child. I understand that this confidential information will be used solely as part of the admission process and will not be made part of my child's permanent record.

Date of application \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian)

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MEDICAL RELEASE CONSENT FORM

I/we hereby authorize and give full consent to Shaker Road School and the host family of \_\_\_\_\_ to act on my behalf in the event I cannot be contacted, to enable prompt care and attention in the case of illness or accident incurred by my son/daughter \_\_\_\_\_ while he/she is enrolled at Shaker Road School, 131 Shaker Road, Concord, New Hampshire. I also hereby authorize the school or host family indicated above to incur the necessary expenses and I agree to pay the same if in excess of amount provided by any applicable insurance policy.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please PRINT name

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