

Date Received _____

Shaker Road School

131 Shaker Road Concord, NH 03301 • Phone 603-224-0161 • Fax 603-226-0257 • www.shakerroad.pvt.k12.nh.us

APPLICATION FOR ADMISSION

Please type or print and return to the Admission Office together with the non-refundable application fee (\$20.00 for domestic applicants, \$50.00 for international applicants). Kindly enclose with this application, a small photograph of the candidate (optional) to help us connect names and faces. Thank you for your interest in Shaker Road School.

APPLICANT INFORMATION

Legal name of applicant _____ Male Female
First Middle Last Prefers to be called

Date of birth _____ Present Age _____ Citizenship _____ Is an I-20 Needed? Yes No
Month/Day/Year Country (For international students only)

Home Address _____

Telephone Number _____ Email Address _____

Applying for grade _____ for the _____ - _____ academic year.

Will you be applying for financial aid? Yes No (If yes, please pick up financial aid information in the business office.)

PARENT INFORMATION

Parent name _____ Relationship to student _____ Home Phone _____

Cell Phone _____

Home Address _____

Place of employment _____ Occupation/Title _____

Work Address _____

Preferred Email address _____ Work Phone _____

Work Fax _____

Parent name _____ Relationship to student _____ Home Phone _____

Cell Phone _____

(If different than above)

Home Address _____

Place of employment _____ Occupation/Title _____

Work Address _____

Preferred Email address _____ Work Phone _____

Work Fax _____

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.



CONFIDENTIAL TEACHER 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.

Please comment on student's beginning literacy and writing skills.

Please comment on student's beginning math skills.

Please comment on parent cooperation and support of the child's school experience.

Please evaluate the candidate's performance in the following areas by marking in the appropriate gradation of the line.

PERSONAL AND COGNITIVE DEVELOPMENT

	Needs Improvement	Age Appropriate	Exhibits Strength
Plays cooperatively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses emotions in appropriate ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes work space and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds favorably to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes constructive use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a positive attitude when participating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to improve quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes academic risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make any descriptive comments regarding student's *personal and cognitive development*.

PHYSICAL DEVELOPMENT

	Needs Improvement	Age Appropriate	Exhibits Strength
Fine motor control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify and describe any special needs, including auditory and visual development. _____

Overall, please rate this applicant's prospect for success at Shaker Road School.

For Academic Promise	*Do not recommend <input type="checkbox"/>	*With reservation <input type="checkbox"/>	Confidently <input type="checkbox"/>	(*Please explain)
For character and personal promise	*Do not recommend <input type="checkbox"/>	*With reservation <input type="checkbox"/>	Confidently <input type="checkbox"/>	(*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 _____

Thank you for your help in making the decision in regard to this candidate a more informed one.



CONFIDENTIAL TEACHER 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.

Please comment on parent cooperation and support of the child's school experience.

Please evaluate the candidate's performance in the following areas by marking in the appropriate gradation of the line.

PERSONAL AND COGNITIVE DEVELOPMENT

	Needs Improvement	Age Appropriate	Exhibits Strength
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates well with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes work space and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds favorably to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes constructive use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a positive attitude when participating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to improve quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes academic risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make any descriptive comments regarding student's *personal and cognitive development*.

Please evaluate the candidate's performance in the following areas by marking in the appropriate gradation of the line.

ACADEMIC PERFORMANCE

	Below grade level	Consistent with grade level	Above grade level
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there ability grouping in your class? Yes No

If yes, please indicate in which group this student lies.

Reading	Bottom <input type="checkbox"/>	Middle <input type="checkbox"/>	Top <input type="checkbox"/>
Math	Bottom <input type="checkbox"/>	Middle <input type="checkbox"/>	Top <input type="checkbox"/>

Please make any descriptive comments on student's academic performance.

Overall, please rate this applicant's prospect for success at Shaker Road School.

For Academic Promise	*Do not recommend <input type="checkbox"/>	*With reservation <input type="checkbox"/>	Confidently <input type="checkbox"/>	(*Please explain)
For character and personal promise	*Do not recommend <input type="checkbox"/>	*With reservation <input type="checkbox"/>	Confidently <input type="checkbox"/>	(*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 _____

Thank you for your help in making the decision in regard to this candidate a more informed one.

Shaker Road School
Office of Admission



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

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