

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.

TO THE APPLICANT (GRADES 3-9) **SHORT ANSWER QUESTIONS**

Full Name _____

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

What are you most proud of?

How do you feel about changing schools?

What do you want from your new school?

Describe a teacher who has made an impact on you?

Please Sign:

Applicant's 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

INTERNATIONAL STUDENT SUPPLEMENT

For international students only:

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

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

Please describe your reasoning. _____

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.

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)

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.



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

Shaker Road School

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