



PARENT APPLICATION

Date of Application

Current Grade

Student's Full Legal Name

Home Address

City, State, Zip

Current Photograph (Optional)

Telephone

DOB

Current School

Race (optional)

Religion (optional)

Gender

Mother's Name

Father's Name

Home Address

Home Address

City, State, ZIP

City, State, ZIP

Telephone

Fax

Telephone

Fax

Occupation / Title

Occupation / Title

Email

Email

Business Address

Business Address

City, State, ZIP

City, State, ZIP

Telephone

Fax

Telephone

Fax

PLEASE CHECK ANY THAT APPLY:

Father deceased _____ Mother deceased _____ Parents separated _____ Parents divorced _____

CHILD LIVES WITH:

Both parents _____ Mother _____ Father _____ Other (explain) _____

Will you be applying for financial aid? Yes _____ No _____

Names of sisters and brothers _____ Age _____ Grade _____ Current school _____

In order to know your child better, we would like you to respond as honestly and fully as you can to the following questions. Please respond on a separate sheet of paper.

1. Please describe any significant events in your child's life, such as geographical moves, school changes, achievements or setbacks. Please include information that will reflect on your child's motivation and needs as a student at the Academy.
2. Please describe what you perceive to be your child's greatest strengths and weaknesses, both socially and academically.
3. Explain fully if your child has ever been diagnosed as having educational or psychological needs or problems, or participated in any special educational or psychological classes or programs.
4. What role do you hope Bishop Seabury will play in your child's life? What will be your child's greatest contribution to the Academy?

Signature of parent or guardian

Date

Relationship to applicant

This application should be accompanied by a check for \$50.00 payable to Bishop Seabury Academy (BSA).

Bishop Seabury Academy does not discriminate on the basis of race, religion, gender, color or national origin.

STUDENT QUESTIONNAIRE

Date _____

Applying to Grade _____

Your full name _____

Nickname _____

Please answer each of the following questions honestly and fully. Use more paper if you need to.

1. What do you enjoy the most about school? _____

2. What is your favorite subject? Why? _____

3. What course or subject is most difficult for you? _____

4. What books have you read recently? What magazines do you read regularly?

5. What was the most memorable good thing that ever happened to you in school?

6. What do you think are your strengths, talents and abilities? _____

7. What do you do in your free time? _____

8. What a activities and sports do you participate in? _____

9. What would be your greatest contribution to the quality of life at Bishop Seabury? _____

10. Tell about the most difficult challenge you have had to face. How did you respond?

11. If you could tell us one thing about yourself, what would it be?

Student's Signature

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ENGLISH TEACHER'S CONFIDENTIAL RECOMMENDATION

Please return to:
Bishop Seabury Academy, 4120 Clinton Parkway, Lawrence, KS 66047
Phone: (785) 832-1717 Fax: (785) 832-1919

Applicant's name _____

Applying for grade _____ School Year _____

Bishop Seabury Academy is an independent, college-preparatory Episcopal day school for boys and girls in grades seven through twelve. The Academy seeks students who demonstrate academic potential, personal character, and a willingness to be actively involved in all aspects of school life.

We are aware of the time involved in completing student recommendations thoughtfully, and we thank you for your commitment to assist us in the evaluation of this student. Your recommendation will help with the placement of this student in classes. Please be assured that your evaluation will be confidential and will not be a part of the student's permanent file.

Compared to all student this age, please rate this student in the following areas:

	Superior	Excellent	Good	Fair	Poor
Potential for achievement in English					
Achievement in English					
Understanding of grammatical concepts					
Participation in class discussion					
Knowledge and use of vocabulary					
Acceptance of new ideas					
Analytical ability					
Creativity					
Study habits					
Reading comprehension					
Honesty/integrity					
Respect for adults					
Respect for peers					
Leadership					
Reaction to criticism					
Self-discipline					

I enthusiastically recommend this student I recommend this student I do not recommend this student

Signature _____ Date _____

Name _____

School _____

Please answer the short questions on the back of this form.

MATH TEACHER'S CONFIDENTIAL RECOMMENDATION

Please return to:

Bishop Seabury Academy, 4120 Clinton Parkway, Lawrence, KS 66047

Phone: (785) 832-1717 Fax: (785) 832-1919

Applicant's name _____

Applying for grade _____ School Year _____

Bishop Seabury Academy is an independent, college-preparatory Episcopal day school for boys and girls in grades seven through twelve. The Academy seeks students who demonstrate academic potential, personal character, and a willingness to be actively involved in all aspects of school life.

We are aware of the time involved in completing student recommendations thoughtfully, and we thank you for your commitment to assist us in the evaluation of this student. Your recommendation will help with the placement of this student in classes. Please be assured that your evaluation will be confidential and will not be a part of the student's permanent file.

Compared to all student this age, please rate this student in the following areas:

	Superior	Excellent	Good	Fair	Poor
Potential for achievement in math					
Achievement in math					
Intellectual curiosity					
Basic math and/or algebra skills					
Analytical ability					
Facility with new concepts					
Completeness of assignments					
Self-discipline					
Honesty/integrity					
Respect for adults					
Respect for peers					
Reaction to criticism					

I enthusiastically recommend this student I recommend this student I do not recommend this student

Signature _____ Date _____

Name _____

School _____

Please answer the short questions on the back of this form.

The courses listed below suggest a sequence typical of the mathematics curriculum in many schools. Check the box next to those courses which the student will have completed by the end of the current school year.

- General math
- Pre-Algebra
- Algebra I
- Geometry
- Algebra II
- Honors Algebra II
- Pre-Calculus (including analytical trigonometry)
- Calculus (an introduction)
- Calculus (Advanced Placement AB)

Which of the above courses would you recommend the student take next year?

What are the first three characteristics that come to mind when thinking of this student? Briefly explain.

Please share any special information or observations you have about this student.

THANK YOU FOR YOUR ASSISTANCE

Bishop Seabury academy does not discriminate on the basis of race, color, religion, gender, national or ethnic origin, or sexual orientation.

PRINCIPAL/COUNSELOR'S CONFIDENTIAL RECOMMENDATION

Please return to:

Bishop Seabury Academy, 4120 Clinton Parkway, Lawrence, KS 66047

Phone: (785) 832-1717 Fax: (785) 832-1919

Applicant's name _____

Applying for grade _____ School Year _____

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We are aware of the time involved in completing student recommendations thoughtfully, and we thank you for your commitment to assist us in the evaluation of this student. Your recommendation will help with the placement of this student in classes. Please be assured that your evaluation will be confidential and will not be a part of the student's permanent file.

Compared to all student this age, please rate this student in the following areas:

	Superior	Excellent	Good	Fair	Poor
Academic potential					
Academic achievement					
Intellectual curiosity					
Self-discipline					
Personal conduct					
Concern for others					
Self-esteem					
Honesty/integrity					
Respect for adults					
Respect for peers					
Leadership					
Reaction to criticism					
Creativity					
Sense of humor					

I enthusiastically recommend this student I recommend this student I do not recommend this student

Signature _____ Date _____

Name _____

School _____

Please answer the short questions on the back of this form.

