



VIRGINIA BEACH FRIENDS SCHOOL

Knowledge. Character. Community.

Application for Admission

Date of Application _____ Academic Year Applying For _____

Applying for:

Cottage: T/Th half _____ T/Th full _____ MWF half _____ MWF full _____
 5 half _____ 5 full _____

Pre-K: 5 half _____ 5 full _____

Kindergarten: 5 full _____

Lower, Middle or Upper School Grade Level _____

Please return this application with the \$100.00 non-refundable fee. When the form, the fee, and the other requested information have been received, the Director of Admissions will contact you regarding the next steps in the process.

Applicant Information

Applicant's Full Name (Last, First, Middle) _____

Name Applicant is called _____ DOB _____ Male _____ Female _____

Address Where Applicant Resides _____

City _____ State _____ Zip _____

Home Telephone _____

With Whom Does Applicant Reside _____

Optional

(Only used for NAIS and VAIS Statistics; no bearing on admission)

Please check all that apply to the applicant:

African American _____ Asian American _____ Caucasian American _____
 Latino/Hispanic American _____ Middle Eastern American _____
 Multiracial American _____ Native American _____ Pacific Islander American _____

Friends School admits students without regard to race, color, sexual orientation, religion and national or ethnic origin

Family Information

Parents' Marital Status: Married____ Separated____ Divorced____ Widowed/Widower____ Single____

Who has legal custody of the applicant? _____

To whom should correspondence be addressed? _____

Who is financially responsible for this applicant? _____

Parent / Guardian 1

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Cell Phone: _____

Best way to reach you:

Stepparent 1

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Cell Phone: _____

Best way to reach you:

Parent / Guardian 2

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Cell Phone: _____

Best way to reach you:

Stepparent 2

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Best way to reach you:

Cell Phone: _____

List any relatives who attended Friends School.

If someone referred you, please indicate below so we may thank them.

Please list siblings and schools that they are currently attending.

What information should Friends School have to meet your child's particular needs?

Why do you want the applicant to attend Friends School?

How long do you plan to have the applicant attend Friends School?

How did you first learn about Friends School?

Applicant's Academic Information

Current School _____ Current Grade Level _____

Please list all schools attended in past 3 years:

Has the student ever been home schooled? Yes _____ No _____

If yes, please list program/curriculum _____

Has student ever been expelled or asked to withdraw from a school? Yes _____ No _____

If yes, please explain:

Has the applicant ever had educational testing? Yes_____ No_____ Date_____

Has the applicant ever had psychological testing? Yes_____ No_____ Date_____

Has the applicant ever had an IEP? Yes_____ No_____ Date_____

Has the applicant ever had a 504? Yes_____ No_____ Date_____

If you answered "yes" to any of the questions above, please attach a copy of documentation accordingly.

Please list any advanced or gifted programs in which the applicant participates.

Please detail any special needs the applicant requires. (e.g. disabilities, food allergies, tutoring)

List the applicant's academic, artistic or athletic interests.

Consent

***A \$100.00 non-refundable application fee is due with this Application for Admission.
Please make checks payable to Friends School.***

By submitting this application for consideration by the admissions committee, I certify that this information is accurate to the best of my knowledge. Furthermore, I understand that the Admissions Committee may recommend that the applicant have additional testing administered through The Learning Center, for an additional non-refundable fee of \$150.00 payable prior to the day of scheduled testing. It is understood that the information contained in this application, and that which either the school or the applicant family requests, is confidential and shall not be disclosed to anyone beyond those involved in the admissions process.

Parent/Guardian 1

Date

Parent/Guardian 2

Date



VIRGINIA BEACH FRIENDS SCHOOL

Knowledge. Character. Community.

Early School APPLICANT QUESTIONNAIRE

Please share a bit more with us about your child.

Student's Name:

Last

First

Middle

How would you describe your child? (strengths/growing edges, personality)

What do they enjoy doing?

Do you have any concerns about your child's development?

Why are you considering Friends for your child's education?

What questions do you have about Friends Early School?

Thank you for completing this form. Your remarks will have a direct bearing on your application, and we will consider them carefully.

Signature

Date



VIRGINIA BEACH FRIENDS SCHOOL

Knowledge. Character. Community.

Early School Teacher Recommendation

Student's Name _____

Your Name _____ Title: _____

Name of School _____

How long have you known the student? _____

In the following items, please circle the word or group of words which best describes the child.

- | | |
|---|--|
| 1. Shows a positive self-concept | rarely occasionally often most of the time |
| 2. Is cooperative | rarely occasionally often most of the time |
| 3. Is curious, investigative | rarely occasionally often most of the time |
| 4. Shows initiative, is independent | rarely occasionally often most of the time |
| 5. Is attentive for an appropriate length of time | rarely occasionally often most of the time |
| 6. Is interested in the learning activities in the classroom | rarely occasionally often most of the time |
| 7. Can accept constructive criticism in an appropriate manner | rarely occasionally often most of the time |
| 8. Shares with others | rarely occasionally often most of the time |
| 9. Respects the rights and property of others | rarely occasionally often most of the time |
| 10. Is considerate of others | rarely occasionally often most of the time |
| 11. Assumes responsibility for self | rarely occasionally often most of the time |
| 12. Uses good judgment | rarely occasionally often most of the time |
| 13. Uses self-control | rarely occasionally often most of the time |
| 14. Makes good use of time | rarely occasionally often most of the time |
| 15. Can follow oral directions appropriately | rarely occasionally often most of the time |
| 16. Can follow written directions appropriately | rarely occasionally often most of the time |

17. Uses vocabulary appropriate for age rarely occasionally often most of the time
18. Orally expresses thought and ideas with ease rarely occasionally often most of the time
19. Learns rapidly and easily rarely occasionally often most of the time

Please list the academic social, and emotional strengths and weaknesses (or concerns) of this student that you have observed during his time with you, peers, and special area teachers.

	Strengths	Weaknesses or Concerns
Academic		
Social		
Emotional		

Please list the name of the reading series and the mathematics materials to which the student has been exposed thus far this year.

Please add any information that will be helpful for us to know about this student

Thank you again for your time. Your feedback is an important part of the admissions process and is appreciated. If you have any questions or comments, please feel free to contact The Director of Admissions at 757-428-7534 Ext. 104.

Signature

Date

Name

Email



VIRGINIA BEACH FRIENDS SCHOOL

Knowledge. Character. Community.

FRIENDS SCHOOL

1537 Laskin Road
Virginia Beach, VA 23451
Telephone: 757.428.7534 Fax: 757.428.7511
Email: tamra@vbfschool.org
www.vbfschool.org

Authorization for Release of Records

Please sign and return to the Director of Admissions with application and application fee

Name of Current School: _____

School Phone Number: _____ School Fax Number: _____

School Registrar Email: _____

Address: _____

Student's Name: _____

Has applied for enrollment to Friends School for the _____ school year.

Please forward all **academic, psychological, behavioral and discipline**
records for said named student.
(Please include IEP and 504 if applicable.)

Students DOB: _____

Current Grade: _____ Time enrolled in current school: _____

I hereby authorize the release of all academic records, psychological records, discipline records, test scores and health records to Virginia Beach Friends School. Please include all confidential records.

Printed name of Parent and/or Guardian

Date

Signature name of Parent and/or Guardian