



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

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Upper School APPLICANT QUESTIONNAIRE

Date of Application: _____

Date of Proposed Entrance: _____

Student's Name:

Last

First

Middle

Favorite academic subjects: _____

Academic courses you hope to take next year: _____

Describe community activities or services in which you have been involved: _____

Reading interests: _____

Athletic interests and experiences: _____

Creative art interests and experiences: _____

Work experience: _____

Why do you want to change schools? _____

Why do you want to attend Friends School? _____

What do you think you will contribute to our school community? _____

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.

Middle and Upper School Teacher Recommendation - ENGLISH

_____ has applied for admission to Friends School. Your honest assessment of this student's character and academic abilities would be greatly appreciated. All of the information you provide will be confidential. Thank you in advance for your assistance.

How long have you known this applicant?

How well do you know this applicant academically?

Academic Ability	Above Average	Average	Fair	Poor	No basis for comparison
Class Participation					
Academic Curiosity					
Critical Thinking					
Academic Motivation					
Effort					
Ability to think and work independently					
Follows oral and written direction					
Reading Comprehension					
Discussion/Oral Skills					
Listening Skills					
Vocabulary					
Self-Confidence					
Cooperation with Adults					
Response to Criticism					
Leadership					

Primary strengths and weaknesses:

Study skills (organization, homework and test preparation, time management, concentration):

Academic potential versus achievement level:

Overall personality (individuality, sense of humor, friendliness, etc.):

Any areas from the checklists that may need further elaboration:

Parent Involvement

Please describe the applicant's parents school involvement:

___ uninvolved ___involved ___ over-involved

How realistic are the applicant's parents regarding their child's academic abilities?

How supportive are the parents of the school and its programs?

Additional comments for the Admissions Committee:

Thank you. 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

School Name School

Phone Number



VIRGINIA BEACH FRIENDS SCHOOL

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Middle and Upper School Teacher Recommendation - MATH

_____ has applied for admission to Friends School. Your honest assessment of this student's character and academic abilities would be greatly appreciated. All of the information you provide will be confidential. Thank you in advance for your assistance.

How long have you known this applicant?

How well do you know this applicant academically?

<u>Academic Ability</u>	<u>Above Average</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>	<u>No basis for comparison</u>
Class Participation					
Academic Curiosity					
Critical Thinking					
Academic Motivation					
Effort					
Ability to think and work independently					
Follows oral and written direction					
Reading Comprehension					
Discussion/Oral Skills					
Listening Skills					
Vocabulary					
Self-Confidence					
Cooperation with Adults					
Response to Criticism					
Leadership					

Primary strengths and weaknesses:

Study skills (organization, homework and test preparation, time management, concentration):

Academic potential versus achievement level:

Overall personality (individuality, sense of humor, friendliness, etc.):

Any areas from the checklists that may need further elaboration:

Parent Involvement

Please describe the applicant's parents school involvement:

___ uninvolved ___involved ___ over-involved

How realistic are the applicant's parents regarding their child's academic abilities?

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Signature

Date

Name

Email

School Name School

Phone Number



VIRGINIA BEACH FRIENDS SCHOOL

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Middle/Upper School PERSONAL REFERENCE

(Principal, Employer, Coach, Pastor, etc.)

Student's Name: _____
Last First Middle

Your Name: _____

Your Address: _____

Your relationship to student: _____

How long you have known the student: _____

Please check the appropriate box for each item below:

	Above Average	Average	Fair	Poor	No basis for comparison
Manners					
Dependability					
Compatibility with peers					
Compatibility with adults					
Relative maturity					
Common sense					
Vitality					
Strength of character					
Sense of humor					
Overall evaluation					

Please describe the activity or job in which you have supervised the applicant: _____

Please comment candidly on the student's imagination, originality, creativity, and resourcefulness:

Dedication to the activity or job: _____

Sense of service and concern for others: _____

Unusual strengths and/or weaknesses:

In what way do you believe the applicant could make a contribution to Friends School?

Remarks: _____

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

Signature

Date



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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