Applicant Name: _____________________________________________________________

We appreciate your cooperation in completing this form. It provides one way of getting to know your child and is reviewed with full awareness that your child is continually changing and developing. Please note that we place particular value on your observations and descriptive comments. Your answers will be kept in strict confidence.

1. What do you consider to be your child’s academic, social/emotional, and other strengths?
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

2. What areas need growth, support, or development?
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. In what ways would you like to see school influence your child’s growth next year?
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

4. Choose three adjectives to describe your child and explain why you chose each one.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
5. Describe any special interests, hobbies, or extracurricular activities in which your child may be involved.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Optional: Please share any information that will help us better know your child. This might include information regarding health concerns, learning differences, tutoring, accelerated programs, family circumstances, etc.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Is there anything you feel we should know in preparation of your child’s visit?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Legal Guardian Signature ___________________ Date ______________

In our admissions process, no applicant will be discriminated against on the basis of race, gender, color, religion, physical or mental disability, sexual orientation, ancestry or national origin.