

GERMANTOWN FRIENDS SCHOOL



APPLICATION PACKET
for **2019-2020**





GERMANTOWN FRIENDS SCHOOL

Admissions 101

APPLYING TO GFS FOR FALL 2019?

HERE'S EVERYTHING YOU NEED TO KNOW.

- **September 2018:** Parent interviews, student visit days, and readiness assessments commence. Please submit an application before scheduling appointments.
- **October 20:** Open House for families
- **November 9:** Weekday Open House for all parents and for students in grades 5-11
- **Saturday, November 10:** SSAT testing at GFS. Regular registration ends on October 20. Applicants for grades 6-12 are required to take either the SSAT (Secondary School Admission Test) or the ISEE (Independent School Entrance Exam). Register online, or find more information about additional testing dates and sites at ssat.org or iseetest.org. The SSAT code for GFS is 3397; the ISEE code for GFS is 393325.
- **December 7:** Families must submit the application by **December 7, 2018** to be considered for first-round review. Thereafter, applications are considered on a rolling basis as they become complete. Please submit your application online at www.germantownfriends.org/admissions.
- **January 4, 2019: Deadline for Financial Aid Applications for all families.** GFS uses a different financial aid application than other area independent schools. Applications are submitted online through the Financial Aid for School Tuition (FAST) program at www.germantownfriends.org/finaid. *Note: Our Financial Aid program is for students in grades K-12.*
- **January 7:** All steps of the application process must be completed and all supporting documents must be submitted by **January 7, 2019** in order to be considered for first-round review. Required documents vary by grade.
- **February 1:** Families who have completed all steps of the application process by **January 7, 2019** will be included in the first-round review, and will be notified in writing of the admissions decision by **February 1, 2019**. Financial aid decision letters will arrive shortly after accept decisions are sent.
Please note: GFS admissions decisions are made by Admissions Committee(s) and Quaker consensus; we give each and every applicant file a complete and thorough review, which takes time. If another school lets you know of an acceptance decision before GFS does, please do not interpret that as indicative of less enthusiasm from us for your child's candidacy.
- **March 1:** By common agreement among most area independent schools, families whose children receive an offer of admission by **February 1, 2019** have until **March 1, 2019** to accept or decline the offer. To enroll your child you must return the Enrollment Contract with a non-refundable deposit of \$750.00 per child by March 1. This is the first payment of the tuition bill. All payment plans will be billed and administered by the FACTS Management Company.

WWW.GERMANTOWNFRIENDS.ORG/ADMISSIONS

WE WELCOME YOUR APPLICATION.

We want every GFS student to be successful, so we seek applicants and families for whom our program and school philosophy will be a good match. We get to know you and your child individually, in a group, and from current teachers. Our Admissions Committees take great care in reviewing all information submitted for each applicant.

The application process begins as early as the September before a student enters GFS. We receive many more applications than we have available spaces, so it is important and to your benefit to apply and schedule appointments early.

APPLICATION CHECKLIST

□ APPLICATION & FEE

\$45 for all grades

Please submit your application online at www.germantownfriends.org/admissions.

□ PARENT INTERVIEW & CAMPUS TOUR

Please contact the Admissions Office at (215) 951-2345 to schedule a parent interview and campus tour.

□ STUDENT VISITS

All applicants will be scheduled for a campus visit, the length of which varies depending on the age/grade of the applicant. Student visit days begin in September. Applicants are welcomed enthusiastically by our community and are encouraged to participate in classroom activities.

Visit days fill up quickly, so please contact the Admissions Office at (215) 951-2345 to schedule a visit day as soon as you apply.

NOTE: Applicants to grades 7-12 must complete the online previsit form prior to their visit day.

KINDERGARTEN PLAYDAYS

Kindergarten applicants will be assigned to one of four Saturday playdays: November 10, December 1, December 8, or January 5.

□ TESTING

Kindergarten and Pre-K applicants will have a brief in-house readiness assessment. We do not require outside WPPSI testing. Submitting this testing, if you have it, is encouraged, but optional.

For **applicants to grades 1-5**, our Reading Specialist administers a brief screening during your child's visit day, which includes math and reading.

Applicants for grades 6-12 are required to take either the SSAT (Secondary School Admission Test) or the ISEE (Independent School Entrance Exam). Register online at ssat.org or iseetest.org. Please make sure to include GFS as a score recipient. The SSAT code for GFS is 3397; the ISEE code for GFS is 393325.

□ CONFIDENTIAL TEACHER RECOMMENDATION FORM(S)

Please give the recommendation form(s) to your child's current teacher(s) and request that the forms be returned directly to the GFS Admissions Office before **January 7, 2019**.

Applicants to Pre-K and Kindergarten who are currently in a program should submit a teacher recommendation form.

Applicants to grades 1-5 should submit a recommendation from their primary academic teacher.

Applicants to grades 6-12 must submit two recommendations from the student's current primary academic subject teachers; one recommendation must be from the student's current math teacher.

□ RELEASE FORM FOR SCHOOL RECORDS

This form should be completed and signed by the parent/guardian and returned to the applicant's current school. The student's official transcript must include Fall 2018 grades. Please have the school send the records directly to GFS before **January 7, 2019**. *Transcript not required for Early Childhood Program or Kindergarten applicants.*

□ GRADED WRITING SAMPLE

Applicants to grades 6-12 are required to submit a writing assignment that has been completed for school and graded by a teacher.

QUESTIONS?

Please do not hesitate to contact the Admissions Office at (215) 951-2345 or admissions@germantownfriends.org.

GERMANTOWN FRIENDS SCHOOL

31 West Coulter Street Philadelphia, PA 19144

SCHOOL: (215) 951-2300

ADMISSIONS: (215) 951-2345

WEBSITE: www.germantownfriends.org

OPTIONAL:
A current photo would be
helpful to us

APPLICATION FOR ADMISSION*(ALSO AVAILABLE ONLINE)***APPLICANT INFORMATION**

Last Name _____

First Name _____

Middle Name _____ Preferred Name _____

Current Grade _____ Applying for Grade _____ beginning September 2019

Date of Birth ____ / ____ / ____ Gender Identity Female Male

While we at GFS honor all gender identities, our enrollment software does not yet have categories beyond the binary. Please feel free to use the space below if you so choose, to tell us if your child is transgender or gender non-conforming.

Applicant Email (Grades 6 and Up) _____

Has applicant applied to GFS before? Yes No If so, when and for what grade? _____**EDUCATION**

Current School _____ Grades Attended _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Previous School _____ Grades Attended _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Previous School _____ Grades Attended _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

PRIMARY HOUSEHOLD INFORMATION

If Two Households, Enter Additional Household on Next Page.

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ School District _____

PRIMARY HOUSEHOLD – PARENT/GUARDIAN 1

First Name _____ Last Name _____

Relationship to child _____ Cell Phone _____

Email _____

Occupation _____

Employer/Business Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

College(s) attended, if any, and degree(s) earned _____

PRIMARY HOUSEHOLD – PARENT/GUARDIAN 2

First Name _____ Last Name _____

Relationship to child _____ Cell Phone _____

Email _____

Occupation _____

Employer/Business Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

College(s) attended, if any, and degree(s) earned _____

PARENT(S)/GUARDIAN(S) MARITAL STATUS: PLEASE CHECK ONE.

- Married
- Domestic Partners
- Divorced
- Co-Parenting
- Single
- Separated
- Never Married
- Father deceased
- Mother deceased

If divorced, separated or never married, please clarify custody and living arrangements.

Please note that if admission is offered, enrollment at GFS must be agreed upon by ALL custodial parents/guardians.

Who should receive GFS correspondence? _____

Who will assume financial responsibility for the applicant? Please list full names.

Do you anticipate applying for financial aid? Yes No Maybe

**Please note, our Financial Aid program is for students in grades K-12.*

ADDITIONAL HOUSEHOLD INFORMATION *If Needed*

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____

ADDITIONAL HOUSEHOLD — PARENT/GUARDIAN 1

First Name _____ Last Name _____

Relationship to child _____ Cell Phone _____

Email _____

Occupation _____

Employer/Business Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

College(s) attended, if any, and degree(s) earned _____

ADDITIONAL HOUSEHOLD — PARENT/GUARDIAN 2

First Name _____ Last Name _____

Relationship to child _____ Cell Phone _____

Email _____

Occupation _____

Employer/Business Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

College(s) attended, if any, and degree(s) earned _____

FAMILY INFORMATION

OTHER CHILDREN IN FAMILY OR HOUSEHOLD

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Is your family Quaker? Yes No

Please list relatives who are currently attending or have attended GFS (including applicant's parents)

Name _____ Relationship _____ Class of _____

Name _____ Relationship _____ Class of _____

Does the applicant have any existing medical condition(s) of which the school should be aware?

Has the applicant had any psychological testing or counseling? If so, please explain briefly.

OPTIONAL – YOUR RESPONSES TO THESE QUESTIONS ARE VOLUNTARY

As an institution committed to diversity, we would be grateful if you would be willing to share your family's racial-ethnic background.

Do you wish to identify the applicant as a member of any of the following groups? *Please check one**.

- Asian descendant (including South Asia) Latino(a)/Hispanic or Chicano(a)
- Biracial or Multiracial Middle Eastern or North African
- Black/African descendant Native Hawaiian or other Pacific Islander
- Indigenous/Native American or Alaska Native White/European descendant

* We recognize that racial and cultural identities are complex. Our enrollment software does not yet accept more than one identifier, which we recognize is limiting in most circumstances. As a temporary alternative, we have added an open field below where we welcome more detail on your family's racial-ethnic identities.

If there is more you would like to share about your child's background, please do so here.

During the admissions process, we will have members of the GFS Parents' Association reach out to prospective families. Please let us know if you would like to be connected with a member of these sub-groups of the Parents' Association:

- Multicultural Parents Alliance Lesbian and Gay Parents and Friends Alliance



Applicants to Pre-K through 1st Grade CONFIDENTIAL COMMON RECOMMENDATION FORM

This common recommendation form is accepted by all independent schools who are members of ADVIS (Association of Delaware Valley Independent Schools). **To be signed by the parents or guardians and given to the student's present school after November 1.**

I/We understand that we may not look at this evaluation and assure the evaluator and the school that we will not try to do so. We give permission for the evaluator to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

First Parent/Guardian Signature _____ Date _____

Second Parent/Guardian Signature _____ Date _____

Name of Student _____ has applied for grade _____

Name of Teacher _____ Subject(s) taught _____

To the Current Teacher: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student? _____

	Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
Social/Emotional Development				
Cooperates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the potential to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses materials purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on social/emotional development _____				
Physical Development				
Small muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle control and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencil Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on physical development _____				
Pre-Academic Skill Development				
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves easily from one task/activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits problem solving abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses thoughts well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment on pre-academic skill development _____				

Please comment on each of the following regarding this child. Attach a separate page for additional comments (if needed).

What words come quickly to mind when you describe this child? _____

Interaction with other children, cooperation, respects the rights of others, willingness to share, responsibility for own actions _____

To your knowledge, are the parents in agreement with your view of the student? Yes No Don't know

How would you describe this student's expressive and receptive language skills? _____

Comments or other information you believe might be helpful (other specific strengths and weaknesses?). _____

For children applying to Kindergarten, please describe child's development of readiness for

Beginning reading skills _____

Beginning math skills _____

May we contact you for further information? Yes No

TEACHER'S NAME _____

POSITION _____ SCHOOL NAME _____

SCHOOL ADDRESS _____

TELEPHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

Thank you for taking the time to complete this evaluation. **Please send a copy to the school, and keep an original for your records.**

Please mail directly to: **Germantown Friends School, Office of Admission, 31 W. Coulter Street, Philadelphia, PA 19144**



Applicants to GRADES 2-5 CONFIDENTIAL COMMON RECOMMENDATION FORM

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First Parent/Guardian Signature _____

Second Parent/Guardian Signature _____

Name of Student _____ has applied for grade _____

Name of Teacher _____ Subject(s) taught _____

To the Current Teacher: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known the candidate and in what connection? _____

Please list subject taught, including level of difficulty _____

Please list the textbook(s) used, if applicable _____

	Exceeds age expectations	Age appropriate	Needs development	No basis for judgment
Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original thinking, creativity of approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation, effort, drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well cooperatively / in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits, organization, task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LISTENING receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING fluency, clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH sense of number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on each of the following regarding this child. Attach a separate page for additional comments (if needed).

Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation and homework preparation

Learning style: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace _____

Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues _____

Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration _____

Personal qualities: leadership, honesty, responsibility, concern for others, sense of humor _____

To your knowledge, are the parents in agreement with your view of the student? Yes No Don't know

Is there anything else that the schools should know as this student is considered for admission? _____

Do you have any additional information that may be helpful in our evaluation of this student? _____

May we contact you for further information? Yes No

TEACHER'S NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS

TELEPHONE

E-MAIL

SIGNATURE

DATE

Thank you for taking the time to complete this evaluation. **Please send a copy to the school, and keep an original for your records.**

Please mail directly to: **Germantown Friends School, Office of Admission, 31 W. Coulter Street, Philadelphia, PA 19144**



Applicants to GRADES 6-12

CONFIDENTIAL COMMON RECOMMENDATION FORM

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First Parent/Guardian Signature _____

Second Parent/Guardian Signature _____

Name of Student _____ has applied for grade _____

Name of Teacher _____ Subject(s) taught _____

To the Current Teacher: Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known the candidate and in what connection? _____

Please list subject taught, including level of difficulty _____

Please list the textbook used, if applicable _____

Academic Qualities

Academic ability

- Outstanding
- Good
- Average
- Below average

Academic achievement

- Outstanding
- Good
- Average
- Below average

Effort and drive

- Outstanding
- Good
- Sporadic
- Occasional

Study habits

- Well organized
- Organized
- Easily distracted
- Poor

Intellectual curiosity

- Strong and varied
- Good
- An occasional spark
- Limited

Ability to work with others

- Always works well
- Usually effective
- Sometimes unable to cope
- Has great difficulty in a group

Ability to work independently

- Always works alone
- Needs help occasionally
- Needs help frequently
- Requires supervision

Concentration

- Exceptional
- Usually good
- Occasionally distracted
- Easily distracted

Written expression of ideas

- Ideas and mechanics excellent
- Ideas good, mechanics good
- Ideas good, mechanics fair
- Ideas fair, mechanics good
- Ideas and mechanics poor

Oral expression of ideas

- Exceptional
- Good
- Only when called on
- Wants to dominate
- Rarely contributes

Seeks help when needed

- Always
- Sometimes
- Never

Uses Suggestions

- Always
- Usually
- Sometimes
- Rarely

Personality Traits

CIRCLE all the words that best describe the student

- Aggressive
- Anxious
- Articulate
- Assertive
- Cheerful
- Confident
- Conscientious
- Disobedient
- Easily discouraged
- Follower
- Helpful
- Honest
- Influential
- Irritable
- Manipulative
- Motivated
- Negative leader
- Over-protected
- Passive aggressive
- Perfectionist
- Positive leader
- Responsible
- Self-centered
- Self-disciplined
- Shy
- Social
- Vivacious
- Well-liked

Personal Qualities

Maturity

- Very mature
- Appropriate
- Somewhat immature
- Very immature

Consideration of others

- Unusually thoughtful
- Usually considerate
- Rarely considerate
- Selfish

Social adjustments with peers

- Healthy relationships
- Occasional minor problems
- Frequent minor problems
- Relates poorly

Sense of humor

- Delightful
- Good
- Inappropriate
- Humorless

Attitude of parents

- Cooperative
- Uninvolved
- Overly protective
- Antagonistic

Self-confidence

- Has healthy self-image
- Needs some support
- Appears overly confident
- Needs much reassurance

Integrity

- Very trustworthy
- Usually trustworthy
- Occasionally trustworthy
- Untrustworthy

Conduct

- Well-behaved
- Usually obeys rules
- Occasionally misbehaves
- Frequently misbehaves

(continues...)

Please comment on each of the following regarding this child. Attach a separate page for additional comments.

Academic Strengths and Weaknesses. Comment concerning writing ability, math skills or other skills appropriate to your subject area will be particularly helpful. Consider such categories as effort, curiosity, motivation, achievement in relation to potential, class participation, and homework preparation.

Emotional Maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, and response to frustration.

Personal Qualities: leadership, honesty, responsibility, concern for others, and sense of humor.

Overall Rating	Outstanding	Good	Average	With reservations
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else the school should know as this student is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information? Yes No

TEACHER'S NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS

CITY

STATE

ZIP

TELEPHONE

E-MAIL

SIGNATURE

DATE

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Please list the textbook used, if applicable _____

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- Good
- Average
- Below average

Academic achievement

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Effort and drive

- Outstanding
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- Sporadic
- Occasional

Study habits

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Intellectual curiosity

- Strong and varied
- Good
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- Limited

Ability to work with others

- Always works well
- Usually effective
- Sometimes unable to cope
- Has great difficulty in a group

Ability to work independently

- Always works alone
- Needs help occasionally
- Needs help frequently
- Requires supervision

Concentration

- Exceptional
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- Easily distracted

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- Ideas and mechanics excellent
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- Always
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Uses Suggestions

- Always
- Usually
- Sometimes
- Rarely

Personality Traits

CIRCLE all the words that best describe the student

- Aggressive
- Anxious
- Articulate
- Assertive
- Cheerful
- Confident
- Conscientious
- Disobedient
- Easily discouraged
- Follower
- Helpful
- Honest
- Influential
- Irritable
- Manipulative
- Motivated
- Negative leader
- Over-protected
- Passive aggressive
- Perfectionist
- Positive leader
- Responsible
- Self-centered
- Self-disciplined
- Shy
- Social
- Vivacious
- Well-liked

Personal Qualities

Maturity

- Very mature
- Appropriate
- Somewhat immature
- Very immature

Consideration of others

- Unusually thoughtful
- Usually considerate
- Rarely considerate
- Selfish

Social adjustments with peers

- Healthy relationships
- Occasional minor problems
- Frequent minor problems
- Relates poorly

Sense of humor

- Delightful
- Good
- Inappropriate
- Humorless

Attitude of parents

- Cooperative
- Uninvolved
- Overly protective
- Antagonistic

Self-confidence

- Has healthy self-image
- Needs some support
- Appears overly confident
- Needs much reassurance

Integrity

- Very trustworthy
- Usually trustworthy
- Occasionally trustworthy
- Untrustworthy

Conduct

- Well-behaved
- Usually obeys rules
- Occasionally misbehaves
- Frequently misbehaves

(continues...)

Please comment on each of the following regarding this child. Attach a separate page for additional comments.

Academic Strengths and Weaknesses. Comment concerning writing ability, math skills or other skills appropriate to your subject area will be particularly helpful. Consider such categories as effort, curiosity, motivation, achievement in relation to potential, class participation, and homework preparation.

Emotional Maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, and response to frustration.

Personal Qualities: leadership, honesty, responsibility, concern for others, and sense of humor.

Overall Rating	Outstanding	Good	Average	With reservations
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else the school should know as this student is considered for admission?

Do you have any additional information that may be helpful in our evaluation of this student?

May we contact you for further information? Yes No

TEACHER'S NAME

POSITION

SCHOOL NAME

SCHOOL ADDRESS

CITY

STATE

ZIP

TELEPHONE

E-MAIL

SIGNATURE

DATE

Thank you for taking the time to complete this evaluation. **Please send a copy to the school, and keep an original for your records.**

Mail directly to: Germantown Friends School, Office of Admission, 31 W. Coulter Street, Philadelphia, PA 19144



GRADES 1–12

RELEASE FORM FOR SCHOOL RECORDS

Please sign this form and give to the office at your child's present school.

I request that the school record of _____
be forwarded to:

GERMANTOWN FRIENDS SCHOOL
Office of Admission
31 West Coulter Street
Philadelphia, PA 19144

PLEASE INCLUDE THE FOLLOWING INFORMATION:

1. Transcript and academic record
(including grades for both the previous year and the current year)
2. Courses in progress and grades to date
3. Attendance record
4. Results of standardized achievement and/or aptitude tests
5. Any other information about my child which would identify apparent strengths or weaknesses and patterns of behavior

Signature of Parent or Guardian

Date











GERMANTOWN FRIENDS SCHOOL

OFFICE OF ADMISSION

31 West Coulter Street, Philadelphia, PA 19144

EMAIL: admissions@germantownfriends.org

WEBSITE: www.germantownfriends.org

PHONE: (215) 951-2345