



GEORGE SCHOOL

STEP 6 APPLICANT QUESTIONNAIRE

Student's First Name _____ Student's Last Name _____

Date of Birth _____ Primary Email _____

PLEASE LIST YOUR COURSES FOR:

	LAST YEAR	THIS YEAR	HOPE TO TAKE NEXT YEAR
English	_____	_____	_____
History/Social Studies	_____	_____	_____
Math	_____	_____	_____
Science	_____	_____	_____
Foreign Language	_____	_____	_____
Art/Music	_____	_____	_____
Other	_____	_____	_____

PLEASE COMPLETE THE FOLLOWING SENTENCES:

I feel that my strengths are _____

I feel that I need to improve in _____

I want to attend George School because _____

PLEASE LIST ANY READING INTERESTS:

PLEASE LIST/DESCRIBE ANY SPECIAL SKILLS OR TALENTS:

PLEASE LIST THE SCHOOLS YOU HAVE ATTENDED:

<i>Current School</i>		<i>Current Grade</i>
<i>Previous School</i>	<i>Grade(s)</i>	<i>Dates of Attendance</i>
<i>Previous School</i>	<i>Grade(s)</i>	<i>Dates of Attendance</i>

PLEASE LIST ANY SPECIAL PROGRAMS OR SCHOOLS THAT YOU HAVE ATTENDED DURING THE SCHOOL YEAR OR SUMMER:

PLEASE LIST YOUR RELATIVES WHO ARE CURRENTLY ATTENDING OR HAVE ATTENDED GEORGE SCHOOL (PLEASE GIVE MAIDEN NAME WHERE APPLICABLE):

<i>Name</i>	<i>Relationship</i>	<i>George School Class</i>
<i>Name</i>	<i>Relationship</i>	<i>George School Class</i>
<i>Name</i>	<i>Relationship</i>	<i>George School Class</i>

PLEASE LIST YOUR BROTHERS AND SISTERS:

<i>Name</i>	<i>Age</i>	<i>Current School</i>	<i>Grade</i>
<i>Name</i>	<i>Age</i>	<i>Current School</i>	<i>Grade</i>
<i>Name</i>	<i>Age</i>	<i>Current School</i>	<i>Grade</i>





GEORGE SCHOOL

STEP 6 APPLICANT ESSAY

Student's First Name _____ Student's Last Name _____

Date of Birth _____ Primary Email _____

**PLEASE ANSWER THE FOLLOWING QUESTION ON THIS FORM OR ON A SEPARATE SHEET WITH YOUR NAME ON TOP.
THIS ESSAY MAY BE TYPED.**

Please describe a difficult situation or dilemma you have encountered. How did you choose to resolve it?



STEP 6 PRELIMINARY HEALTH & LEARNING REPORT

Student's First Name _____ Student's Last Name _____

Date of Birth _____ Primary Email _____

1. ARE YOU CURRENTLY RECEIVING MEDICAL TREATMENT? Yes No

If yes, please give reasons, medications prescribed, and names and addresses of doctors: _____

2. DO YOU HAVE ANY PHYSICAL LIMITATIONS? Yes No

If yes, please explain: _____

3. HAVE YOU EVER BEEN OUT OF SCHOOL FOR A WEEK OR MORE? Yes No

If yes, please give reasons and approximate dates: _____

4. HAS ANY SURGERY BEEN ADVISED BUT NOT YET PERFORMED? Yes No

If yes, please explain and indicate when you plan to have the operation: _____

5. DO YOU HAVE ANY LEARNING DIFFERENCES? Yes No

If yes, please describe and attach a copy of the most recent educational testing: _____

6. HAVE YOU HAD PROFESSIONAL COUNSELING WITH A COUNSELOR, PSYCHIATRIST, PSYCHOLOGIST, OR FAMILY DOCTOR?* Yes No

If yes, please give inclusive dates of treatment and give names and addresses of doctors/counselors: _____

7. HAVE YOU EVER TRIED OR USED TOBACCO, ALCOHOL, MARIJUANA, OR OTHER ILLICIT DRUGS?*

Yes No

If yes, please give details: _____

*While a history of counseling or experimentation with drugs does not disqualify an applicant, your frank and candid answers to these questions will help us know you better in the evaluation process.

8. NAME AND ADDRESS OF YOUR PRIMARY DOCTOR: _____

Signature of Applicant

Date

I have read the above and certify that no information concerning the health of this student has been withheld or misrepresented. I authorize the school to obtain further medical history and reports or records from doctors or counselors listed above should it be necessary. I acknowledge that inclusion of false information on this form will require reevaluation of the student and could become grounds for dismissal without tuition refund.

Signature of Parent/Guardian

Date



GEORGE SCHOOL

STEP 6 TRANSCRIPT REQUEST FORM (TO THE PARENT)

Please sign and give this form to your child's current school
after the completion of the first marking period.

Student's First Name _____ Student's Last Name _____

Date of Birth _____ Primary Email _____

TO COMPLY WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACTS OF 1974, THE SCHOOL REQUIRES DOCUMENTED PERMISSION TO RELEASE EDUCATIONAL RECORDS TO OTHER PUBLIC OR PRIVATE SCHOOLS IN WHICH THE STUDENT SEEKS TO ENROLL.

I, the parent of _____ request and authorize _____
Name of Student, Present Grade *Name of Current School*

to release my child's educational records to George School.

Signature of Parent *Date*

TO THE SCHOOL

Please submit the following records for the past two years:

- Official transcript including current year grades/courses
- Standardized testing



STEP 6 SCHOOL RECOMMENDATION

(PRINCIPAL, HEAD OF SCHOOL, OR GUIDANCE COUNSELOR)

George School is a Quaker boarding and day school that provides a rigorous, college preparatory educational experience for students in grades nine through twelve. The school is located in Bucks County, Pennsylvania, and enrolls approximately 540 students.

Student's First Name _____ Student's Last Name _____

Date of Birth _____ Primary Email _____

Your Name (please print) _____

Title _____

Name of School _____
Telephone _____ *Fax #* _____

Address of School _____
Street _____ *City* _____ *State* _____ *Zip* _____

Name of Principal _____

Date student was enrolled _____

DOES YOUR SCHOOL OFFER COURSES THAT ARE DESIGNATED AS (CHECK ALL THAT APPLY):

Accelerated Advanced Gifted Honors Remedial Other _____

IF YES, WHICH SUBJECT(S)?

English History Math Science Foreign Language Other _____

HOW ARE THESE COURSES DESIGNATED ON THE STUDENT'S TRANSCRIPT?

The student ranks _____ (Exact Approximate) in a class of _____

IF YOUR SCHOOL DOES NOT RANK, PLEASE ESTIMATE THE STUDENT'S RANK:

Top 5% Top 10% Top 25% Top Half Bottom Half Not Available

GRADING SCALE:

A= _____ B= _____ C= _____ D= _____ F= _____ Passing Grade: _____

LENGTH OF CLASS PERIOD _____ MINUTES CLASSES MEET _____ TIMES PER WEEK

DOES YOUR SCHOOL HAVE BLOCK SCHEDULING?

Yes No

HAS THE APPLICANT EVER BEEN DISMISSED, SUSPENDED, OR RECEIVED OTHER SERIOUS DISCIPLINARY SANCTION?

Yes No (If the answer is yes, please provide a full explanation on a separate piece of paper.)

HAS HE/SHE WITHDRAWN FROM SCHOOL FOR AN EXTENDED PERIOD OF TIME FOR REASONS OTHER THEN HEALTH?

Yes No (If the answer is yes, please provide a full explanation on a separate piece of paper.)

IF IT IS NOT LISTED ON TRANSCRIPT, PLEASE INDICATE:

Current Academic Year Previous Academic Year

Number of absences _____

Number of latenesses _____

PLEASE COMMENT CANDIDLY ON THE STUDENT'S:

Intellectual curiosity _____

Reading interest and skill _____

Motivation or need for supervision _____

Physical, social, and mental maturity relative to peers _____

Academic achievement relative to ability _____

Unusual quality or talent _____

Integrity _____

Conduct _____

Sense of responsibility _____

Initiative and drive _____

Emotional stability _____

NON-ACADEMIC ACTIVITIES

Athletics _____

Creative Arts _____

Community Service _____

Positions of leadership in school or community _____

PLEASE EVALUATE STUDENT IN RELATION TO PEERS:

BELOW
AVERAGE

AVERAGE

GOOD

VERY
GOOD

EXCELLENT
(TOP 5%)

As a student

As a person

Signature

Date

I would like to receive additional information about George School
(please indicate address if you would like materials sent to an
address other than the school's).

Name _____

Address _____

If you have questions or comments, please feel free to contact the admission office directly at 215.579.6547. We appreciate your time and feedback. your recommendation form will remain confidential.



STEP 6 CURRENT ENGLISH TEACHER RECOMMENDATION

George School is a Quaker boarding and day school that provides a rigorous, college preparatory educational experience for students in grades nine through twelve. The school is located in Bucks County, Pennsylvania, and enrolls approximately 540 students.

Student's First Name _____ Student's Last Name _____

Date of Birth _____ Primary Email _____

Your Name (please print) _____

Title _____

Name of School _____
Telephone _____ *Fax #* _____

Address of School _____
Street _____ *City* _____ *State* _____ *Zip* _____

How long have you known the student? _____

HOW MUCH EXPOSURE DOES/WILL THE STUDENT HAVE TO THE FOLLOWING TOPICS THIS YEAR?:

READING	NONE	MINIMAL	MODERATE	EXTENSIVE	WRITING	NONE	MINIMAL	MODERATE	EXTENSIVE
Short stories					Critical essays				
Novels					Short stories				
Plays					Journals				
Poetry					Poetry				
Other					Other writing				

List three major works that will be studied: _____

HOW WOULD YOU RATE THIS STUDENT'S ACADEMIC SKILLS AND POTENTIAL?

NO BASIS FOR EVALUATION	BELOW AVERAGE	AVERAGE	GOOD	VERY GOOD	EXCELLENT (TOP 5%)
Reading comprehension					
Organization					
Development of ideas					
Effectiveness of writing					
Accuracy of mechanics					
Vocabulary					
Originality and creativity					
Ability to listen					
Classroom participation					
Effort					
Summary rating - as a student					
Summary rating - as a person					

PLEASE COMMENT ON THE STUDENT'S: (Use specific examples whenever possible. All information is confidential.)

Current academic progress:

Study habits (motivation, organization, homework, and test preparation):

Academic achievement relative to her/his ability:

Overall Personality (manners and appearance, individuality, sense of humor, friendliness, etc.):

Character (integrity, responsibility, stability, leadership potential, concern for others, sense of service):

Response to constructive criticism:

Other comments and remarks (Are there any traits, positive or negative, not mentioned above that are worthy of note?):

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

Signature

Date



STEP 6 CURRENT MATHEMATICS TEACHER RECOMMENDATION

George School is a Quaker boarding and day school that provides a rigorous, college preparatory educational experience for students in grades nine through twelve. The school is located in Bucks County, Pennsylvania, and enrolls approximately 540 students.

Student's First Name _____ Student's Last Name _____

Date of Birth _____ Primary Email _____

Your Name *(please print)* _____

Title _____

Name of School _____
Telephone _____ *Fax #* _____

Address of School _____
Street _____ *City* _____ *State* _____ *Zip* _____

How long have you known the student? _____

What is the name of your current course? _____

What course should the student take next? _____

PLEASE INDICATE THE LEVEL OF EXPOSURE, IF ANY, THAT THE STUDENT WILL HAVE HAD TO EACH OF THE FOLLOWING TOPICS BY THE END OF YOUR COURSE:

	None	Minimal	Moderate	Extensive
The Cartesian coordinate system				
Perimeter, area, and volume				
Solution of linear equations				
Graphs of linear equations				
Systems of linear equations				
Factoring algebraic expressions				
Quadratic formula				
Graphs of quadratic equations				
Logarithms				
Vectors				
Similarity and congruence				
Compass and straight-edge constructions				
Coordinate geometry and transformations				
Geometric theorems and proofs				
Pythagorean Theorem				
Right triangle trigonometry				
Unit circle				
Functions, relations and function notation				
Exponential functions and their graphs				
Trigonometric functions and their graphs				
Descriptive statistics				
Inferential statistics				
Differential calculus				

PLEASE COMMENT ON THE STUDENT'S: (Use specific examples whenever possible. All information is confidential.)

Current academic progress:

Study habits (motivation, organization, homework, and test preparation):

Academic achievement relative to her/his ability:

Character (integrity, responsibility, stability, leadership potential, concern for others, sense of service):

Overall Personality (manners and appearance, individuality, sense of humor, friendliness, etc.):

Response to constructive criticism:

Other comments and remarks (Are there any traits, positive or negative, not mentioned above that are worthy of note?):

PLEASE EVALUATE STUDENT IN RELATION TO PEERS:

BELOW
AVERAGE

AVERAGE

GOOD

VERY
GOOD

EXCELLENT
(TOP 5%)

As a math student

As a person

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

Signature

Date



STEP 6
PERSONAL RECOMMENDATION (OPTIONAL)

(EMPLOYER, COACH, CLERGY, ETC.)

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Student's First Name Student's Last Name

Date of Birth Primary Email

Your Name (please print)

Address Street City State Zip

Telephone Email

PLEASE DESCRIBE THE ACTIVITY OR JOB IN WHICH YOU HAVE SUPERVISED THE APPLICANT, INDICATING HOW LONG YOU HAVE KNOWN HER/HIM IN THIS CAPACITY.

Three horizontal lines for writing a recommendation.

PLEASE CHECK THE APPROPRIATE BOX FOR EACH ITEM BELOW.

POOR FAIR GOOD VERY GOOD OUTSTANDING NOT APPLICABLE

Manners and appearance

Dependability

Compatibility with peers

Compatibility with adults

Relative maturity

Common sense

Vitality

Strength of character

Sense of humor

Overall evaluation

PLEASE COMMENT ON THE STUDENT'S: (Use specific examples whenever possible. All information is confidential.)

Character, creativity, and resourcefulness: _____

Commitment to the activity or job: _____

Sense of service and concern for others: _____

Unusual strengths and/or weaknesses: _____

Response to constructive criticism: _____

In what way do you believe the applicant could make a significant contribution to George School? _____

Thank you for your assistance. If you have questions or comments, please feel free to contact the admission office directly at 215.579.6547. We appreciate your time and feedback and will consider your remarks closely. Your recommendation will remain confidential.

Signature *Date*

I would like to receive additional information about George School Name _____
Address _____
