



DATE _____

APPLYING FOR: GRADE _____ ACADEMIC YEAR _____

IF APPLYING FOR PRE-KINDERGARTEN, PLEASE INDICATE YOUR PREFERENCE:

HALF-DAY _____ FULL-DAY _____ UNDECIDED _____

ADMISSION APPLICATION

APPLICANT INFORMATION

Full Name _____

Preferred Name _____

Date of Birth _____ Gender _____

Mailing Address _____

SIBLINGS

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

APPLICANT'S CURRENT SCHOOL INFORMATION

School Name _____ Current Grade _____

School Address _____

Teacher's Name _____

School Phone _____

FAMILY INFORMATION

PARENT 1

PARENT 2

Title (Mr./Mrs./Ms./Dr.) _____

Name _____

Preferred Name _____

Phone _____

Mobile Phone _____

E-mail _____

ADMISSION APPLICATION

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FAMILY INFORMATION

PARENT 1

PARENT 2

Profession and Title _____

Nature of Business _____

Name of Employer _____

Business Phone _____

Schools Attended _____

Degrees Held _____

Applicant is living with _____

Send correspondence to _____

Parents/Guardians are: Married/Single/Separated/Divorced Married/Single/Separated/Divorced

Please feel free to include any information about your family that you think is important for us to know.

Please provide the names of any Tower students and/or alumni to whom the applicant is related.

Name _____ Relationship _____

Name _____ Relationship _____

Check here to receive information about tuition assistance. _____ Yes

Admission decisions are made separately from tuition assistance decisions.

I wish to apply for the enrollment of this applicant in Tower School. I give permission for my child to take part in the screening processes administered at Tower. I understand and agree that any information gathered by the Admission Office in connection with this application shall be strictly confidential and shall not be disclosed to anyone, including the applicant's family, except that the Director of Admission may, in her sole discretion, disclose any or all such information to such persons as she deems advisable. I certify that the information presented with this application is accurate, complete, and accurately presented.

I enclose the non-refundable application fee of \$45. Should this fee present financial difficulty, please request a fee waiver.

Date _____ Signature of Parent or Guardian _____

If you or your child requires any special arrangements to facilitate a visit to our campus, please let us know in advance of your visit so we can do our best to make appropriate accommodations.

Tower School does not discriminate on the basis of race, religion, color, handicapped status, sexual orientation, nationality, or ethnicity in administration of its educational policies, admission policies, financial aid programs, or athletic and other school administered programs.



SCHOOLS: PLEASE COMPLETE AND SUBMIT THE
AISNE EVALUATION BY FEBRUARY 1.

PERMISSION FOR RELEASE OF TEACHER EVALUATION AND STUDENT RECORDS

APPLICANT INFORMATION

Child's Name _____

Grade Applying to _____

PARENTS

This form gives permission to your child's current teacher(s) to complete the confidential AISNE (Association of Independent Schools in New England) student evaluation form. This release also authorizes the director of your child's current school to forward copies of progress reports to Tower School, and to speak with admission staff or set up a visit to observe your child at his or her current school.

Please sign below and give this form and the grade-appropriate AISNE student evaluation form to your child's current school at your earliest convenience. You should also provide them with a stamped envelope addressed to: Tower School, Attention: Admission Office. AISNE forms can be downloaded from our website. Please ask the teacher to complete the form after December 1 and return it, sealed, to us by February 1. An admission decision cannot be made until this information is in your child's file.

I authorize the release of all educational records of the above-named applicant to Tower School and also the submission of the separate, confidential student evaluation to be completed by my child's current teacher(s). I understand that this evaluation is to be used solely to inform a thoughtful admission decision and that it does not become a part of my child's permanent record.

Parent Signature _____ Date _____

SCHOOLS

The child whose name appears on this form has applied for admission to Tower School. We would appreciate your sending us the following materials:

1. The completed AISNE student evaluation form. This evaluation will be kept in strict confidence and will be used solely for the admission process. It is not shared with the parents.
2. A copy of the most recent report cards or progress reports.
3. Any other information you feel might be helpful to us in evaluating this student.

We are aware of the time and thought these forms take, and we sincerely appreciate your candor. If you would like to elaborate on any of the observations please feel free to do so.



PLEASE COMPLETE AND SUBMIT THE PARENT
QUESTIONNAIRE BY FEBRUARY 1.

PARENT QUESTIONNAIRE

(PAGE 1 OF 3)

APPLICANT INFORMATION

Child's Name _____ Grade Applying to _____

1. TOWER'S MISSION STATEMENT IS FOUND ON OUR WEBSITE (ABOUT US). HOW DOES OUR MISSION ALIGN WITH YOUR EXPECTATIONS FOR YOUR CHILD'S EDUCATION?

2. DESCRIBE YOUR CHILD'S PERSONALITY.

3. PLEASE DESCRIBE ANY PARTICULAR STRENGTHS YOU FEEL YOUR CHILD EXHIBITS AT THIS TIME.



PLEASE COMPLETE AND SUBMIT THE PARENT
QUESTIONNAIRE BY FEBRUARY 1.

PARENT QUESTIONNAIRE

(PAGE 2 OF 3)

APPLICANT INFORMATION

Child's Name _____

4. ARE THERE ANY AREAS IN WHICH YOU FEEL YOU WOULD LIKE TO SEE ADDITIONAL GROWTH FOR YOUR CHILD AT THIS TIME?

5. IF YOUR CHILD PARTICIPATES IN ORGANIZED ACTIVITIES OUTSIDE OF SCHOOL, PLEASE DESCRIBE THEM AND THE AMOUNT OF TIME THEY INVOLVE.

6. WHAT ARE YOUR CHILD'S RESPONSIBILITIES AT HOME?



PLEASE COMPLETE AND SUBMIT THE PARENT
QUESTIONNAIRE BY FEBRUARY 1.

PARENT QUESTIONNAIRE

(PAGE 3 OF 3)

APPLICANT INFORMATION

Child's Name _____

7. WHAT TYPES OF DISCIPLINE WORK WELL WITH YOUR CHILD?

8. PLEASE IDENTIFY ANY OUTSIDE SERVICES YOUR CHILD HAS RECEIVED. THIS MAY INCLUDE, BUT NOT BE LIMITED TO, NEUROPSYCHOLOGICAL, EDUCATIONAL, OR SPEECH AND LANGUAGE EVALUATIONS, OR THERAPEUTIC ASSISTANCE. PLEASE PROVIDE COMPLETE COPIES OF TESTING REPORTS.



PLEASE COMPLETE AND SUBMIT THE STUDENT
QUESTIONNAIRE BY FEBRUARY 1.

STUDENT QUESTIONNAIRE

(FOR STUDENTS APPLYING FOR ADMISSION TO GRADES 4-8)

APPLICANT INFORMATION

Child's Name _____ Grade Applying to _____

1. PLEASE DESCRIBE ANY EXTRA CURRICULAR ACTIVITIES IN WHICH YOU ARE INVOLVED.

Please respond to **one** of the following two essay options. You may use the other side if you need more room.

2A. EVALUATE A SIGNIFICANT EXPERIENCE, ACHIEVEMENT, OR RISK YOU HAVE TAKEN, OR AN ETHICAL DILEMMA YOU HAVE FACED, AND THE IMPACT ON YOU.

2B. INDICATE A PERSON WHO HAS HAD A SIGNIFICANT INFLUENCE ON YOU, AND DESCRIBE THAT INFLUENCE.