

Family Statement
Remarks from Parent(s)/Guardian(s)
Pre-K-Sixth Grade



Applicant's full name _____ Applying to grade _____
FIRST MIDDLE LAST

To the Parent/Guardian: The Admission Committee is interested in knowing more about you and your family.

1. Please explain your interest in sending your son/daughter to The Guthrie School.
2. How did you first learn about The Guthrie School?
3. What are your child's greatest strengths?
4. Please comment on what you consider to be your child's greatest area of need. What steps have been taken to address this?
5. Please describe your child's current academic environment.
6. Describe your child's relationship with his/her peers.

7. Describe your child's relationship with his/her family.

8. Does your child receive any tutoring or academic enrichment outside of the classroom? If so, please explain.

9. Describe any service or volunteer activities you have been involved in within your community or schools.

10. Please feel free to make additional comments which provide further insight about your child.

I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission to or enrollment at The Guthrie School. My signature below also indicates that all of the information contained in this questionnaire is correct, complete, and honestly presented.

Parent's/Guardian's signature _____ Date _____

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Admission Application

Applicant and Family Information

Pre-K-Fifth Grade



Please write neatly or type.

Applicant's Personal Data:

Legal name _____
First Middle Last Jr.

Please attach applicant's photo here (optional).

Preferred name _____

Gender _____ Male _____ Female **Age** _____ **Date of birth (mm/dd/yy)** _____

Current Grade _____ **Applying to Grade** _____

Home Address _____
Number and Street Apartment #
City State Zip

Home Phone (_____) _____ **Preferred email** _____

Ethnicity (optional)

_____ African American or Black _____ Asian _____ Latino/Hispanic _____ Middle Eastern _____ Multiracial
_____ Native American or Alaska Native _____ White _____ Native Hawaiian or other Pacific Islander

What language(s) does the applicant speak at home? _____

Has the applicant previously applied to The Guthrie School? _____ YES _____ NO

Applicant's Education Data:

Please list the schools applicant has attended (beginning with the current school).

School _____ **Grade(s) attended** _____

Address _____ **Phone** (_____) _____
Number and Street City State Zip

School _____ **Grade(s) attended** _____

Address _____ **Phone** (_____) _____
Number and Street City State Zip

School _____ **Grade(s) attended** _____

Address _____ **Phone** (_____) _____
Number and Street City State Zip

Has the applicant:

- Repeated a grade? _____ YES _____ NO If yes, which grade? _____
- Been dismissed or suspended from any school for any reason? _____ YES _____ NO
If yes, explain the situation, including the name of the school and the principal _____

continued on back

Applicant's Family Data:

Parent/Guardian ___ **Dr.** ___ **Mr.** ___ **Mrs.** ___ **Ms.**

First Middle Last

Home address ___ same as applicant

Number and Street Apt #

City State Zip

Preferred contact number: ___ home ___ work ___ cell

Home phone (_____) _____

Work phone (_____) _____

Cell phone (_____) _____

Email _____

Occupation/Industry _____

Job Title _____

Employer _____

Stepparent Name _____
Title First Middle Last

Cell phone (_____) _____

Occupation/Industry _____

Employer _____

Check if appropriate: ___ Father is deceased ___ Mother is deceased ___ Parents are separated ___ Parents are divorced ___ Other: _____

Other children in applicant's family (please give names, ages, grades and schools if in school or college):

_____	_____	_____	_____	_____	Applying to Guthrie? ___ YES ___ NO
<small>Name</small>	<small>Age</small>	<small>Grade</small>	<small>School</small>		
_____	_____	_____	_____	_____	Applying to Guthrie? ___ YES ___ NO
<small>Name</small>	<small>Age</small>	<small>Grade</small>	<small>School</small>		
_____	_____	_____	_____	_____	Applying to Guthrie? ___ YES ___ NO
<small>Name</small>	<small>Age</small>	<small>Grade</small>	<small>School</small>		

Applicant's relatives who currently attend or have graduated from The Guthrie School:

_____	_____	_____	_____
<small>Name</small>	<small>Relationship to student</small>	<small>Year(s) attended</small>	<small>Year graduated</small>
_____	_____	_____	_____
<small>Name</small>	<small>Relationship to student</small>	<small>Year(s) attended</small>	<small>Year graduated</small>
_____	_____	_____	_____
<small>Name</small>	<small>Relationship to student</small>	<small>Year(s) attended</small>	<small>Year graduated</small>

Confidentiality Policy and Access Waiver

I acknowledge that I waive my right of access to confidential information in my child's admission file. This includes but is not limited to, teacher evaluation forms, letters of reference, assessment information and documentation such as interview findings and evaluations, The Guthrie School visit evaluations, and any additional testing results.

I understand that withholding or misrepresenting information requested in this application will disqualify our application to The Guthrie School. The signature(s) below affirm that all of the information contained in this application is correct, complete and honestly presented.

 Parent or Guardian Signature

 Date

Testing Registration Pre-K-Sixth Grade



Applicant's full name _____ Applying to grade _____

Date of Birth _____ FIRST _____ MIDDLE _____ LAST _____
MONTH DAY YEAR Current grade _____

Does your child have any food allergies? _____ YES _____ NO

If yes, please specify _____

Parent/Guardian Name _____ Phone (_____) _____
FIRST LAST

Email Address: _____

Part I- Achievement Testing (Kindergarten-5th grade)

Each applicant will take an in-house achievement test at The Guthrie School. Appointments are scheduled with the Admission Office. Parents should plan on their student spending approximately 2-2 ½ hours at The Guthrie School.

Part II- Individual Visit (Pre-K -5th grade) *Optional*

Applicants applying to grades K-5 are encouraged to schedule a half-day visit during which they will have an opportunity to "shadow" a Guthrie student through his/her classes. Once the Testing Registration and Application have been received, the Office of Admissions will contact you to set up a visitation date.

Should you not be able to attend your testing date, please contact The Guthrie School at 972-596-6929
mary.hearty@guthrieschool.com as soon as possible to reschedule.

Parent's/Guardian's Signature _____ Date _____

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Official Transcript/Progress
Report Release
PREKINDERGARTEN – GRADE 6



The Guthrie School

TO THE APPLICANT FAMILY

Please complete the section below. Please forward this form to an official (Head of School, Principal, Director, or Registrar) at your child's current school. Your child's current school should return an official copy of his/her transcript to The Guthrie School no later than **February 2, 2018**. If your child is applying to Prekindergarten or Kindergarten and your child's school does not issue progress reports, please indicate below and return this form directly to The Guthrie School.

Applicant's full name _____
FIRST MIDDLE LAST

Date of birth _____ Current grade _____
MONTH DAY YEAR

I hereby authorize the release of the information requested below to the Office of Admission of The Guthrie School.

My child's current school does not issue progress reports. (Applicable to Prekindergarten or Kindergarten applicants only.)

Authorization signature of Parent or Guardian _____

TO THE HEAD OF SCHOOL, PRINCIPAL, DIRECTOR, OR REGISTRAR:

The student whose name is listed above is applying for admission to The Guthrie School for the 2018-2019 academic year. Please send the following documents to The Guthrie School before the February 2, 2018 deadline. Documents can be sent electronically or mailed. If emailing, please send to mary.hearty@guthrieschool.com.

Please include the following:

- Current year-to-date grades (please include fall semester grades)
- Grade reports from the previous year (if applicable)
- Current and previous teacher comments or evaluations forms
- All standardized test scores
- School absences/tardies
- School profile and explanation of grading system
- If the student has ever been dismissed, suspended, placed on probation from school, or incurred serious disciplinary action, please explain on a separate sheet of paper

Signature of School Official _____ Title _____

Please send this form along with the requested materials to mary.hearty@guthrieschool.com.

You may also mail directly to:

The Guthrie School
598 Old Custer Road
Allen, TX 75013

It is the policy of The Guthrie School to administer its educational admission program without regard to race, color, religion, sex, sexual orientation, gender identify, gender expression, national or ethnic origin, or disability.

Confidential Current Teacher Evaluation Pre-K-Sixth Grade



Applicant's full name _____ Applying to grade _____
FIRST MIDDLE LAST

To the Applicant Family:

Please submit this form to the applicant's current teacher, allowing time for completion and return by the deadline. I waive my right of access and that of my child to this teacher evaluation form. I understand that its content will not be made available by either the referring or receiving school.

Parent's/Guardian's Signature (required prior to completion of this form) _____

To the Current Teacher:

The above named student is applying for admission to The Guthrie School. As part of the admission process, please assess the student as compared with his or her peers. Please be assured that all of the information you provide will be held in strict confidence. The applicant's family has waived their rights of access to this evaluation form's content upon submitting their application. You may scan and email this form to mary.hearty@guthrieschool.com. You may also mail the original to The Guthrie School Admission Office. Please be sure to keep a copy for your files and submit to The Guthrie School by February 2, 2018. We appreciate your time and effort in completing this evaluation.

Social/Emotional Development

	Below Expectations	Average	Above Level	Outstanding/ Among the Best I've Ever Seen	No Basis
Attention Span					
Ability to follow directions					
Ability to complete tasks					
Ability to work in groups					
Attitude toward teachers					
Attitude toward peers					
Attitude of peers toward child					
Accepts consequences of own behavior					
Child's initial adjustment					
Emotional maturity					
Reaction to setbacks					
Response to teacher direction					
Leadership					
Self-discipline					
Qualities of mind (keenness, imagination, curiosity)					
Parental expectations toward child					
Parental expectations toward school					

School Performance

Language ability					
Fluency in English					
Vocabulary					
Writing Skills					
Reading Fluency					
Reading Comprehension					

	Below Expectations	Average	Above Level	Outstanding/Among the Best I've Ever Seen	No Basis
Oral Communication Skills					
Mathematical Concepts					
Problem Solving					
Creativity					
Effort/Determination/Responsibility					
Citizenship/Conduct					
Is English his or her primary language?	Yes	No			

Aesthetic Development

Art					
Music					
Drama/Dramatic Play					

Study Habits

Ability to work independently					
Ability to work with others					
Pattern of completing work on time					
Organization/care of materials					
Prediction of success at next grade level					

Health and Attendance Record

General Health					
Absences					
Tardies					

Please comment on the following (attach a separate sheet if necessary):

1. Applicant's social and/or emotional development as compared with others of the same chronological age:

2. Special needs to address may include:

3. Applicant's strengths/weaknesses:

4. Please describe parental expectations, support, and attitude toward applicant and school.

5. Has outside help, enrichment, tutoring, or testing been recommended? YES NO (If yes, please elaborate).

6. Please include other pertinent information (attach additional sheet if necessary):

This student has been enrolled in this school for _____ year(s). I have known him/her for _____ year(s).

Please select from the following recommendations

Highly recommend

Recommend

Recommend with reservations because _____

Do not recommend because _____

Please PRINT the following:

Name Title/Position Date

School Phone

Course Taught Number of Years Teaching Applicant

Email Address

May we contact you with follow up on these questions? YES NO

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THE GUTHRIE SCHOOL
598 Old Custer Road, Allen, TX 75013 - Admission Office 972.596.6929 – www.guthrieschool.com

5. Has outside help, enrichment, tutoring, or testing been recommended? ____ YES ____ NO (If yes, please elaborate).

6. Please include other pertinent information (attach additional sheet if necessary):

This student has been enrolled in this school for _____ year(s). I have known him/her for _____ year(s).

Please select from the following recommendations

____ Highly recommend

____ Recommend

____ Recommend with reservations because _____

____ Do not recommend because _____

Please PRINT the following:

_____	Name	Title/Position	Date
_____	School	Phone	
_____	Course Taught	Number of Years Teaching Applicant	
_____	Email Address		

May we contact you with follow up on these questions? ____ YES ____ NO

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