

1860

The Chestnut Hill School

Application for Admission

The Chestnut Hill School reaffirms its long-standing policy of non-discriminatory admission of students. The Chestnut Hill School admits students of any race, color, religion, gender, family structure, sexual orientation, or national and ethnic origin to all rights, privileges, programs and activities generally afforded or made available to students at the school. The school does not discriminate in violation of any law or statute in the administration of its educational policies, financial aid programs, and athletic or other school-administered programs.

▶ Please attach a photograph of your child with family/guardian. ◀

Applicant Information

Applicant's Name (First/Middle/Last)

Preferred First Name/Nickname

Date of Birth (Month/Day/Year)

Male Female

Current Grade

Grade Applying for

Applicant's Current School

Current School's Phone

Current School Address (Street, City /Town, State, Country, Zip)

Applicant's Current Teacher

Current School's Head/Principal/Director

Sibling Information

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

Sibling's Name

Date of Birth (Month/Day/Year)

Current School

continued ...

Parent/Guardian Information

Preferred Title

Mr. Mrs. Ms. Dr. Other _____

Parent/Guardian's Name (First/Middle/Last)

Home Address (Street, City/Town, State, Country, Zip)

Home Phone

Occupation

Cell Phone

Business/Employer Name

Business Phone

Business/Employer Address (Street, City /Town, State, Country, Zip)

E-mail Address

Preferred Title

Mr. Mrs. Ms. Dr. Other _____

Parent/Guardian's Name (First/Middle/Last)

Home Address (Street, City/Town, State, Country, Zip)

Home Phone

Occupation

Cell Phone

Business/Employer Name

Business Phone

Business/Employer Address (Street, City /Town, State, Country, Zip)

E-mail Address

A \$55 non-refundable application fee must accompany this application.

If you require assistance with the Application Fee, please contact the Director of Financial Aid (x641).

The undersigned, individually and as the representative of the above referenced applicant(s), hereby agree(s) that The Chestnut Hill School (School) is authorized to conduct observations and admission tests, and that the School will receive and retain these test results and observations and confidential recommendations regarding the applicant(s), which documents may not be disclosed to the undersigned or the applicant(s).

Parent/Guardian Signature

Date (Month/Day/Year)

Parent/Guardian Signature

Date (Month/Day/Year)

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The Chestnut Hill School
Release Form

*Please sign and send this release form
to your current school.*

Current School

TO:

Applicant's Name

RE:

Applicant's Address (Street, City/Town, State, Country, Zip)

Date of Birth (Month/Day/Year)



I give my permission to release all school records, including teachers' reports, all achievement and aptitude test scores, all testing results and evaluations, and any other pertinent information to:

Admission Office
The Chestnut Hill School
428 Hammond Street
Chestnut Hill, MA 02467-1229

Parent/Guardian Signature

Date (Month/Day/Year)

STUDENT EVALUATION

For children entering grades two through five

Section I:

Name of student _____ Applicant for grade _____

I have known this candidate for ___ years ___ months. Number of children in class ___ Grade level(s) in class _____

Is child generally on time for school? Yes ___ No ___ Attendance pattern _____

My relationship with this candidate has been that of _____

What are the first words that come to mind to describe this candidate? _____

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. **This evaluation will be kept in strict confidence, will be reviewed only by the admission committee and will not become part of the student's permanent record.** Your insights will be used solely to help inform a thoughtful admission decision which will result in the best placement for each child.

Section II: SOCIAL/EMOTIONAL DEVELOPMENT *(Please circle best descriptor)*

Comments

	consistently	usually	occasionally	seldom	
Demonstrates sense of integrity and responsibility					
Consideration for others	very considerate	usually considerate	inconsiderate	unkind	
Social relationship with peers	very mature	average	somewhat immature	relates poorly	
Leadership ability	excellent	good	average	poor	
Emotional maturity	very mature	average	somewhat immature	very immature	
Self-confidence	healthy self-image	needs some support	seems overly confident	poor self-image	
Sense of humor	highly developed	age appropriate	developing	poorly developed	
Self control	excellent	usually good	occasionally disruptive	frequently disruptive	
Interaction with teacher/adults	healthy/ comfortable	is uneasy	is dependent	avoids contact	

Section III: ACADEMIC DEVELOPMENT *(Please √ best descriptor)*

Classroom Characteristics: Consistently Usually Occasionally Seldom NA Comments

	Consistently	Usually	Occasionally	Seldom	NA	Comments
Listens attentively						
Follows directions						
Contributes effectively to class discussions						
Works well independently						
Organizes self/materials						
Works well in small groups						
Demonstrates creativity						
Seeks help when needed						
Responds positively to suggestions/requests						
Completes homework on time						
Moves easily from one activity or space to another						

Language Arts:

Above Below
 Outstanding Average Average Average NA

Comments

Reading decoding/speed						
Reading comprehension						
Literal comprehension (recall of facts/details)						
Vocabulary						
Grammar						
Spelling						
Writing: Organization						
Topic development						
Expository						
Creative						
Handwriting skills						

Mathematics:

Demonstrates problem solving skills						
Recognizes patterns in Numbers						
Understands place value through decimals						
Understands operations with fractions & decimals						
Computation skills						
Spatial problem-solving skills						

Other Subjects:

Art						
Athletics						
Foreign Language						
Keyboarding skills						
Music						
Science						
Social Studies						

General:

Academic potential						
Level of motivation						
Problem-solving skills						
Ability to understand abstract concepts						
Willingness to take risks						

Section IV: PARENT AND FAMILY

INFORMATION

Has/have the parent/s
of this child been:

	Consistently	Usually	Occasionally	Seldom	Comments
Supportive of the child's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

Section V: Closing

Please comment on this child's ability to meet the expectations of your school. Have you adjusted your program to accommodate the needs or abilities of this child?

We encourage any other information which you think would be helpful. Please feel free to write in the space below and on the back of this form if necessary.

Your name _____ Date _____ School Telephone _____

E-mail _____

School _____ Address _____

If you would like to discuss this applicant/family further, please list your telephone number and the best time for us to call.

Daytime _____ Evening _____ Best time to call _____

Thank you for your candor and your thoughtful insight

Additional Comments

STUDENT EVALUATION

For children entering Pre-Kindergarten, Kindergarten and Grade One

Section I:

Name of child _____ Applicant for grade _____

I have known this student for ___ years ___ months. Number of children in class _____ Age range _____

Is child generally on time for school? Yes ___ No ___ Attendance pattern _____

My relationship with this student has been that of _____

What are the first words that come to mind to describe this candidate? _____

To the teacher or school director: We appreciate your cooperation in completing this form. It provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your observations of classroom behavior and your descriptive comments in each area. **This evaluation will be kept in strict confidence, will be reviewed only by the admission committee and will not become part of the student's permanent record.** Your insights will be used solely to help inform a thoughtful admission decision which will result in the best placement for each child.

Section II: SOCIAL/EMOTIONAL DEVELOPMENT *(Please √ best descriptor)*

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern	Comments
Separates easily from parents/guardians					
Is comfortable with adults					
Finds ways to enter group play					
Initiates play activities					
Cooperates in play					
Engages in imaginative play					
Shares well without prompting					
Is able to lead					
Is able to follow					
Plays alone comfortably					
Participates willingly in group clean-up					
Respects the rights and property of others					
Shows concern towards peers					
Stands up for self					
Uses words to resolve conflicts					
Demonstrates flexibility in problem solving					
Has an appropriate sense of humor					
Accepts responsibility for behavior					

Section III: Cognitive Development

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern	Comments
Attends to an adult-directed activity for the expected length of time (e.g. morning meeting)					
Understands the give and take of group discussion					
Contributes (positively) to group discussion					
Follows 2-3 step directions					
Works cooperatively					
Is able to work independently					
Demonstrates persistence in learning					
Demonstrates the ability to focus on one task					
Demonstrates curiosity					
Willingly tries new activities and challenges					
Demonstrates problem-solving					
Recalls and utilizes prior information					
Easily grasps new concepts					
Is a self-starter					
Is able to bring a chosen activity to closure when directed by an adult					
Responds positively to teacher re-direction and limit setting					
Adjusts easily to classroom rules and routines					
Adapts to change in routine					
Moves easily from one activity or space to another					

Section IV: Physical Development

Handedness: right _____ left _____ mixed _____

Eye-hand coordination and dexterity					
Pencil grasp					
Exhibits self-help skills (e.g. hand-washing, bathroom skills, etc.)					
Easily tolerates a variety of sensory stimuli (e.g. loud sounds, textures, touch)					
Awareness of personal space					
Is independently able to maintain sitting position at circle time					
Demonstrates competent gross-motor skills (e.g. running, hopping, climbing)					
Balance and coordination					

Section V: Speech and Language Development

	Area of strength	Age appropriate	Progressing toward age appropriate	Possible area of concern	Comments
Understands most of what is said at school					
Uses detailed sentences					
Tells stories that stick to the topic					
Child's speech is intelligible in most contexts					

Section VI: Parent and Family Information

Has/have the parent/s of this child been:

	Consistently	Usually	Sometimes	Rarely	Comments
Supportive of the child's experience					
Supportive of your school's programs/routines					
Supportive of you as a teacher					
Responsive to suggestions/guidance					
Realistic in setting educational goals					
To your knowledge, is the parent's perception of the child compatible with the school's understanding of the child?					

For Candidates for Grade One ONLY

Please comment on:

- Beginning reading-readiness skills (recognizes letters, writes own name, knows sound/symbol relationships):

- Beginning math-readiness skills (one-to-one counting, recognizes numbers, recognizes colors/shapes, follows patterns):

Section VII: Closing

Please comment on this child's ability to meet the expectations of your program. Have you adjusted your program to accommodate the needs or abilities of this child?

We encourage any other information which you think would be helpful. Please feel free to write in the space provided on the back of this form if necessary.

Your name _____ Date _____ School Telephone _____

E-mail _____

School _____ Address _____

If you would like to discuss this applicant/family further, please list your telephone number and the best time for us to call.

Daytime _____ Evening _____ Best time to call _____

Thank you for your candor and your thoughtful insights.

Additional Comments