



THE WILBERFORCE SCHOOL
APPLICATION FOR ADMISSION:
LOWER SCHOOL

ATTACH
 PICTURE HERE
 (optional)

P.O. Box 1132 • Princeton, NJ 08542-1132 • Phone: (609) 924-6111 • Fax: (609) 924-6995

Applicant: _____
FIRST MIDDLE LAST

(Please print name exactly as it should appear on all permanent records)

_____ - _____ - _____
PREFERRED NAME SOCIAL SECURITY NUMBER

Male Female Date of Birth: ____/____/____

Current grade: _____ Applying for grade: _____ School Year: _____

FATHER'S NAME:	MOTHER'S NAME:
HOME ADDRESS:	HOME ADDRESS:
HOME TELEPHONE:	HOME TELEPHONE:
CELL PHONE:	CELL PHONE:
FATHER'S E-MAIL ADDRESS:	MOTHER'S E-MAIL ADDRESS:
FATHER'S OCCUPATION:	MOTHER'S OCCUPATION:
BUSINESS NAME:	BUSINESS NAME:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
BUSINESS TELEPHONE:	BUSINESS TELEPHONE:

Applicant lives with: Check all that apply:

- Father and Mother
- Father
- Mother
- Other. Please specify _____
- Parents separated
- Parents divorced
- Mother Father deceased
- Mother Father remarried

FOR OFFICE USE ONLY: Date received: _____ Application fee: _____ Check #: _____

Siblings of Applicant (and/or other children in the home):

Name: _____ Birth date: ___/___/___ Grade: ___ School: _____

Name: _____ Birth date: ___/___/___ Grade: ___ School: _____

Name: _____ Birth date: ___/___/___ Grade: ___ School: _____

Name: _____ Birth date: ___/___/___ Grade: ___ School: _____

Name of siblings or other relatives applying to Wilberforce this year:

Church Attending:

Father: _____ Are you a member of this church? Yes No

Mother: _____ Are you a member of this church? Yes No

Pastor's Name: _____ Phone: _____

School applicant is attending or last attended:

SCHOOL NAME		SCHOOL DISTRICT			
ADDRESS	CITY	STATE	ZIP CODE	PHONE	

How did you learn about The Wilberforce School?

- Board Members
- Friends
- Minister
- Church Bulletin Board
- Newspaper
- Telephone book
- Internet

OTHER _____

Mark the top three factors that most influenced your decision to apply to The Wilberforce School:

- Christian philosophy
- Classical teaching
- Academic Rigor
- Information Session
- Dissatisfaction with current school
- Recommendation of a Wilberforce family
- Desire to attend private school
- Charlotte Mason Influence
- Other _____

Parents of Applicant:

Please respond to the following questions in the space provided:

Describe your child's strengths and abilities. Do you have any areas of concern for your child's development, academic or otherwise?

What activities do you enjoy doing together as a family?

Has the applicant ever repeated a grade or been dismissed from school? Yes No

Comments:

Has the applicant ever been expelled or suspended from school or had serious discipline problems at home or in the community?

If so, explain:

Describe any special factors that may affect the applicant's learning or conduct in school, such as illness, physical handicaps, learning difficulties, changes of home or school, emotional problems, attention deficit, hyperactivity, dyslexia, etc.

Has your child been diagnosed with or tested for learning disabilities or behavioral problems? Yes No

Does the applicant regularly require any medication? Yes No

If yes, please explain:



APPLICATION FOR ADMISSION

How do you promote the spiritual development of your children?

Please describe your child’s understanding of God from your point of view as parents.

Describe your approach to discipline in your home, not in terms of methods such as “time-outs”, but rather your principles and objectives.

How does your child relate to other children?

After reviewing the informational materials of The Wilberforce School, especially the Mission and Philosophy and Statement of Faith, why do you feel a Wilberforce education would best suit you and your child?

The answers provided above are true, accurate and complete as of the signature date.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

<p><u>Non-Discrimination Policy</u> The Wilberforce School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students at the school. The Wilberforce School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational and admissions policies, scholarship programs, or athletic and other school administered programs.</p>

Parental Covenant and Acceptance Form

The Wilberforce School understands that parents are the students' lifetime teachers and are integral to the training of heart and mind. Within our classical and Christian methodology, education takes place not just in school but also throughout the student's everyday life. Parents must be willing to commit time and effort to reinforce, supervise, and encourage the education of their child.

The Wilberforce School requires that at least one parent be a confessing Christian – one with a credible profession of repentance and faith in Jesus Christ. The parents of students at Wilberforce should have a clear understanding of the Mission and Philosophy of The Wilberforce School. This understanding includes a willingness to have their child exposed to the clear teaching (not forced indoctrination) of the school's Statement of Faith in various and frequent ways within the school's program.

If accepted to The Wilberforce School, we covenant to support our children and the school in the following ways:

1. If I profess Christ as my Savior, I promise to pray regularly for the school board, faculty, staff, and students of Wilberforce.
2. I will provide an intentional time and place for my child to do his or her homework.
3. I will help to support and maintain standards of courtesy, kindness, morality and honesty in my child and in all my communication with The Wilberforce School.
4. I will support the discipline policies of the school in order to build character in the children and to maintain an atmosphere conducive to learning in the classroom.
5. I agree to uphold the rules and regulations of the school and will bring any matter of disagreement promptly to the administration, never discrediting the school before the students or others. This includes any athletic practices or games that may occur.
6. I will, if I have concerns regarding discipline or any other matter, in a loving, Christian manner, discuss my concerns with the teacher and/or the administrator, following the principles established by the Lord Jesus in Matthew 18:15-17.
7. I will support board-established school policies. I further agree that any disagreements I have with board policy will be brought to the attention of the Board through proper channels, following the Matthew 18 principle.
8. I will strive to meet our financial obligations for tuition and fees as they are outlined in the enrollment contract (to be signed upon enrollment of the student) so the school can operate as efficiently as possible.
9. I will support the children in the classroom by attendance at Parent/Teacher nights, parent/teacher conferences, by encouragement of a disciplined study time at home, and by communication with teachers and administration about student/home concerns which might have an impact on classroom performance.
10. We will keep the school calendar at a position of priority, planning ahead so conflicts can be avoided. We will honor the school's daily arrival and dismissal times.

My signature indicates that I have fully read and understand these pledges and commitments, and they are agreed upon for the period my child is enrolled in The Wilberforce School:

Father (or Guardian): _____ Date: _____

Mother (or Guardian): _____ Date: _____



THE WILBERFORCE SCHOOL
 P.O. Box 1132
 Princeton, NJ 08542-1132
 (609) 430-4308



TEACHER RECOMMENDATION FORM LOWER SCHOOL

To the Parent:

Please give this form to the student's current teacher with a stamped envelope addressed to The Wilberforce School, PO Box 1132, Princeton, NJ 08542-1132.

Please read and sign the statement below:

I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Name of Applicant _____

Name of Applicant's Parent or Guardian _____ Phone number _____

Signature of Applicant's Parent or Guardian _____ Date: _____

To be completed by the student's classroom teacher.

To the Teacher:

The Wilberforce School is a classical school with an accelerated academic pace and an emphasis on faith and character. With this in mind, please complete the form below. Feel free to photocopy your completed form and send it directly to the school. This recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor.

Please check the appropriate descriptor

Academic potential	___below average	___average	___very good	___exceptional
Academic achievement	___below average	___average	___very good	___exceptional
Effort	___below average	___average	___very good	___exceptional
Ability to work independently	___below average	___average	___very good	___exceptional
Willingness to ask for help	___below average	___average	___very good	___exceptional
Responds well to correction	___below average	___average	___very good	___exceptional
Class participation	___below average	___average	___very good	___exceptional
Homework	___below average	___average	___very good	___exceptional
Intellectual curiosity	___below average	___average	___very good	___exceptional
Ability to work in groups	___below average	___average	___very good	___exceptional
Creativity and imagination	___below average	___average	___very good	___exceptional



Please circle the best descriptor in each category:

Social adjustments with peers

- Healthy relationships
- Occasional minor problems
- Frequent minor problems
- Relates poorly
- No basis for judgment

Self -confidence

- Has healthy self-image
- Needs some support
- Appears overly confident
- Needs much reassurance
- No basis for judgment

Conduct

- Well-behaved
- Usually obeys rules
- Occasionally misbehaves
- Frequently misbehaves
- No basis for judgment

Integrity

- Very trustworthy
- Usually trustworthy
- Occasionally trustworthy
- Untrustworthy
- No basis for judgment

Consideration of others

- Unusually thoughtful
- Usually considerate
- Rarely considerate
- Selfish
- No basis for judgment



TEACHER RECOMMENDATION FORM – LOWER SCHOOL

Sense of humor

- Delightful
- Good
- Inappropriate
- Humorless
- No basis for judgment

Attitude of Parents

- Cooperative
- Uninvolved
- Overly protective
- Antagonistic
- No basis for judgment

Maturity

- Very mature
- Appropriate
- Somewhat immature
- Very immature
- No basis for judgment

Describe the student. CHECK as many as apply (at least three):

- | | |
|--------------------|--------------------|
| Anxious | Manipulative |
| Articulate | Motivated |
| Assertive | Negative leader |
| Bully | Overly-protected |
| Caring | Passive aggressive |
| Cheerful | Perfectionist |
| Conscientious | Positive leader |
| Disobedient | Responsible |
| Easily discouraged | Self-centered |
| Easily led | Self-disciplined |
| Hard Working | Shy |
| Honest | Social |
| Impulsive | Well-liked |
| Irritable | Well-rounded |



TEACHER RECOMMENDATION FORM – LOWER SCHOOL

Please feel free to elaborate on any of the areas in the previous section:

Overall Recommendation:

Choose one

- Highly Recommended
- Recommended
- Recommended with reservation
- Not Recommended

I have known this candidate for _____ (length of time, preferably at least one year).

Signature _____ Date _____

Please print name _____ Title _____

School _____ Phone _____

Thank you for your assistance!



STUDENT RECORDS REQUEST AND PARENT RELEASE FORM

Please send this form to student's current school

Student: _____

Date Requested: _____

Requested by:

The Wilberforce School
Admissions Office
Phone: 609-430-4308
Fax: 609-430-2386

Current School/Institution

Phone: _____ **fax:** _____

Contact Person: _____

Please send all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Educational Diagnostic Evaluation |
| <input type="checkbox"/> Report Cards (two most recent years) | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Achievement Test Results | <input type="checkbox"/> ARD, IEP/Special Ed Documentation |
| <input type="checkbox"/> Speech Evaluation Records | |

I, _____, parent/guardian of _____, do here by give permission for The Wilberforce School (TWS) and/or its representative to obtain a copy of my child's records from the organization/institution listed above. Thank you for sending TWS the requested records as soon as possible to the following address:

The Wilberforce School
Admissions Office
PO Box 1132
Princeton, NJ 08542-1132
Fax: 609-430-2386

Parent/Guardian

Date