

Application For Admission

TRINITY-PAWLING SCHOOL

Office of Admission | Trinity-Pawling School | 700 Route 22 | Pawling, NY 12564 | Phone: 845-855-4825 | Fax: 845-855-3816 | e-mail: admit@trinitypawling.org

Applying for Grade: 7 8 9 10 11 12 PG Boarding Day

For the School Year beginning September _____

Applicant Information

Name _____
Last First Middle

Nickname _____ Birth date _____

Home Address _____
Street

City State Zip Code Home Phone ()

Fax Number _____ Student e-mail _____
(required for all international students)

Place of Birth _____ Country of Citizenship _____

Social Security Number _____ (required for all US citizens)

Where should bills be sent _____

Lives with: Mother and Father Stepfather (Name: _____)

Mother Stepmother (Name: _____)

Father Other: _____

Check any that apply: Father is deceased Mother is deceased Parents are separated Parents are divorced

Family Information

Parent/Guardian _____

Home Address (if different from above) _____
Street

City State Zip Code Home Phone ()

Occupation _____ Title _____

Name of Company _____

Company Address _____
Street

City State Zip Code Business Phone ()

Parent e-mail (required for grades on-line) _____

Parent/Guardian _____

Home Address (if different from above) _____
Street

City State Zip Code Home Phone ()

Occupation _____ Title _____

Name of Company _____

Company Address _____
Street

City State Zip Code Business Phone ()

Parent e-mail (required for grades on-line) _____

Current School

Name _____ Address _____

Principal or Head _____ Phone Number _____

Dir. of Placement _____ Phone Number _____

Previous schools attended in last five years _____

Standardized Testing

Language Program applicant (dyslexic) yes _____ no _____

Test date _____ Test Score (SSAT, PSAT, SAT, TOEFL, etc.) _____

Other Children in Family

Name	Age	Relationship	School or College Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian

High School _____

College _____ Degree _____ Year of Graduation _____

Graduate School _____ Degree _____ Year of Graduation _____

Parent/Guardian

High School _____

College _____ Degree _____ Year of Graduation _____

Graduate School _____ Degree _____ Year of Graduation _____

Names of relatives who have attended Trinity-Pawling and graduation year

Name _____ Graduation Year _____

Name _____ Graduation Year _____

Name _____ Graduation Year _____

How did you learn of Trinity-Pawling?

Religious affiliation

of Candidate _____ Parent/Guardian _____ Parent/Guardian _____

Do you plan to apply for Financial Aid? Yes No

If "Yes", please notify the School if you have not received the Parents' Financial Statement forms.

Signature of Parent/Guardian _____ Date of Application _____

Application Fee: \$40 (\$100 for international applicants) check money order cash enclosed

Families whose sons are enrolled at T-P are required to have US-based health insurance coverage and provide evidence of such insurance to the school. The families of international students will be billed for a health insurance plan automatically. If a family provides evidence to the school that they already have acceptable health insurance, the billing will be cancelled.

Trinity-Pawling School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship programs, admissions policies or athletic or other school administered programs.

Transcript Request

TRINITY-PAWLING SCHOOL

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_____ has applied to Trinity-Pawling School. In order for the school to properly evaluate the student's candidacy, it would be appreciated if you would send to the above address a transcript of all grades and standardized test scores. It is essential that the current year's grades be sent as well. If they are not available at this time, will you please release them when they are. A copy of the student's report card would be helpful if grades have not yet been entered on the transcript.

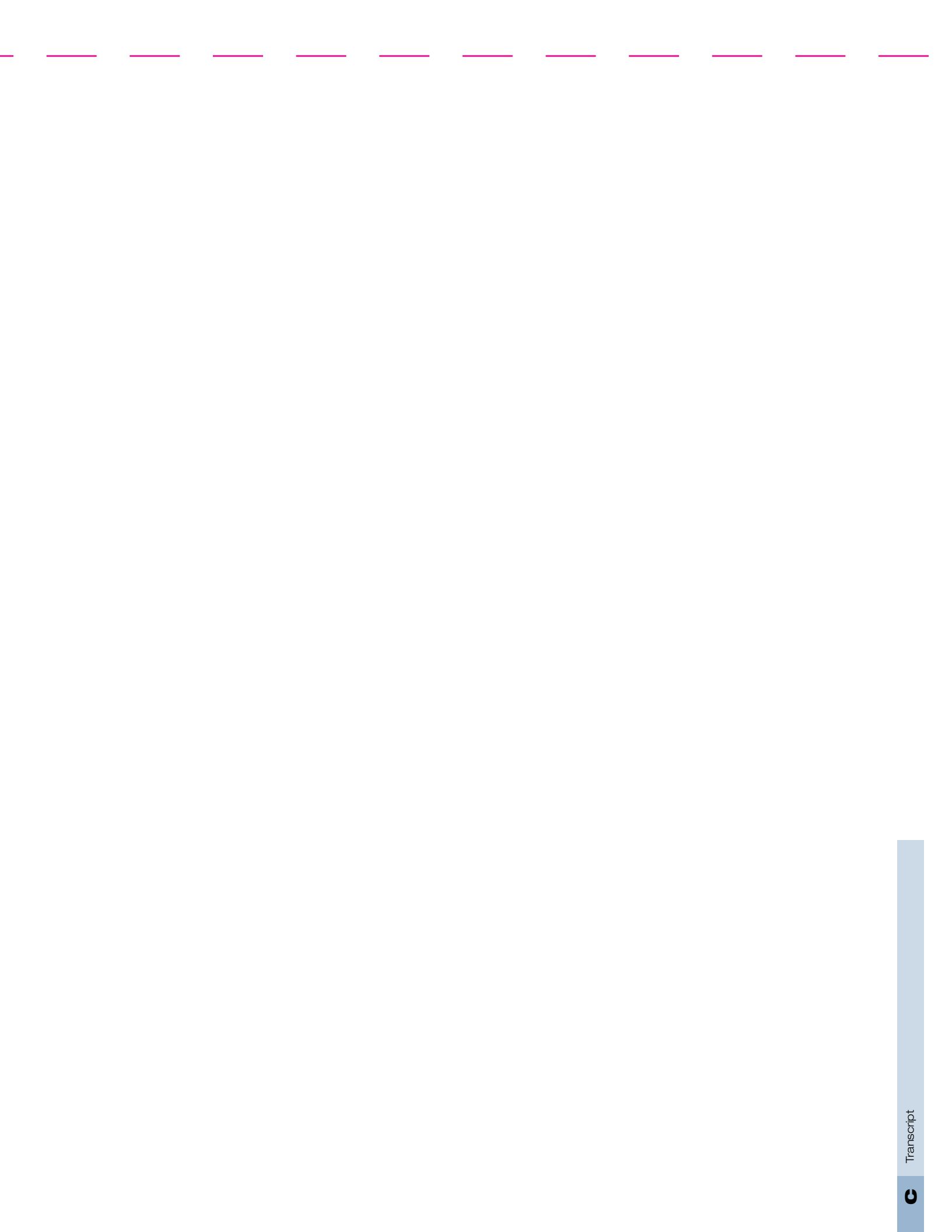
As the school must receive the information before any decision can be made, we would greatly appreciate your cooperation in this matter as soon as possible.

Thank you.

Parent or guardian's signature

Address

Date



English Teacher Student Recommendation

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Confidential

Name of Student _____

Title of Course _____

Books Utilized _____

How long have you known this student? _____

In relation to other students of this age or grade level whom you have taught, please mark the most appropriate column:

	Outstanding	Superior	Good	Fair	Poor	Insufficient Evidence
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquisitiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to read materials appropriate to grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to read on own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coherence of written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to spell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to respond appropriately in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of participation in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any exceptional academic, emotional or disciplinary problems? Yes No

If yes, please explain. _____

Overall rating of candidate for entrance into a college preparatory boarding school: Excellent Good Average Poor

Any additional comments you wish to make are most helpful and welcome: _____

Name _____

School Name _____

Address _____

Phone _____

Title _____

Date _____

Please send more information on Trinity-Pawling Yes No

Please return to the address on the front of this form.

The Admission Committee thanks you for your time and effort!

Mathematics Teacher Student Recommendation

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Confidential

Name of Student _____

Title of Course _____

Text(s) Utilized _____

Chapter or area reached at the end of the school year. _____

How long have you known the student? _____

In relation to other students of this age or grade level whom you have taught, please mark the most appropriate column:

	Outstanding	Superior	Good	Fair	Poor	Insufficient Evidence
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments you feel you would like to make are most helpful and welcome: _____

Are you aware of any exceptional academic, emotional or disciplinary problems: Yes No

If yes, please explain. _____

Overall rating of candidate for entrance into a college preparatory boarding school: Excellent Good Average Poor

Name _____

School Name _____

Address _____

Phone _____

Title _____

Date _____

Because course names vary from school to school please indicate below which math course would be appropriate for this student next year:

- Pre Algebra
- Algebra I
- Geometry
- Algebra II
- Pre Calculus
- Calculus
- AP Calculus
- Other (please describe)

Please send more information on Trinity-Pawling Yes No

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