

PARK ACADEMY

THE DISCOVERY OF INTELLECTUAL GIFTEDNESS

Application Procedure

Thank you for your interest in Park Academy. The application process is designed to help the school and applicant's family get to know each other. Please read these procedures carefully for details about the process. If we can assist you in any way during the admission process, please do not hesitate to call or email the School Registrar at 503-635-3088 or kim@parkacademy.org

Phase I – Assessment

□ Initial Tour and Informational Meeting

Tours generally last about an hour and can be scheduled by contacting the School Registrar. The tour/informational meeting is designed to give you the opportunity to ask questions about the admission process and the school.

□ Completed Application Form and Non-Refundable \$75 Application Fee

Submission of the application fee is required to begin the admission process.

□ Supporting Application Documents

- Submit the **Parent Statement**.
- Submit the **Student Self-Recommendation** grades 4th – 12th.
- Submit copies of any professional evaluations that have been administered: Current IEP, Speech Therapy, Occupational Therapy, Psychological Evaluations should be submitted.
- Submit the **Teacher Recommendation** forms to your child's current teachers. Teachers should send completed forms directly to Park Academy, sealed in the envelope provided.

Note: It is the family's responsibility to see that the admission office receives the transcript and teacher recommendation forms.

Phase II – Interview

□ Student Visit

Each student visits the school for one day (without parent); the student will shadow a Park Academy student during a regular school day. The student will spend the day participating in classroom activities at the grade level for which he or she is applying. Please contact the School Registrar to schedule this visit.

□ Screening

Each prospective student is required to undergo a screening to determine placement. This screening identifies the student's strengths and weaknesses within the visual, auditory and kinesthetic (motor, writing, speaking) modalities that contribute to language learning. The screening will take place on the day of the student visit.

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Phase III – Review

The Admissions Committee reviews completed applications and decides whether or not Park Academy is an appropriate placement for the student. All student applicants being considered will be sent a letter of acceptance or non acceptance.

Phase IV – Enrollment

In order for an accepted student to be enrolled, the following must be completed:

- Deposit of \$1,000 upon acceptance (will be applied toward tuition)
- Tuition Contract signed and returned to Park Academy
- All applicable forms included in enrollment packet completed and returned

□ Financial Aid

Park Academy's Board of Trustees is committed to maintaining a diverse student body broadly representing the demographics of the community, therefore, we seek to enroll students who meet our criteria but may need financial assistance. In order to make the financial aid process equitable, Park Academy uses procedures developed by the School and Student Services for Financial Aid (SSS). Awards of scholarships will be based on the availability of funds as set forth by the Scholarship Committee and the Board of Trustees.

Prior to requesting financial assistance the family is required to contact their local school district and request placement at Park Academy.

□ Tuition for the 2010/2011 School Year

- \$14, 500.00

□ Admission Checklist

We have provided this checklist as a tool for you to track your progress through the admission process. Enrollment decisions will be mailed.

- Application Documentation and Fee
Due date: March 31, 2010
- Parents Statement/Student Self-Recommendation/Teachers Recommendations
Due date: When student visits or March 31, 2010
- Request for Financial Aid
Application Due: March 1, 2010
- Student Visit Completed

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Admission Application 2010-2011 School Year

Submission of this document along with a \$75 application fee is required to begin the admission process.

Applicant

Legal Last Name	Legal First Name	Legal Middle Name	Preferred Name
Gender	Date of birth (month/day/year)	Place of birth (city/state/country)	Social Security Number
Current Grade 2009-2010 _____		Grade applying for 2010-2011 _____	
Address		City	State Zip
Phone		Parent/Guardian primary email address	
Has the applicant previously applied to or attended Park Academy? ___ No ___ Yes			

School Information

Current School attended	Telephone	Grade(s)
Address		City State Zip

Previous Schools

School Name	City	State	Zip	Grade(s)attended
School Name	City	State	Zip	Grade(s)attended

Optional Information

Please mark the ethnic group with which your child identifies:

- | | |
|--|--|
| <input type="checkbox"/> African/African American | <input type="checkbox"/> Pacific Islander American |
| <input type="checkbox"/> Asian/Indian/Asian American | <input type="checkbox"/> Latino/Hispanic American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Middle Eastern/Middle Eastern American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Multi-racial/Other (please specify) _____ |

Park Academy does not discriminate on the basis of race, national or ethnic origin, religion, gender, sexual orientation or any other basis prohibited by law in the administration of its educational policies, admission policies, financial aid programs, athletic or other school-administered programs.

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Parent/Guardian (A) Information

Admission correspondence should be sent here.

Parent/Guardian Name Relationship to applicant

Spouse/Partner, if not child's parent/guardian

Address (if different from applicant)

City, State and Zip

Home Phone Email

Cell Phone Work Phone

Occupation

Employer/Firm Name

Parent/Guardian (B) Information

Admission correspondence should be sent here.

Parent/Guardian Name Relationship to applicant

Spouse/Partner, if not child's parent/guardian

Address (if different from applicant)

City, State and Zip

Home Phone Email

Cell Phone Work Phone

Occupation

Employer/Firm Name

Family Information

Please describe the family pattern and custody arrangement if the applicant does not live with both parents in one household.

Additional Family Members

Sibling Name Birthdate Current School Grade

Sibling Name Birthdate Current School Grade

Sibling Name Birthdate Current School Grade

List any relatives who attend or have attended Park Academy (relationship and class/year)

Signature of Parent or Guardian Date

Financial Aid

Please check here if you would like application materials for financial aid.

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Parent Statement

Students Name	Application for Grade	Date
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Please feel free to attach additional pages as necessary.

1. In what ways do you see Park Academy as a good match for your child?

2. How do you envision your role in your child's education?

3. Describe your child's family life.

4. Describe your child's attitude toward school, home and him or herself.

5. What are his or her behavioral, social and/or cognitive strong points?

6. What are your child's interests and favorite activities?

7. What are your child's behavioral, social and/or cognitive challenges?

8. Describe your child's previous educational experience. What were the positive aspects and what were the challenges?

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9. Does your child have limitations in participation of classroom or physical activities?
If yes, Please explain.

10. Does your child have any allergies or chronic conditions that require medical treatment?
If yes, please explain.

11. In the past two years, has your family experienced any significant changes that may have affected your child? Examples might include: illness, death, relocation, or changes in finances or family composition. If yes, please explain.

12. Has your child ever been accelerated, held back, or asked to leave a school? If yes, please explain.

13. What languages does your child regularly speak at home?

14. To what other schools is your child applying?

All questions on this application have been answered honestly and completely.

Parent/Guardian Signature

Date

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Applicant Name _____

Student Self-Recommendation – Page 1 of 2

(For students applying for grades 4-12)

To the student: Please complete the following questions. You may attach a separate piece of paper if necessary. Your response may be typed or handwritten. Please make sure your name is on your paper.

1. Please tell us why you would like to attend Park Academy. _____

2. What are your strengths? _____

3. What are your weaknesses? _____

4. How would your teachers describe you? _____

5. How would your friends describe you? _____

6. Please list your primary interests and activities in order of importance to you in areas such as music, theater, art, science, math, writing, athletics, community service, leadership roles, etc...

Activity	Years of participation	Position held or award achieved

7. What new activities or organizations would you join if available to you? _____

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Applicant Name

Student Self-Recommendation – Page 2 of 2

To the student: Please complete the following essay questions. (Please limit your total response to 2 typed pages or less).

- Tell us about a book you have read that influenced the way you think about yourself, your community, or the world.
- Tell us about a personal experience or challenge that you faced and how you approached it.
- What is the most important thing you bring with you to school every day? Why is it important?
- Who is the most important person in your life? Why?
- What is your most impressive accomplishment? Why?

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Consent to Release/Obtain Information

Dear Parent,

We need your consent in order to exchange information with other schools, agencies, or individuals. This information will be helpful in continuing our efforts to properly educate your child to the levels that both you as the parent and we the educational provider desire. Please read and sign where indicated if you agree.

Student's Name	Date of Birth	Sex	Phone #
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School Now Attending/Last Attended

School Address

City, State, Zip

The information to be released is indicated by the check marks below.

- School progress records (Current file only)
- Medical and/or related Health Records
- Psychological Evaluations and Social Work Reports
- Relevant records of any current nature that would apply to student named above.

The information will be released and/or obtained as follows:

- The information above may be **exchanged** within Park Academy:
- Information indicated above is to be released **by** Park Academy:
- Information indicated above is to be released **to** Park Academy:

I hereby request and authorize the release of information described above. I understand my consent is voluntary. This consent will remain in effect until cancelled by way of a written request from the Parent/Guardian of the student named above.

Parent/Guardian Signature

Date

Please return this form to Park Academy, P.O. Box 34, Marylhurst, OR 97036. Main Office: 503-697-6213; Registrar: 503-635-3088; Fax: 503-697-6293; Web site: www.parkacademy.org

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Confidential Math Teacher Evaluation (Grade 6-12) – Page 1 of 2

To current Math teacher of (Student Name): _____

This student is an applicant for _____(grade) at Park Academy for the 2010-2011 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy.

What are the first three words that come to mind to describe this student?

1) _____ 2) _____ 3) _____

Academic Evaluation	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Academic potential						
Academic achievement						
Attitude towards subject						
Intellectual curiosity						
Ability to reason abstractly						
Ability to think logically						
Arithmetical concepts and operations						
Writes out complete and clear solutions						
Ability to apply basic skills to problem solving situations						
Listening skills						
Creativity and original thinking						
Study habits						
Class participation						
Ability to work in groups						
Ability to work independently						
Effort/self-motivation						
Seeks help when needed						
Uses suggestions or corrections						
Willingness to take intellectual risks						
Perseverance and thoroughness						
Personal Evaluation						
Honesty/integrity						
Emotional stability						
Self-esteem						
Self-discipline						
Consideration of others						
Peer compatibility						
Relationship with teachers						
Leadership						
School citizenship						
Maturity related to age						
Sense of humor						

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Confidential Math Teacher Evaluation (Grade 6-12) – Page 2 of 2

To current Math teacher of (Student Name): _____

What is the student's current math placement?

How much algebra and geometry has this student had? List all math courses that the student has taken beyond pre-algebra.

Briefly describe your class, its level, the text used, and chapters covered.

Please further elaborate on the student's academic strengths, weaknesses, learning styles, and special needs.

Please describe anything unusual or exceptional about this student.

Are you aware of any family circumstances that affect the student's life at school?

Please share any thoughts you have regarding the applicant's family, including their involvement in your school.

Does this student have any particular interest or affinities that you would like to share?

Teachers Name (please print)

Signature

Date

School Name

Address

City/State/Zip

School Phone

May we call you if we have any additional questions

___ Yes

___ No

If yes, phone number _____ Best hours to reach you? _____

Thank you very much for your time and the helpful information you have provided.

Please return this form to Park Academy, P.O. Box 34, Marylhurst, OR 97036. Main Office: 503-697-6213; Registrar: 503-635-3088; Fax: 503-697-6293; Web site: www.parkacademy.org

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Confidential Language Arts Teacher Evaluation (Grade 6-12) – Page 1 of 2

To current Language Arts teacher of (Student Name): _____

This student is an applicant for _____ (grade) at Park Academy for the 2010-2011 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy.

What are the first three words that come to mind to describe this student?

1) _____ 2) _____ 3) _____

Briefly describe your class, its level, and the books/text/or other sources used.

Please complete the grid on page 2 then further elaborate on the student's academic strengths, weaknesses, learning styles, and special needs.

Please describe anything unusual or exceptional about this student.

Are you aware of any family circumstances that affect the student's life at school?

Please share any thoughts you have regarding the applicant's family, including their involvement in your school.

Does this student have any particular interest or affinities that you would like to share?

Please share any additional information you think would be helpful in evaluating this candidate for admission.

Teachers Name (please print)

Signature

Date

School Name

Address

City/State/Zip

School Phone

May we call you if we have any additional questions

___ Yes

___ No

If yes, phone number _____ Best hours to reach you? _____

Thank you very much for your time and the helpful information you have provided.

Please return this form to Park Academy, P.O. Box 34, Marylhurst, OR 97036. Main Office: 503-697-6213; Registrar: 503-635-3088; Fax: 503-697-6293; Web site: www.parkacademy.org

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Confidential Language Arts Teacher Evaluation (Grade 6-12) – Page 2 of 2

To current Language Arts teacher of (Student Name): _____

	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Academic Evaluation						
Academic potential						
Academic achievement						
Attitude towards subject						
Intellectual curiosity						
Ability to reason abstractly						
Ability to think logically						
Reading comprehension						
Oral expression						
Listening skills						
Written expression						
Organizational ability						
Creativity and original thinking						
Study habits						
Class participation						
Ability to work in groups						
Ability to work independently						
Effort/self-motivation						
Seeks help when needed						
Uses suggestions or corrections						
Willingness to take intellectual risks						
Perseverance and thoroughness						
Personal Evaluation						
Honesty/integrity						
Emotional stability						
Self-esteem						
Self-discipline						
Consideration of others						
Peer compatibility						
Relationship with teachers						
Leadership						
School citizenship						
Maturity related to age						
Sense of humor						

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Confidential Teacher Evaluation (Grade 4-5) – Page 1 of 2

To current teacher of (Student Name): _____

This student is an applicant for _____ (grade) at Park Academy for the 2010-2011 school year. Your candid and timely assessment of this student will help the admission committee effectively evaluate this student's candidacy. The information you provide will be kept confidential and will not be shared with the applicant or the family. Please return this evaluation directly to Park Academy.

What are the first three words that come to mind to describe this student?

1) _____ 2) _____ 3) _____

Please further elaborate on the student's academic strengths, weaknesses, learning styles, and special needs.

Please describe the student's learning style and classroom setting or techniques that you think would most benefit him or her:

Describe the student's social, emotional, or academic challenges, if any.

Has this student been evaluated for or does he or she receive any special support such as an IEP, TAG, speech, counseling or ESL? Please describe.

Please describe anything unusual or exceptional about this student.

What are this student's particular interests or affinities?

Are you aware of any family circumstances that affect the student's life at school?

Please comment on parent cooperation and involvement with the student.

Teachers Name (please print)

Signature

Date

School Name

Address

City/State/Zip

School Phone

May we call you if we have any additional questions

Yes

No

If yes, phone number _____ Best hours to reach you? _____

Thank you very much for your time and the helpful information you have provided.

Please return this form to Park Academy, P.O. Box 34, Marylhurst, OR 97036. Main Office: 503-697-6213; Registrar: 503-635-3088; Fax: 503-697-6293; Web site: www.parkacademy.org

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Confidential Teacher Evaluation (Grade 4-5) – Page 2 of 2

To current teacher of (Student Name): _____

	Outstanding	Excellent	Good	Average	Below Average	Comments
Academic Development						
Academic potential						
Academic achievement						
Attitude towards subject						
Intellectual curiosity						
Motivation						
Reading ability						
Writing ability						
Mathematical ability						
Oral expression						
Listens attentively						
Use of time						
Attention span						
Works well in a group						
Participation in discussion						
Works well independently						
Demonstrates effort						
Seeks help when needed						
Uses suggestions and corrections						
Personal Development						
Maturity relative to age						
Self-esteem						
Honesty and integrity						
Exhibits appropriate self-confidence						
Maintains self-control						
Accepts responsibility						
Consideration of others						
Peer compatibility						
Relationship with teachers						
Leadership						
School citizenship						
Sense of humor						
Tries to solve own problems						
Adjusts to daily transitions						