

Forman School

APPLICATION FOR ADMISSION





FORMAN SCHOOL APPLICATION CHECKLIST

- Educational and psychological testing given within the last three years
Testing must include measures of cognitive ability such as a WISC/WAIS test as well as measures of achievement such as a WJ-III or WIAT-II. Please include most recent IEP, if applicable.
- Forman School Application
- Application fee (\$50 domestic/\$100 international)
- Graded history or English paper from most recent school year
- Principal/Head/Guidance Counselor Recommendation Form
- Official school transcript
- English teacher Recommendation Form
- Mathematics teacher Recommendation Form
- School tour and interview (optional for Summer Program candidates)

Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all 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, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.



APPLICATION FOR ADMISSION

FORMAN SCHOOL
Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Student Information

Applicant's name _____
FIRST MIDDLE LAST PREFERRED NAME

Applicant's address _____
STREET

CITY STATE ZIP CODE COUNTRY

Birth date _____ Gender _____ Current grade _____
MONTH / DAY / YEAR

Place of birth _____ Citizenship _____

Current school _____ Former school(s) _____

Applying for Academic Program

Applying for Summer Program

Grade 9 10 11 PG

Grade 7 8 9 10 11

As a Boarder Day Student

As a Boarder Day Student

Race/ethnicity (optional) African-American American Indian Asian-American Caucasian
 Hispanic/Latina Multi-Racial Other _____

Parent Information

Parent 1 name: _____
FIRST MIDDLE LAST

Home address (if different from applicant) _____
STREET

CITY STATE ZIP CODE COUNTRY

Home Phone _____ Cell Phone _____

E-mail _____

Occupation _____

Title _____

Company _____

Business address _____
STREET

CITY STATE ZIP CODE COUNTRY

Work Phone _____ Cell Phone _____

E-mail _____

Secondary School attended _____

College(s) attended, if any, and degree(s) earned _____

Parent Information *(continued)*

Parent 2 name: _____
FIRST MIDDLE LAST

Home address (if different from applicant) _____
STREET

CITY STATE ZIP CODE COUNTRY

Home Phone _____ Cell Phone _____

E-mail _____

Occupation _____

Title _____

Company _____

Business address _____
STREET

CITY STATE ZIP CODE COUNTRY

Work Phone _____ Cell Phone _____

E-mail _____

Secondary School attended _____

College(s) attended, if any, and degree(s) earned _____

Parents : Married Separated Divorced Widowed Never married

If separated or divorced, Parent 1 is remarried _____
NAME OF STEPPARENT

Parent 2 is remarried _____
NAME OF STEPPARENT

Student lives with _____

Other children in family:

Name _____ Male Female Birth date _____
MONTH / DAY / YEAR

Name _____ Male Female Birth date _____
MONTH / DAY / YEAR

Name _____ Male Female Birth date _____
MONTH / DAY / YEAR

Relatives or friends who are attending or have attended Forman School:

Name _____ Class _____ Relationship _____

Name _____ Class _____ Relationship _____

Parent Information *(continued)*

Grandparent Information:

Name _____
PARENT 1

Address _____
STREET

CITY STATE ZIP CODE COUNTRY

Name _____
PARENT 2

Address _____
STREET

CITY STATE ZIP CODE COUNTRY

To whom should admission/academic correspondence be sent?

Parent 1 only Parent 2 only Both parents Other _____

Who is financially responsible for applicant?

Parent 1 only Parent 2 only Both parents Other _____

Financial Aid:

I plan to apply for financial aid for the upcoming academic year.

If you would like an application, please call the Office of Admission at 860.567.1802

Note: Financial aid is not available for the Summer Program.

Referral information:

Who referred you to Forman?

Name _____ Profession _____
e.g. consultant, advocate, physician, educator

Address _____

Application Fee:
A non-refundable fee of \$50, or \$100 for international students, drawn on a U.S. bank and payable to Forman School, must accompany this application.

Phone _____ E-mail _____

Signature Required:

Parent 1 signature _____ Date _____

Parent 2 signature _____ Date _____

The information provided herein is the sole property of Forman School and is accurate and contains all information requested. We have neither omitted nor embellished any facts relating to our child's application. Forman School reserves the right to amend or withdraw offers of admission due to mitigating circumstances, changes in information, student's standing or other reason as determined by the Admission Committee.

FORMAN SCHOOL
Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080
Phone: 860.567.1802 | Fax: 860.567.3501
admission@formanschool.org | www.formanschool.org

Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all 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, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.



PARENT QUESTIONNAIRE

FORMAN SCHOOL

Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Applicant's name _____

With regard to your child's learning difference, what diagnoses have been provided? _____

What educational support is your child currently receiving (i.e. tutoring, speech and language support, etc.)?

Please describe your child as an individual. Explain what you believe are his/her strengths, goals, and aspirations.

In what ways do you see Forman complementing your child's development? _____

Please inform us regarding the sequence of your child's education. Has your child ever skipped or repeated a grade? Has your child ever been asked to withdraw from a school, been suspended, put on probation, or missed school for an extended period of time?

At present, does your child have any physical or mental restrictions affecting his/her ability to participate in school sports or other extracurricular activities? If so, please describe.

Parent Questionnaire *(continued)*

At present, is your child taking any prescription medications? If so, kindly list them. _____

Does your child have any allergies related to medications, environment, food, or insects of which we should be aware? Does your child require an epi-pen?

Has your child ever been treated for problems with alcohol or drugs? If yes, please explain. _____

Has your child ever been under the care of a mental health professional? If yes, please explain. _____

Are there any family circumstances that might affect your child's performance at Forman School? _____

Is there anything else you would like us to know? _____

Please sign this form below and return to:

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Parent/Guardian signature _____ Date _____



STUDENT QUESTIONNAIRE

FORMAN SCHOOL

Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Applicant's name _____

**Enclose a photocopy of a graded writing assignment that you submitted during this school year.
The copy should include your teacher's grade and comments.**

We ask that you complete this questionnaire in your own handwriting OR attach a separate, typed page.

What subjects do you enjoy most in school?

What subjects have been the most challenging?

List any sports you enjoy and tell us if you have participated competitively.

List the performing arts (music, theater, dance, etc.) and visual arts (painting, photography, videography, etc.) that you enjoy.

What is your favorite movie or musical group and why?

If you could travel anywhere, where would you go and why?

Student Questionnaire *(continued)*

How do you like to spend your free time?

What is your best trait or characteristic?

What do you hope to accomplish during your time at Forman?

Please sign this form below and return to:

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

I have completed this application in good faith and to the best of my ability. The application answers and essay are entirely my own work. I understand that this application for admission is the sole property of Forman School and that I have no access to the contents therein.

Student signature _____ Date _____



**PRINCIPAL/HEAD/
GUIDANCE COUNSELOR
RECOMMENDATION FORM**

FORMAN SCHOOL
Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Applicant's name _____ Current Grade _____
FIRST MIDDLE LAST

Applicant's address _____
STREET

CITY STATE ZIP CODE COUNTRY

Name of current school _____

To the Parent/Guardian:

Please read and sign the statement below:

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

Parent/Guardian name _____

Parent/Guardian signature _____ Date _____

To the Principal/Head/Guidance Counselor:

The student named above is a candidate for admission to Forman School, an independent boarding and day school for students in with diagnosed language-based learning differences. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

Check the appropriate responses:

- Understanding of learning differences above average average below average poor
- Academic potential..... above average average below average poor
- Motivation..... above average average below average poor
- Ability to self-advocate above average average below average poor
- Honesty above average average below average poor
- Self-confidence above average average below average poor
- Self-discipline..... above average average below average poor
- Leadership..... above average average below average poor
- Concern for others..... above average average below average poor
- Maturity (relative to age)..... above average average below average poor
- Respect accorded by peers..... above average average below average poor
- Respect accorded by faculty above average average below average poor
- Response to criticism..... above average average below average poor
- Reaction to frustration..... above average average below average poor

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

Principal/Head/Guidance Counselor Recommendation *(continued)*

What academic accommodations and services is the student currently receiving at your school?

Has the student had any disciplinary problems? If so, please explain.

How does the student react to rules and authority?

I recommend this student for admission to Forman School.

- Enthusiastically Without reservation With reservation Not at all

Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

Principal/Head/Guidance Counselor Information

Name _____ Position _____

How long have you known this applicant? _____

School address _____

Telephone _____ E-mail _____

Please sign this form below and return in a sealed envelope to:

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Signature _____ Date _____

Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all 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, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.



TRANSCRIPT AND TESTING RELEASE FORM

FORMAN SCHOOL

Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Please Note: This form should be forwarded to the Guidance Department of your CURRENT SCHOOL, not to Forman School.

Applicant's name _____
FIRST MIDDLE LAST

Name of current school _____

The student named above is a candidate for admission to Forman School. Please attach an official transcript that includes grades from the previous two years, as well as those from at least one marking period of the current academic year. In addition, please include any testing or diagnostic results if available.

*The above-mentioned records are necessary so that we may process your application to Forman School.
Without this information, your application is incomplete.*

Parent's Authorization

I hereby authorize the school to release my son's/daughter's transcript, testing records, and diagnostic results if available to Forman School.

Name of parent or guardian _____
(please print)

Signature of parent or guardian _____

Mailing Address of parent or guardian _____
STREET

CITY

STATE

ZIP CODE

COUNTRY



**ENGLISH
RECOMMENDATION FORM**

FORMAN SCHOOL
Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Applicant's name _____ Current grade _____
FIRST MIDDLE LAST

Applicant's address _____
STREET

CITY STATE ZIP CODE COUNTRY

Name of current school _____

The student named above is a candidate for admission to Forman School, an independent boarding and day school for students in with diagnosed language-based learning differences. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

How does the student interact with his/her peers?

How does the student interact with adults?

Please check the appropriate responses:

Written expression above average average below average poor

Reading skills

Decoding above average average below average poor

Speed above average average below average poor

Comprehension above average average below average poor

Vocabulary above average average below average poor

Study skills

Preparation of assignments above average average below average poor

Organization above average average below average poor

English Recommendation Form *(continued)*

Does the applicant have any learning problems, difficulties, or impediments, that hamper his/her progress in English? If yes, please explain.

Do you have any reservations about this student's application to Forman?

Please use the space below to make any additional comments that would help the Admission Committee in their deliberations.

Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

Teacher's Information

Name _____ Position _____

How long have you known this applicant? _____

School address _____

Telephone _____ E-mail _____

Please sign this form below and return in a sealed envelope to:

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Signature _____ Date _____

Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all 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, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.



**MATHEMATICS
RECOMMENDATION FORM**

FORMAN SCHOOL
Office of Admission
12 Norfolk Road | P.O. Box 80
Litchfield, CT 06759-0080

Phone: 860.567.1802
Fax: 860.567.3501
admission@formanschool.org
www.formanschool.org

Applicant's name _____ Current grade _____
FIRST MIDDLE LAST

Applicant's address _____
STREET

CITY STATE ZIP CODE COUNTRY

Name of current school _____

The student named above is a candidate for admission to Forman School, an independent boarding and day school for students in with diagnosed language-based learning differences. Your recommendation is vital to the application process. We would appreciate your most candid and thoughtful responses.

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

How does the student interact with his/her peers?

How does the student interact with adults?

Please check the appropriate responses:

- Understanding of concepts..... above average average below average poor
- Homework preparation above average average below average poor
- Attention to detail..... above average average below average poor
- Accuracy of computation above average average below average poor

Please evaluate his/her performance in the following areas:

- Whole number arithmetic..... above average average below average poor
- Decimals above average average below average poor
- Integers above average average below average poor
- Positive/Negative numbers..... above average average below average poor
- Fractions..... above average average below average poor

Mathematics Recommendation Form *(continued)*

What mathematics course is the applicant taking this year? _____

What text is being used? _____

What general topics are covered in this course? _____

What is the next course in the sequence? _____

Please comment on the applicant's ability in mathematics. Does he or she have any particular problems in mathematics of which we should be aware?

Do you have any reservations about this student's application to Forman? _____

Please use the space below to make any additional comments that would help the Admission Committee in their deliberations.

Thank you for taking your valuable time to complete this evaluation. The applicant has no access to admission records. The information you have provided is confidential.

Teacher's Information

Name _____ Position _____

How long have you known this applicant? _____

School address _____

Telephone _____ E-mail _____

Please sign this form below and return in a sealed envelope to:

Office of Admission, Forman School, 12 Norfolk Road, P.O. Box 80, Litchfield, CT 06759-0080

Signature _____ Date _____

Forman School is an independent, coeducational college preparatory school serving students with learning differences. Forman School admits students of any race, color, sex, and national or ethnic origin to all 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, nationality, ethnic origin, or any other characteristic protected by federal or state law in administration of its educational policies, admission policies, scholarships, athletic, and other school-administered programs.

Mission Statement

Forman School is an independent, coeducational, college preparatory school for boarding and day students with identified learning differences. Based on his or her unique learning profile, Forman develops the whole student so that every graduate becomes an educated, confident, self-advocate throughout life.



FORMAN SCHOOL
Office of Admission
12 Norfolk Road
P.O. Box 80
Litchfield, CT 06759-0080