

Application Checklist

1. Complete and return the following forms:

- Main Application Form
- Student Questionnaire and Essay
- Parent Questionnaire
- Student Photograph
- Application Fee (\$50 domestic/\$100 international)

2. Distribute the following forms to your school. These forms should be returned directly to Stoneleigh-Burnham School by the person completing the recommendation.

- Math Teacher Recommendation
- English Teacher Recommendation
- School Recommendation (to your Principal, Head of School or Guidance Counselor)

3. Visit and Interview:

- Please schedule a campus visit and interview with a member of the SBS Admissions Office.

4. Standardized Testing:

- Domestic: submit SSAT scores directly to Stoneleigh-Burnham School. Our school code for the SSAT is 7504.
- International: TOEFL scores (accepted for all grades) or TOEFL Junior (accepted for 7th & 8th grades only.) Our school code for the TOEFL is 8097.

5. Financial Aid (domestic applicants only):

- Stoneleigh-Burnham School is committed to making the cost of an education at our school affordable for students. Admissions and financial aid decisions are made separately. Aid is awarded on the basis of need, as determined by the School, using the assessment of the School and Student Services Parents' Financial Statement (PFS) and income tax information. To apply for financial aid, please mark the appropriate box on the application form and view the Financial Aid pages on our website at www.sbschool.org/admissions/financial-aid.

Please return all application materials to:

Stoneleigh-Burnham School
Admissions Office
574 Bernardston Road
Greenfield, MA 01301
Tel.: 413-774-2711
Fax: 413-772-2602
admissions@sbschool.org

Should you have any questions during the admissions process, please don't hesitate to contact us at 413-774-2711 or admissions@sbschool.org. We look forward to reviewing your application!

Applicant Information

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Prefers to be called (nickname): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Telephone: _____ Email Address: _____

Date of Birth: _____ Country of Birth: _____ Citizen of: _____

Native Language: _____ Ethnicity: _____

Current Grade: _____ Applying for grade: _____ For academic year: _____ Fall Rolling

Boarding Day International Student Request Financial Aid (domestic only)

Family Information

Parent/Guardian A

Parent/Guardian B

	Name	
	Relationship to student	
	Home Address	
	Home Phone	
	Cell Phone	
	Personal Email	
	Job Title	
	Employer	
	Work Phone	
	Work Email	

Please list any siblings:

Name: _____	Age: _____	Current School or College: _____
Name: _____	Age: _____	Current School or College: _____
Name: _____	Age: _____	Current School or College: _____

Please check if appropriate:

Parents Separated

Mother Remarried

Mother Deceased

Parents Divorced

Father Remarried

Father Deceased

If parents are separated or divorced, who has legal custody of the applicant? Both Mother Father Guardian

Applicant lives with: Both Parents Mother Father Guardian

To whom should bills be sent? Both Parents Mother Father Guardian

To whom should school correspondence be sent? Both Parents Mother Father Guardian

Please list names of relatives or friends who have attended Stoneleigh-Burnham School (Name/Relationship to you)

How did you hear about Stoneleigh-Burnham School? Please check all that apply.

Friend Website Newspaper School Fair Radio Live in area Legacy

Consultant Consultant Name: _____ Other _____

School Information

Present School: _____ School Type: Public Private Charter

Telephone: _____

Address: _____

Head of School/Principal: _____

Guidance/Placement Counselor: _____

Previous School Name: _____ Years Attended: _____

Previous School Name: _____ Years Attended: _____

SSAT/TOEFL Information

Stoneleigh-Burnham School requires standardized testing as a component of the application. The school will accept the SSAT or its equivalent for domestic students and the TOEFL or its equivalent for international students. Our school code for the SSAT is 7504 and for the TOEFL is 8097.

I have taken or plan to take the SSAT on (date): _____ I have taken or plan to take the TOEFL on (date): _____

I have enclosed my non-refundable application fee in the amount of \$ _____ (\$50 domestic/\$100 international)

Stoneleigh-Burnham School is committed to diversity and the development of an educational environment that fosters mutual respect, responsibility and empathy in our school and in the world. We value the presence of individuals whose differences include, but are not limited to, age, ethnicity, gender, learning style, nationality, physical ability, political views, race, religion, sexual orientation, and socio-economic status.

English Teacher Recommendation



To the Applicant:

Please read and sign below.

Please give this form to your current English teacher and have them return it directly to Stoneleigh-Burnham School.

Name of Student: _____ Applicant for Grade: _____

Signature: _____ Date: _____

To the Parent/Guardian:

Please read and sign the statement below.

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

Name of Parent/Guardian (please print): _____

Signature: _____ Date: _____

To the Teacher:

This form is part of an application being used by Stoneleigh-Burnham School. This recommendation will remain confidential and will not become part of the student's permanent record. You may attach additional sheets as necessary. Be sure the parent/guardian has signed the form in the space above. When completed, please email, mail or fax the form to:

Stoneleigh-Burnham School, Admissions Office, 574 Bernardston Road, Greenfield, MA 01301

Fax: 413-772-2602 Email: admissions@sbschool.org

Thank you for your cooperation and candor.

Name of Teacher: _____

Title: _____ School: _____

Email Address: _____ Telephone: _____

Mailing Address: _____

How well do you know the student academically? _____ As a person? _____

In what years do you teach the student? _____ How large is the class? _____

What course(s)? _____ Is the student on a block schedule? _____

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability. _____

How accurately does the student read and understand what she has read? _____

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness. _____

How well does the student accept advice or criticism? _____

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

1. _____ 2. _____ 3. _____

Please place check marks at the points that represent your evaluation of this student in comparison to other students in her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate. _____

Please comment on this student's character, citizenship and contributions to your community. _____

Please provide any additional information that will give us a more complete picture of the student. _____

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of this student's application.

Signature: _____ Date: _____

Mathematics Teacher Recommendation



To the Applicant:

Please read and sign below.

Please give this form to your current Mathematics teacher and have them return it directly to Stoneleigh-Burnham School.

Name of Student: _____

Applicant to Grade: _____

Signature: _____

Date: _____

To the Parent/Guardian:

Please read and sign the statement below.

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

Name of Parent Guardian (please print): _____

Signature: _____

Date: _____

To the Teacher:

This form is part of an application being used by Stoneleigh-Burnham School. This recommendation will remain confidential and will not become part of the student's permanent record. You may attach additional sheets as necessary. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation and candor. When completed, please email, mail or fax the form to:

Stoneleigh-Burnham School, Admissions Office, 574 Bernardston Road, Greenfield, MA 01301

Fax: 413-772-2602

Email: admissions@sbschool.org

Name of Teacher: _____

Title: _____

School: _____

Email Address: _____

Telephone: _____

Mailing Address: _____

How well do you know the student academically? _____

As a person? _____

In what years do you teach the student? _____

How large is the class? _____

What course(s)? _____

Is the student on a block schedule? _____

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability. _____

Next year what math course would be the most appropriate placement for the student? _____

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Student's Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. Secondary Schools. If your school does not follow this sequence, please attach your curriculum. Please check those courses or list others which the student will have completed by the end of the current year.

- | | |
|---|---|
| <input type="checkbox"/> Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations) | <input type="checkbox"/> Pre-Calculus (including analytical trigonometry) |
| <input type="checkbox"/> First Year Algebra (a thorough course which includes quadratics) | <input type="checkbox"/> Calculus (an introduction) |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Calculus (Advanced Placement AB) |
| <input type="checkbox"/> Second Year Algebra (not including trigonometry) | <input type="checkbox"/> Calculus (Advanced Placement BC) |
| <input type="checkbox"/> Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine) | <input type="checkbox"/> _____ |

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

1. _____ 2. _____ 3. _____

Please comment on this student's character, citizenship and contributions to your community. _____

Please place check marks at the points that represent your evaluation of this student in comparison to other students in her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Knowledge of the Basic Skills						
Accuracy in the Use of Basic Skills						
Problem Solving Ability						
Reasoning Ability						
Understanding of and Appreciation for the Underlying Ideas and Concepts						
Effort						
Overall Performance						
Willingness to Accept the Challenge of the More Difficult Problems and Exercises						
Command of Mathematics Compared to Other Students Whom You Have Taught						

Please place check marks at the points that represent your evaluation of this student in comparison to other students in her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate. _____

Please provide any additional information that will give us a more complete picture of the student. _____

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of this student's application.

Signature: _____ Date: _____

School Recommendation



Student Name: _____

To the Parent/Guardian: Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded directly to Stoneleigh-Burnham School.)

Name of Parent or Guardian (please print): _____

Signature: _____ Date: _____

To the School Official:

This form is part of an application being used by Stoneleigh-Burnham School. This recommendation will remain confidential and will not become part of the student's permanent record. You may attach additional sheets as necessary. Be sure the parent/guardian has signed the form in the space above. When completed, please email, mail or fax the form to:

Stoneleigh-Burnham School, Admissions Office, 574 Bernardston Road, Greenfield, MA 01301

Fax: 413-772-2602 Email: admissions@sbschool.org

Thank you for your cooperation and candor.

Name of School Official: _____

Title: _____ School: _____

Email Address: _____ Telephone: _____

Mailing Address: _____

Please submit the following materials with this recommendation:

- Final or mid-semester grades for current term (must be included)
- Grades for the two previous academic years
- Standardized test scores
- Recent teacher reports, if any
- A school profile, if available

How well do you know the student academically? _____ As a person? _____

School serves grades: _____ to _____. Number of students in entire school: _____

In what month does your school year begin? _____ End? _____

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

What percent of your students receive which grades? _____

Does your school rank? Yes No Is your rank: Approximate Exact

How many students are in the entire grade? _____

This student ranks _____ out of _____ . _____ other students share this rank.

Does your school use a block scheduling system? Yes No

Are students placed in sections according to ability? Yes No

If yes, please tell us in which level the applicant is placed for each subject. _____

If the student's attendance record is not listed on the transcript, please indicate the number of days she has been absent or tardy each year while at your school. _____

If the student is not, or has not been, in good standing, please explain. _____

Has the student ever been dismissed, suspended, placed on probation or received other serious disciplinary sanctions? Yes No

Has she withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

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

1. _____ 2. _____ 3. _____

Please place check marks at the points that represent your evaluation of this student in comparison to other students in her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate. _____

Please comment on this student's character, citizenship and contributions to your community. _____

Please provide any additional information that will give us a more complete picture of the student. _____

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of this student's application.

Signature: _____

Date: _____