

Fall 2011

Dear Prospective SGS Family,

Thank you for your interest in Seattle Girls' School. We are delighted to introduce you to our school and look forward to working with you as you explore and make decisions about educational options for next year.

We invite you to review the application, our website and our viewbook so that you can learn all you can about SGS. Additionally, we hope you plan to attend one of our Admission Open Houses, which take place on **Tuesday, October 25, 2011 (6:00–8:00pm)** and **Saturday, November 19, 2011 (2:00–4:00pm)**. The Open House provides an opportunity to meet our Head of School and faculty as well as hear more about our mission, vision and educational philosophy. We also offer tours during school hours for prospective families (October – December) – please call to inquire about dates!

We encourage you to call the Admission Office if you have any questions about the application or moving forward with the admission process.

Sincerely,



Jeanette James
Director of Admission & Advancement



Rafael del Castillo
Head of School

CHECKLIST AND INSTRUCTIONS

THE ITEMS BELOW ARE REQUIRED FOR THE SGS ADMISSION PROCESS. PLEASE COMPLETE THE ITEMS LISTED BELOW BY THE DATES OUTLINED.

STEP ONE PARENT/GUARDIAN APPLICATION FORM

- COMPLETE THE SGS APPLICATION FORM.
- INCLUDE THE APPLICATION FEE OF \$75.
- PLEASE INCLUDE A CURRENT PHOTO.
- SUBMIT THE APPLICATION FORM & FEE TO SGS BY JANUARY 12, 2012.

STEP TWO VISIT & INTERVIEW

- A STUDENT VISIT WILL BE SCHEDULED WHEN THE APPLICATION FORM & FEE ARE RECEIVED.
- A PARENT INTERVIEW WILL BE SCHEDULED WHEN THE APPLICATION FORM & FEE ARE RECEIVED.
- SGS STRONGLY ENCOURAGES YOU TO SUBMIT YOUR APPLICATION FORM & FEE EARLY SO THAT WE CAN SCHEDULE THE STUDENT VISIT AND PARENT INTERVIEW.**

STEP THREE QUESTIONNAIRES

- PARENT/GUARDIAN QUESTIONNAIRE DUE BY JANUARY 12, 2012.
- STUDENT QUESTIONNAIRE DUE BY JANUARY 12, 2012.

STEP FOUR INDEPENDENT SCHOOL ENTRANCE EXAM (ISEE)

- REGISTER FOR THE ISEE AT WWW.ISEETEST.ORG (THE SGS ISEE CODE IS 481706)
- TAKE THE ISEE BY JANUARY 21, 2012.

(OVER)

Seattle Girls' School admits students from any race, religion, national or ethnic origin, or family composition to all rights, privileges, programs, and activities generally accorded or made available for students at the school. Seattle Girls' School does not discriminate on the basis of race, religion, national or ethnic origin, sexual orientation, or family composition in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletics and other school-administered programs.

STEP FIVE

SUPPLEMENTAL ITEMS: TEACHER EVALUATION FORMS & TRANSCRIPTS

- CHOOSE TWO ACADEMIC TEACHERS TO COMPLETE RECOMMENDATION FORMS. TEACHERS COMPLETING THE FORM SHOULD HAVE TAUGHT THE APPLICANT WITHIN THE LAST TWO YEARS.
- TRANSCRIPT – COMPLETE THE TRANSCRIPT RELEASE FORM IN ITS ENTIRETY AND SUBMIT TO YOUR DAUGHTER'S CURRENT SCHOOL. THE SCHOOL WILL MAIL TRANSCRIPT DIRECTLY TO SGS.
- PERSONAL RECOMMENDATION FORM (OPTIONAL).
- SGS WILL ACCEPT THE ITEMS IN STEP FIVE AS 'ON TIME' UNTIL JANUARY 26, 2012.

ALL ABOVE ITEMS SHOULD BE MAILED TO:

**SEATTLE GIRLS' SCHOOL
ATTN: ADMISSION OFFICE
2706 S. JACKSON ST.
SEATTLE, WA 98144**

STEP SIX

FINANCIAL AID (OPTIONAL)

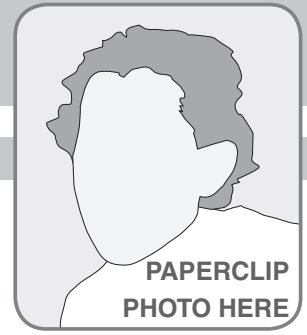
- APPLICATION FOR FINANCIAL AID IS DUE FEBRUARY 3, 2012 TO SSS BY NAIS. IF YOU ARE INTERESTED IN APPLYING FOR FINANCIAL AID, PLEASE VISIT THE FINANCIAL AID SECTION OF OUR WEBSITE AT WWW.SEATTLEGIRLSSCHOOL.ORG FOR AN OVERVIEW OF THE PROCESS AND TO ACCESS THE APPLICATION.

DATES TO REMEMBER

OCTOBER 25, 2011 (6:00–8:00 PM)	ADMISSION OPEN HOUSE
NOVEMBER 19, 2011 (2:00–4:00 PM)	ADMISSION OPEN HOUSE
JANUARY 12, 2012	APPLICATION DEADLINE (MUST BE POSTMARKED ON OR BEFORE JANUARY 12 TO BE CONSIDERED 'ON TIME')
JANUARY 26, 2012	SUPPLEMENTAL ITEMS DEADLINE (MUST BE POSTMARKED ON OR BEFORE JANUARY 26 TO BE CONSIDERED 'ON TIME')
FEBRUARY 3, 2012	FINANCIAL AID APPLICATION DUE TO SSS BY NAIS
MARCH 15, 2012	ADMISSION DECISION LETTERS ARE MAILED TO FAMILIES
MARCH 26, 2012	FAMILIES ARE ASKED TO NOTIFY SGS OF THEIR DECISION TO ENROLL BY RETURNING CONTRACT & DEPOSIT BY 4:00 PM.

APPLICATION FORM

FOR ACADEMIC YEAR BEGINNING SEPTEMBER 2012



APPLICANT INFORMATION

FULL NAME: LAST		FIRST	MIDDLE
(PREFERRED NAME)		BIRTH DATE	
TELEPHONE (INCLUDE AREA CODE)		E-MAIL ADDRESS	
HOME ADDRESS	CITY	STATE	ZIP CODE
CITIZENSHIP		COUNTRY OF BIRTH	
CURRENT SCHOOL		GRADE APPLYING FOR	

FAMILY INFORMATION

APPLICANT LIVES WITH:

HOUSEHOLD #1
 HOUSEHOLD #2
 BOTH

CHECK IF APPROPRIATE:

PARENTS SEPARATED PARENT #1 DECEASED PARENT #2 DECEASED
 PARENTS DIVORCED PARENT #1 REMARRIED PARENT #2 REMARRIED
 OTHER _____

PARENT(S)/GUARDIAN(S):

HOUSEHOLD #1

FULL NAME _____

RELATION TO STUDENT _____

HOME ADDRESS (IF DIFFERENT FROM APPLICANT) _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE _____

EMAIL ADDRESS _____

OCCUPATION/POSITION _____

EMPLOYER _____

BUSINESS PHONE _____

FULL NAME _____

RELATION TO STUDENT _____

HOME ADDRESS (IF DIFFERENT FROM APPLICANT) _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE _____

EMAIL ADDRESS _____

OCCUPATION/POSITION _____

EMPLOYER _____

BUSINESS PHONE _____

HOUSEHOLD #2

FULL NAME _____

RELATION TO STUDENT _____

HOME ADDRESS (IF DIFFERENT FROM APPLICANT) _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE _____

EMAIL ADDRESS _____

OCCUPATION/POSITION _____

EMPLOYER _____

BUSINESS PHONE _____

FULL NAME _____

RELATION TO STUDENT _____

HOME ADDRESS (IF DIFFERENT FROM APPLICANT) _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE _____

EMAIL ADDRESS _____

OCCUPATION/POSITION _____

EMPLOYER _____

BUSINESS PHONE _____

HAS ANYONE IN YOUR FAMILY ATTENDED A SINGLE-SEX INSTITUTION? _____ IF SO, WHERE? _____ WHAT RELATION _____

PLEASE LIST THE NAMES OF SIBLINGS BELOW

NAME	CURRENT SCHOOL	AGE
NAME	CURRENT SCHOOL	AGE
NAME	CURRENT SCHOOL	AGE

ETHNIC BACKGROUND (Voluntary for reporting purposes. Please mark all applicable boxes.)

AFRICAN AMERICAN
 NATIVE AMERICAN
 ASIAN AMERICAN/PACIFIC ISLANDER
 MIDDLE EASTERN AMERICAN
 HISPANIC/LATINO
 CAUCASIAN
 OTHER (PLEASE SPECIFY) _____
 MULTI RACIAL (PLEASE SPECIFY) _____

SCHOOL INFORMATION

PRESENT SCHOOL	GRADE		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE (INCLUDE AREA CODE)	PRINCIPAL OR HEAD OF SCHOOL		

LAST THREE SCHOOLS ATTENDED

SCHOOL NAME	FROM	TO
SCHOOL NAME	FROM	TO
SCHOOL NAME	FROM	TO

APPLICATION FEE

PLEASE ENCLOSE A \$75 NON-REFUNDABLE APPLICATION FEE.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

OTHER SCHOOLS YOU ARE APPLYING TO

STUDENT VISIT

ALL APPLICANTS WILL BE REQUIRED TO VISIT SGS FOR A HALF-DAY (9:00 AM – 12:30 PM). AS A COHORT GROUP, APPLICANTS WILL PARTICIPATE IN MORNING ADVISORY, ATTEND ACADEMIC CLASSES, AND INTERACT WITH CURRENT FACULTY, STAFF AND STUDENTS.

PLEASE RANK YOUR CHOICES FOR YOUR DAUGHTER'S VISIT:

- JANUARY 12, 2012 JANUARY 24, 2012
- JANUARY 17, 2012 JANUARY 26, 2012
- JANUARY 19, 2012 JANUARY 31, 2012

FOR OFFICE USE ONLY _____
CHECK # _____
DATE RECEIVED _____

INSTRUCTIONS FOR PARENTS

THIS FORM IS AN INTERACTIVE PDF THAT YOU CAN FILL OUT DIGITALLY, OR DOWNLOAD AND PRINT. **PLEASE RESPOND TO EACH OF THE FOLLOWING PROMPTS. RESPONSES SHOULD BE LIMITED TO 250 WORDS EACH. QUESTIONS 1–5 ARE NW ADMISSIONS COLLABORATIVE “COMMON ESSAYS.”**

APPLICANT NAME: LAST

FIRST

MIDDLE

APPLYING FOR GRADE

1. WHAT ARE YOUR GOALS AND EXPECTATIONS FOR YOUR DAUGHTER'S ACADEMIC CAREER?

2. WHAT ARE YOU HOPING YOUR DAUGHTER WILL GAIN FROM ATTENDING AN INDEPENDENT SCHOOL?

APPLICANT NAME: LAST

FIRST

MIDDLE

APPLYING FOR GRADE

3. PLEASE DISCUSS YOUR DAUGHTER'S ATTITUDE TOWARD SCHOOL, HOME, PEERS, AND HERSELF.

4. PLEASE DESCRIBE THE MOST IMPORTANT VALUE BY WHICH YOU AND YOUR FAMILY LIVE. HOW DO YOU INSTILL AND REINFORCE THIS VALUE?

5 . WHAT ARE YOUR DAUGHTER'S GREATEST CHALLENGES?

APPLICANT NAME: LAST FIRST MIDDLE APPLYING FOR GRADE

6. HAS YOUR DAUGHTER EVER SKIPPED A GRADE? YES NO IF YES, WHAT GRADE? _____
IF YES, PLEASE DESCRIBE BRIEFLY THE NATURE OF THE DECISION.

7. HAS YOUR DAUGHTER EVER REPEATED A GRADE? YES NO IF YES, WHAT GRADE? _____
IF YES, PLEASE DESCRIBE BRIEFLY THE NATURE OF THE DECISION.

8. HAS YOUR DAUGHTER EVER BEEN DISMISSED FROM ANY SCHOOL? YES NO
IF YES, PLEASE DESCRIBE BRIEFLY THE NATURE OF THE SITUATION.

9. WHAT IS/ARE YOUR DAUGHTER'S NATIVE LANGUAGE(S)? _____
WHAT IS/ARE THE PRIMARY LANGUAGE(S) USED AT HOME? _____

INSTRUCTIONS FOR STUDENTS

THIS FORM IS AN INTERACTIVE PDF THAT YOU CAN FILL OUT DIGITALLY, OR DOWNLOAD AND PRINT. **PLEASE RESPOND TO EACH OF THE FOLLOWING PROMPTS. RESPONSES SHOULD BE LIMITED TO 250 WORDS EACH. QUESTIONS 1–4 ARE NW ADMISSIONS COLLABORATIVE “COMMON ESSAYS.”**

APPLICANT NAME: LAST

FIRST

MIDDLE

APPLYING FOR GRADE

1. WHAT ARE YOUR HOPES AND DREAMS FOR YOUR FUTURE? INCLUDE SHORT AND LONG TERM GOALS.

2. DESCRIBE A CURRENT INTEREST OR ACTIVITY TO WHICH YOU DEVOTE A SIGNIFICANT AMOUNT OF TIME OR EFFORT. EXPLAIN WHAT MOTIVATES YOU TO EXPLORE THIS INTEREST OR ACTIVITY TO THE EXTENT YOU DO.

APPLICANT NAME: LAST

FIRST

MIDDLE

APPLYING FOR GRADE

3. TELL THE STORY OF AN INCIDENT THAT MAKES YOU FEEL PROUD OF YOURSELF OR OF SOMEONE ELSE.

4. WHAT IS A QUESTION YOU WISH WE HAD ASKED YOU? WRITE THE QUESTION AND ANSWER IT.

APPLICANT NAME: LAST FIRST MIDDLE APPLYING FOR GRADE

5. WHAT IS YOUR MAIN REASON FOR WANTING TO ATTEND SEATTLE GIRLS' SCHOOL?

ACTIVITIES

We are interested in learning more about your activities and interests. Please list your extracurricular, community, and recreational activities. Examples include: sports, music, reading, writing, community service, religious activities, hiking, playing with computers, etc. There is no need to fill up all of the spaces.

NAME OF ACTIVITY AND/OR ORGANIZATION	YEARS OF PARTICIPATION	HOURS PER WEEK / WEEKS PER YEAR	POSITION(S) HELD AND/OR NOTES
EXAMPLE 1: SOCCER	2	2/12	MIDFIELD – MVP 2009
EXAMPLE 2: DRAWING & PAINTING	5	5/ALL YEAR	N/A – NONE

PLEASE SUBMIT THIS FORM DIRECTLY TO YOUR DAUGHTER'S CURRENT SCHOOL

TO THE APPLICANT'S PARENT/GUARDIAN

Seattle Girls' School (SGS) requires a transcript and student records as part of the application process. SGS cannot request these items on your behalf. Please read and sign this release form and take it to your daughter's current school so that these items can be mailed directly to Seattle Girls' School.

TO THE REGISTRAR OF _____
CURRENT SCHOOL

MY CHILD: _____ IS APPLYING TO SEATTLE GIRLS' SCHOOL FOR THE 2012-2013 SCHOOL YEAR. I HEREBY AUTHORIZE THE RELEASE OF SCHOOL RECORDS. PLEASE SEND THE FOLLOWING TO THE ADDRESS LISTED BELOW.

ITEMS REQUIRED

- 2010-2011 REPORT CARD AND RECORDS
- 2011-2012 REPORT CARD AND RECORDS (WHEN AVAILABLE)
- AN EXPLANATION OF THE GRADING SYSTEM USED
- STANDARDIZED TEST RESULTS
- A COPY OF THIS COMPLETED FORM MUST ACCOMPANY RECORDS
- ITEMS ARE DUE BY JANUARY 26, 2012

PLEASE SEND TO

**SEATTLE GIRLS' SCHOOL
ATTN: ADMISSION OFFICE
2706 S. JACKSON ST.
SEATTLE, WA 98144**

PLEASE PHONE 206.709.2228 IF YOU HAVE ANY QUESTIONS. THANK YOU FOR YOUR ASSISTANCE!

PARENT SIGNATURE

DATE

REGISTRAR (OR OTHER AUTHORIZED) SIGNATURE

OFFICE PHONE NUMBER

DATE

TEACHER'S EVALUATION FORM

PARTICIPATING MIDDLE AND UPPER SCHOOLS: Annie Wright School, The Bear Creek School, Billings Middle School, The Bush School, Charles Wright Academy, Eastside Catholic School, Eastside Preparatory School, The Evergreen School (gr. 4-8), Eton School (gr. 4-8), Explorer West Middle School, Forest Ridge School of the Sacred Heart, Hamlin Robinson (gr. 6-8), Jewish Day School, Lakeside School, Lake Washington Girls Middle School, The Northwest School, The Overlake School, Seattle Academy, Seattle Hebrew Academy (gr. 4-8), Seattle Country Day School (gr. 4-8), Seattle Girls' School, Seattle Waldorf School (gr. 5-12), Soundview School (gr. 4-8), St. Thomas School (gr. 4-8), University Prep, Villa Academy (gr. 4-8), Vista Academy at Open Window School, Westside School, Woodinville Montessori

TO THE APPLICANT:

Applicant's Name: _____ Applying to Grade: _____

Instructions: Please give this evaluation form to the appropriate teacher. Provide the teacher with stamped envelopes addressed to each of the schools to which you are applying. Make sure that the teacher knows the appropriate deadlines for each school.

TO THE TEACHER:

Person Completing Form: _____ Subject: _____ Grade Level: _____

School: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Instructions: All of the schools listed above are either accredited by or pursuing accreditation through the Pacific Northwest Association of Independent Schools (PNAIS). Each of us shares a commitment to a strong academic curriculum in a supportive atmosphere, and we all seek a student body representative of the diverse populations in the Seattle and Tacoma areas. In addition, we all have need-based financial aid programs. With this in mind, please complete the form below and send a copy of it to each of the schools to which the student is applying. Any school receiving this form may, at the family's request, send it to the admissions office of another participating school.

Recognizing that completing this form is not part of your official duties, our schools greatly appreciate your helping the applicant by supplying the information requested. *Please note that the information you submit will be considered **confidential**, will not be shared with the student and family, and will not become part of the student's permanent school records.*

How long have you known the applicant and in what capacity?

What are the first few words that come to mind to describe the applicant?

ACADEMIC QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

no basis		Out-standing	Above Average	Average	Below Average	Comments
	Study Habits					
	Academic Skills					
	Motivation					
	Intellectual Curiosity					
	Ability to Work Independently					
	Creative Problem-Solving					
	Critical and Abstract Thinking Skills					
	Ability to Work Cooperatively					
	Ability to Organize & Communicate Ideas					

OVER

Name of Applicant: _____

PERSONAL QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

no basis		Out-standing	Above Average	Average	Below Average	Comments
	Leadership					
	Peer Relationships					
	Sense of Humor					
	Creativity					
	Reaction to Constructive Feedback					
	Concern for Others					
	Self-Confidence					
	Integrity					
	Taking Responsibility for Own Actions					
	Involvement in Activities Beyond Classroom					
	Parental Attitude and Cooperation					

ADDITIONAL INFORMATION

Please comment upon the applicant's academic and personal strengths.

Please comment upon the applicant's academic and personal weaknesses.

Please comment on your observations relative to this applicant's learning style.

Please mention any additional information which you think might help our school make an informed decision.

If the school needs clarification, may we contact you by phone and/or email? Yes No Phone #: _____

Email: _____ Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

TEACHER'S EVALUATION FORM

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School: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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What are the first few words that come to mind to describe the applicant?

ACADEMIC QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

no basis		Out-standing	Above Average	Average	Below Average	Comments
	Study Habits					
	Academic Skills					
	Motivation					
	Intellectual Curiosity					
	Ability to Work Independently					
	Creative Problem-Solving					
	Critical and Abstract Thinking Skills					
	Ability to Work Cooperatively					
	Ability to Organize & Communicate Ideas					

OVER

Name of Applicant: _____

PERSONAL QUALITIES

Compared to other students you have taught at this grade level, how would you rate this student in terms of:

no basis		Out-standing	Above Average	Average	Below Average	Comments
	Leadership					
	Peer Relationships					
	Sense of Humor					
	Creativity					
	Reaction to Constructive Feedback					
	Concern for Others					
	Self-Confidence					
	Integrity					
	Taking Responsibility for Own Actions					
	Involvement in Activities Beyond Classroom					
	Parental Attitude and Cooperation					

ADDITIONAL INFORMATION

Please comment upon the applicant's academic and personal strengths.

Please comment upon the applicant's academic and personal weaknesses.

Please comment on your observations relative to this applicant's learning style.

Please mention any additional information which you think might help our school make an informed decision.

If the school needs clarification, may we contact you by phone and/or email? Yes No Phone #: _____

Email: _____ Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

TO THE APPLICANT

PLEASE PRINT YOUR NAME AND GIVE THIS FORM TO YOUR RECOMMENDER WITH A STAMPED ENVELOPE ADDRESSED TO SEATTLE GIRLS' SCHOOL.

APPLICANT NAME: LAST

FIRST

MIDDLE

APPLYING TO GRADE

TO THE RECOMMENDER

The Admissions Committee is very interested in learning more about the applicant's interests and experiences outside of school. As someone who knows the applicant well, your perspective will be very helpful to us. Please answer the following questions and add any specific anecdotes you feel will help the Admissions Committee get to know the student better.

PLEASE RETURN THIS FORM TO SEATTLE GIRLS' SCHOOL, 2706 S. JACKSON ST., SEATTLE, WA 98144 BY **JANUARY 26, 2012**.

1. HOW LONG HAVE YOU KNOWN THE APPLICANT, AND IN WHAT CAPACITY?

2. IN YOUR OBSERVATIONS, WHAT ARE THE APPLICANT'S GREATEST STRENGTHS AND AREAS OF CONTINUING GROWTH?

3. ADDITIONAL COMMENTS:

NAME

TITLE

TELEPHONE (INCLUDE AREA CODE)

SIGNATURE

DATE