



**Alexandria**

**Country Day**

**School**

**[Application Form](#)**



# Application Form

20 \_\_\_\_ – 20 \_\_\_\_ School Year

## Applicant

Name: \_\_\_\_\_ Preferred: \_\_\_\_\_  
Last First Middle

Male  Female Current Grade: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

U.S. Citizen  Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present School Name: \_\_\_\_\_ School Telephone: \_\_\_\_\_

School Address: \_\_\_\_\_

Please list all schools your child has attended and dates of attendance:

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## Parent/Guardian Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(Mr., Mrs., Ms., Dr., etc...)

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title or Description: \_\_\_\_\_ Job Title or Description: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Parents are:  Married  Separated  
 Divorced  Single Parent  
 Father Deceased  Mother Deceased  
 Father Remarried  Mother Remarried

Student lives with:  Both parents  Mother  
 Father  Guardian  
 Other: \_\_\_\_\_

If parents are divorced or separated, to whom should correspondence be sent? \_\_\_\_\_

Name of step-parents (if applicable): \_\_\_\_\_

Please list all siblings:

Name	Age	Present School	Grade
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Name	Age	Present School	Grade
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Name	Age	Present School	Grade
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Names of any family members who have attended ACDS and their relationship to the applicant:

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**Ethnicity** (optional): Alexandria Country Day School uses this question to gather statistical information on ethnicity for accrediting organizations.

- African-American       Asian-American       Latino/Hispanic American       Caucasian American  
 Pacific Islander American       Middle Eastern American       Multiracial American       Native American  
 International       Other Please specify: \_\_\_\_\_

Is any language other than English spoken in the home?  Yes       No

If yes, what language(s) are spoken in the home? \_\_\_\_\_

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We became interested in Alexandria Country Day School through:

- Current or past ACDS family \_\_\_\_\_  ACDS faculty \_\_\_\_\_  
 Educational consultant \_\_\_\_\_  Internet/website \_\_\_\_\_  
 Current school advertisement \_\_\_\_\_  Other \_\_\_\_\_

Please check here if you would like to receive information on financial aid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose a nonrefundable application fee of \$75 with this application.**

Please make check payable to Alexandria Country Day School.

**Please return to:**

Alexandria Country Day School  
Admissions Office  
2400 Russell Road  
Alexandria, VA 22301

Alexandria Country Day School does not discriminate on the basis of gender, race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, scholarship program, or any other school-administered programs.

**Please attach a recent picture of the applicant to this form. (Optional but encouraged)**

**Alexandria Country Day School, Admissions Office**

2400 Russell Road, Alexandria, VA 22301    Tel: 703-548-4804    Fax: 703-549-9022    admissions@acdsnet.org    www.acdsnet.org

# Request for School Records

## To the Parents/Guardian:

Please complete the top half of this form and submit this request to the registrar of your child's current school.

Student's Name: \_\_\_\_\_  
Last First Middle

Present Grade: \_\_\_\_\_ Applicant for Grade: \_\_\_\_\_

Current School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

## Parental signature authorizing release of school records (required):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send records and information for the student named above.

## Please return to:

Alexandria Country Day School  
Admissions Office  
2400 Russell Road  
Alexandria, VA 22301

1. Please include a transcript of all courses and grades for past years and the present year.
2. For children applying to kindergarten and first grade, please send any records and testing information that is available. We understand that in most cases there is little or no written record for a child this age.
3. We request scores for all SSAT, ISEE, aptitude, IQ, reading, and achievement tests taken during the last two to three years. Please indicate the grade and date when tests were taken and provide national and program percentiles when possible.
4. If available, please attach a school profile.

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Thank you for your cooperation. Please call us at 703-548-4804 if you have any questions.**





What role do you play in your child's education? Please share your goals and expectations for your child in the coming years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel Alexandria Country Day School would be a good match for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any family circumstances that you feel are important for us to know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received support services or therapy for any aspect of his or her development?  
 Yes  No If yes, please explain. Though sensitive, this information deserves your candor so that we may better serve your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any academic or health-related accommodations that your child is currently receiving?  
 Yes  No What type of accommodations, if any, would you be requesting from Alexandria Country Day School?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been involved in any disciplinary situations that have led to his or her suspension or expulsion from school?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Questionnaire

Students applying for 6th through 8th grades only

Applying for grade:  6  7  8

Name of applicant: \_\_\_\_\_  
Last First Middle

Please answer all of the following questions in your own handwriting. **Attach additional sheets of paper to this form if needed.**

How would your friends describe you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities (sports, clubs, etc...) are you involved in both in and out of school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about your favorite teacher. What made his or her class so special? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about a memorable event or activity that you participated in over the past year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you enjoy most about school? What do you find most challenging about school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you feel about changing schools? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Common Recommendation Form for Students Applying to Independent Schools, entering Kindergarten – 1

Please submit the completed form to Alexandria Country Day School

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Current grade level: \_\_\_\_\_

Name of respondent: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

My relationship has been that of: \_\_\_\_\_ I have known this student for \_\_\_\_\_ months/years.

**For parents/guardian:** I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my child's application to attend the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For persons submitting recommendation:** The School would appreciate your candid assessment of the applicant's abilities. If the applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential to the extent permitted by law.

**Purpose:** The items below ask for your sense of this student's social, physical, and pre-academic skill development. Please use the check boxes to show gradations within each category. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Thank you for your thoughtful attention to this request.

SOCIAL DEVELOPMENT	ADVANCED FOR AGE	APPROPRIATE FOR AGE	NEEDS DEVELOPMENT	NOT AT ACCEPTABLE LEVEL	COMMENTS
Can be a friend					
Is supportive of peers					
Plays alone happily					
Cooperates in play					
Shares well					
Initiates play activities					
Has the capacity to lead					
Has the capacity to follow					
Is imaginative					
Uses materials purposefully					
Is comfortable with adults					
Demonstrates self-control on playground					
Responds positively to re-direction					
Exhibits sense of humor					
Seeks help when needed					
Respects property of others					
Exhibits courtesy and respect					
<b>PHYSICAL DEVELOPMENT</b>					
Small muscle control and development					
Large muscle control and development					
Speech and language development					

What frustrates this child? \_\_\_\_\_

What are the first words that come to mind when describing this child? \_\_\_\_\_

PRE-ACADEMIC SKILL DEVELOPMENT	ADVANCED FOR AGE	APPROPRIATE FOR AGE	NEEDS DEVELOPMENT	NOT AT ACCEPTABLE LEVEL	COMMENTS
Is attentive					
Listens in a group					
Contributes to group discussion					
Follows directions					
Works cooperatively					
Demonstrates ability to focus on one task					
Completes tasks					
Respects classroom routines					
Transitions well					
Responds positively to constructive criticism					
Is curious					
Is willing to try new activities					
Is a self-starter					
Enjoys new challenges					
Exhibits problem solving ability					
Expresses ideas well					

**If child is applying to First Grade, please describe his/her development of:**

Beginning reading skills \_\_\_\_\_

Beginning math skills \_\_\_\_\_

**Personal Characteristics:** Please describe the child and include comments on his/her personality, maturity, confidence, assertiveness, humor and degree of independence. We welcome any other information that you think would be helpful. You may use a separate sheet of paper for further comments in any category. Thank you for your assistance.

**Parental cooperation and involvement with the school** (please describe):

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where we may reach you: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Common Recommendation Form for Students Applying to Independent Schools, entering grades 2-8

Please submit the completed form to Alexandria Country Day School

Name of Student: \_\_\_\_\_ Current grade level: \_\_\_\_\_

Current School: \_\_\_\_\_ I have known this student for \_\_\_\_\_ months/years.

Classroom Teacher or School Director: \_\_\_\_\_ Course Taught: \_\_\_\_\_

Texts used: \_\_\_\_\_

**For parents/guardian:** I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my child's application to attend the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For persons submitting recommendation:** The School would appreciate your candid assessment of the applicant's abilities. If the applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential to the extent permitted by law.

**Purpose:** We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing and developing. This form is only one piece of the student's profile to be used in our assessment process. Thank you for your thoughtful attention to this request.

CHARACTER AND PERSONALITY TRAITS	ADVANCED FOR AGE	APPROPRIATE FOR AGE	NEEDS DEVELOPMENT	NOT AT ACCEPTABLE LEVEL	COMMENTS
Conduct					
Leadership					
Maturity					
Social relationships with peers					
Self-confidence					
Integrity					
Sense of humor					
Sense of responsibility					
Interaction with teachers/adults					
Participation in life of the school					
Creativity					
Respect for others					
Concern for others					
<b>ACADEMIC TRAITS</b>					
Academic potential					
Academic achievement					
Self-motivation					
Effort/initiative					
Study habits/ organization of work					
Intellectual curiosity					
Level of engagement					
Commitment to homework					

ACADEMIC TRAITS CONTINUED	ADVANCED FOR AGE	APPROPRIATE FOR AGE	NEEDS DEVELOPMENT	NOT AT ACCEPTABLE LEVEL	COMMENTS
Ability to follow directions					
Ability to work independently					
Ability to work in a group					
Ability to express ideas orally					
Ability to express ideas in writing					
Attendance					
Participation in class					

What are the first words that come to mind when describing this student? \_\_\_\_\_

\_\_\_\_\_

**Please circle the words that you feel describe this student:**

- |                   |                  |                    |             |                |
|-------------------|------------------|--------------------|-------------|----------------|
| aggressive        | confident        | follower           | irritable   | over-protected |
| self-centered     | anxious          | conscientious      | happy       | manipulative   |
| passive-resistant | self-disciplined | articulate         | disobedient | helpful        |
| motivated         | perfectionist    | shy                | cheerful    | honest         |
| negative leader   | positive leader  | social             | influential | organized      |
| responsible       | well-liked       | easily discouraged |             |                |

What frustrates this student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:** We would appreciate additional comments and observations concerning this student's abilities, attendance, personal qualities and special interests. We welcome any other information you think might be helpful in our understanding of this student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parental cooperation and involvement with the school (please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where we may reach you: \_\_\_\_\_ E-mail: \_\_\_\_\_





2400 RUSSELL ROAD  
ALEXANDRIA, VA 22301  
(703) 548-4804