



# Darlington School

## Lower School Application Instructions

### AT DARLINGTON SCHOOL... TOGETHER

- We strive to become well-educated, responsible human beings.
- We teach to think critically, communicate effectively, and develop strengths and talents.
- We discern right from wrong, act with courage and conviction, practice ethical leadership, and exhibit honorable character.
- We challenge everyone to learn with passion, act with integrity and serve with respect.
- We perpetuate these attributes throughout our lives, both as individuals and as members of the world community.

Darlington School seeks to attract, enroll and retain students who have the ability to achieve success in a challenging academic environment, the interest to participate in a variety of extracurricular opportunities and the commitment to follow and support the high standards necessary to maintain "The Tiger Way."

The application process centers around finding the best possible fit between student and school. Thus, both parties are obligated to find out as much as possible about one another during this important process. Candidates for admission are required to provide a complete educational history, teacher recommendations and a transcript from their current educational institution. Additionally, a personal interview will be conducted by a member of the admission staff.

### APPLICATION CHECKLIST

- 1 Parts A, B, & C** - Completed by custodial parent(s). Parts A, B and C provide important contact and family information. Please return these forms to the Admission Office.
- 2 Application Fee** - \$50.00 made payable to Darlington School and mailed with the application to the Admission Office.
- 3 Part D** - The Confidential Evaluation must be completed and signed by the applicant's teacher or principal and returned along with the transcript to the Admission Office.



**4 Part E** - The Request for Transcript must be signed by the custodial parent(s) and provided to the applicant's current school. The current school will then provide the applicant's transcript and other important documentation. NOTE: While application decisions can be made with mid-year or unofficial transcripts, enrollment at Darlington School cannot be completed without an official, notarized copy of the applicant's transcript from the most recent academic institution.

**5 Schedule a Campus Visit and Interview** - A campus visit is perhaps the most important part of the application process, as the applicant has the opportunity to experience school life first-hand. Call 706-802-4378 to schedule your campus tour and interview.

**6 Educational Testing** - At the Lower School level, Darlington requires an observation/evaluation of students entering pre-kindergarten and kindergarten and a test/evaluation for students entering pre-first through fifth grades.

## APPLICATION DEADLINES

The first round of application decisions is made by March 15. Thus, to be considered for admission in the first group of applicants, candidates must have all materials to the Admission Office by March 10.

Applications completed after March 10 will be reviewed on a rolling basis as spaces are available in individual grade levels.



## FINANCIAL AID DEADLINES

To apply for financial assistance, applicants must submit an application through School and Student Services (SSS) in Princeton, New Jersey. Candidates must provide Darlington School's Financial Aid Office with a copy of the personal financial statement, along with copies of W-2's and tax returns from the previous fiscal year. In order to make timely assessment of a financial aid application, it is important that materials be provided to the Admission Office no later than the completion of the applicant's admission file. For more information about financial aid, please contact the Director of Admission and Financial Aid at 706-235-6051.

## TRANSPORTATION

Transportation is optional for Bartow County, Chattooga County, Cobb County (Acworth area only), Gordon County, and Polk County, pending adequate participation.

## TUITION

The Darlington Board of Trustees will set the price for tuition and other fees in January. We will send that information to you as soon as it is available.



## General Application

### STUDENT INFORMATION

Applicant's name: \_\_\_\_\_  MALE  FEMALE  
LAST FIRST MIDDLE PREFERRED NAME

Age: \_\_\_\_\_ Applying for grade: \_\_\_\_\_ Grade beginning August/Year: \_\_\_\_\_  
GRADE / YEAR

Applicant's e-mail address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(US CITIZENS ONLY)

Date of birth: \_\_\_\_\_ City and country of birth: \_\_\_\_\_  
MONTH / DAY / YEAR

Country of citizenship: \_\_\_\_\_ Principal language, if other than English: \_\_\_\_\_

Do you require an I-20 form?  YES  NO

### FAMILY INFORMATION

FATHER  STEPFATHER  GUARDIAN \_\_\_\_\_  MOTHER  STEPMOTHER  GUARDIAN \_\_\_\_\_  
(RELATIONSHIP) (RELATIONSHIP)

DR.  MR. \_\_\_\_\_  DR.  MRS.  MS. \_\_\_\_\_  
FULL NAME FULL NAME

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_ CITY STATE ZIP CODE \_\_\_\_\_

HOME PHONE HOME FAX \_\_\_\_\_ HOME PHONE HOME FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BUSINESS PHONE BUSINESS FAX \_\_\_\_\_ BUSINESS PHONE BUSINESS FAX \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

POSITION \_\_\_\_\_ POSITION \_\_\_\_\_

Student lives with?  FATHER AND MOTHER  FATHER  MOTHER  GUARDIAN  GRANDPARENTS  OTHER

IF OTHER, PLEASE SPECIFY \_\_\_\_\_

Brothers and sisters of applicant: \_\_\_\_\_

NAME CURRENT SCHOOL DATE OF BIRTH \_\_\_\_\_ NAME CURRENT SCHOOL DATE OF BIRTH \_\_\_\_\_  
NAME CURRENT SCHOOL DATE OF BIRTH \_\_\_\_\_ NAME CURRENT SCHOOL DATE OF BIRTH \_\_\_\_\_

Where should financial statements be sent?

ADDRESS

CITY

STATE

ZIP

Check all applicable:

PARENTS HAVE JOINT CUSTODY

PARENTS DIVORCED

PARENTS SEPARATED

MOTHER HAS CUSTODY

FATHER HAS CUSTODY

MOTHER REMARRIED

FATHER REMARRIED

MOTHER DECEASED

FATHER DECEASED

Present school:

Present grade:

PRESENT SCHOOL'S ADDRESS

CITY

STATE

ZIP

NAME OF PRINCIPAL OR GUIDANCE COUNSELOR:

PRESENT SCHOOL'S PHONE:

To what other schools is the applicant applying?

List relatives who attend(ed) Darlington School:

How did you learn about Darlington?

Key factors influencing your application to Darlington School:

faculty

facilities

curriculum

fine arts

class size

reputation

athletics

other

IF OTHER, PLEASE SPECIFY:

Has the applicant ever attended a summer camp at Darlington?

yes  no

If yes, to what degree did your summer experience influence you to apply to Darlington School?

If you have more than one student at Darlington, do you wish to receive duplicate mailings?

yes  no

Do you wish to receive financial aid information?

yes  no

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CUSTODIAL PARENT OR LEGAL GUARDIAN

DATE

Darlington School does not discriminate on the basis of race, religion, gender, or national or ethnic origin in the education program, admission, policies, scholarship, or any other activities of the School.



## School and Medical Information

Applicant's name: \_\_\_\_\_

### EDUCATIONAL HISTORY INFORMATION

Applicant's present school: \_\_\_\_\_ Present grade: \_\_\_\_\_

School address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

School phone: \_\_\_\_\_ School fax: \_\_\_\_\_ Years attended: \_\_\_\_\_

List all other schools attended over the past three years: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever skipped a grade?  YES  NO Which grade(s): \_\_\_\_\_

Has the applicant been enrolled or tutored in a special program?  
(gifted, talented, resource, learning difference)  YES  NO

If yes, please explain: \_\_\_\_\_

Has applicant ever repeated a grade?  YES  NO Which grade(s): \_\_\_\_\_

Does the applicant have an educational or psychological evaluation?  YES  NO Date of evaluation: \_\_\_\_\_  
Please submit the evaluation with the application or give the evaluator permission to release it to us.

Has the applicant ever received serious disciplinary action at school or from the community?  YES  NO

School suspension?  YES  NO Asked to withdraw by school?  YES  NO Expelled?  YES  NO

Please share with us information about any significant discipline matters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been tested or evaluated for suspected learning differences, ADD or ADHD, which the School may need to accommodate? If yes, please describe when the diagnosis was made, the nature of the diagnosis, and any reasonable accommodation you feel may be necessary for the applicant's success.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INFORMATION

Does the applicant regularly take any prescription medications?  YES  NO

IF YES, PLEASE LIST AND DESCRIBE THE PURPOSE OF THE MEDICATION(S) AND INDICATE WHETHER THE MEDICATION SUCCESSFULLY CONTROLS AND REMEDIES YOUR CHILD'S CONDITION.

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Has the applicant ever taken or been recommended to take medication for ADD?  YES  NO

Is the applicant currently taking any medication for ADD?  YES  NO

Does the applicant have any allergies?  YES  NO

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Has the applicant undergone any other medical treatment about which Darlington should be aware?  YES  NO  
If yes, please give reasons and type of treatment.

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Does the applicant have any dietary restrictions or food allergies?  YES  NO

Our signatures below confirm that all information given in this application and related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission and/or termination of enrollment at Darlington School. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as set forth in the Darlington School student handbook, *The Tiger Way*.

\_\_\_\_\_  
CUSTODIAL PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CUSTODIAL PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



## Parent Questionnaire

Applicant's name: \_\_\_\_\_

Name used: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

### PLEASE TAKE TIME TO THOROUGHLY ANSWER THE FOLLOWING QUESTIONS:

If you need additional space, please use another sheet of paper.

**1** Why are you considering Darlington School?  
\_\_\_\_\_  
\_\_\_\_\_

**2** What do you expect from Darlington School?  
\_\_\_\_\_  
\_\_\_\_\_

**3** In what activities or programs would you like to see the applicant participate at Darlington School?  
\_\_\_\_\_  
\_\_\_\_\_

**4** What is the applicant's favorite interest at present?  
\_\_\_\_\_  
\_\_\_\_\_

**5** Describe the applicant's social interactions with peers and adults:  
\_\_\_\_\_  
PLEASE CITE SPECIFIC EXAMPLES, IF APPROPRIATE.

**6** Has the applicant participated in any other learning programs? (FOR PRE-KINDERGARTEN AND KINDERGARTEN APPLICANTS)  YES  NO  
\_\_\_\_\_  
IF YES, PLEASE EXPLAIN.

**7** Describe any problem the applicant has had in verbal communication:  
\_\_\_\_\_  
\_\_\_\_\_

**8** Describe the applicant's reaction to stress, such as that accompanying a move to a new situation:  
(e.g., problems with eating, sleep, anger, sadness, increased energy, talkativeness, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**9** Is the applicant bathroom trained?  YES  NO

**10** Are there any family circumstances that might affect the applicant's performance, and of which we should be aware?  YES  NO  
\_\_\_\_\_  
IF YES, PLEASE EXPLAIN.

**11** Are there any other people in your household who are with the applicant on a regular basis?  YES  NO  
(e.g. grandparents, housekeepers, etc.)

PLEASE EXPLAIN.

**12** What sort of family discipline is effective?

**13** Please share information to help us understand the applicant's athletic or extracurricular interests, talents and team participation:

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

**1** Darlington School does not tolerate the use or possession of drugs (including alcohol) or drug-related paraphernalia, and may dismiss a student for violation of this policy. Will you support this policy?  YES  NO

**2** Has the applicant been out of school for an extended period of time for reasons other than vacations or minor illness such as the flu?  YES  NO

**IF YOU ANSWERED NO TO QUESTION 1 OR YES TO QUESTION 2 PLEASE EXPLAIN.**

Our signatures below confirm that all information given in this application and related forms is correct to the best of our knowledge. We understand that any omission, misrepresentation of the facts, falsifying or withholding of information in completing this application and all required documents constitutes grounds for immediate withdrawal of the application, cancellation of admission and/or termination of enrollment at Darlington School. Further, we understand that upon enrollment we are expected to become familiar with and abide by the rules and regulations as set forth in the Darlington School Student Handbook, *The Tiger Way*.

CUSTODIAL PARENT'S SIGNATURE

DATE

CUSTODIAL PARENT'S SIGNATURE

DATE

LEGAL GUARDIAN'S SIGNATURE

DATE



## Confidential Evaluation

Applicant's name: \_\_\_\_\_

**TO THE TEACHER OR PRINCIPAL:** The applicant named above is a candidate for admission to Darlington School. The completion of this report is a part of Darlington's application process. Your candid and frank appraisal of this individual will allow us to make a more realistic evaluation. This form is confidential and will not become a part of the applicant's permanent file. If you need more space, please attach additional pages.

If you would be willing to confidentially discuss this applicant further, please provide us with contact information: \_\_\_\_\_

TELEPHONE NUMBER: (    ) \_\_\_\_\_

**1** How long have you known the applicant, and in what capacity? \_\_\_\_\_  
\_\_\_\_\_

**2** Has the applicant been suspended or expelled from your school?  YES  NO

IF YES, EXPLAIN.

**3** What other information regarding this applicant would be helpful to Darlington's admission committee?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4** I recommend this student to Darlington:  ENTHUSIASTICALLY  CONFIDENTLY  RESERVEDLY  NOT AT ALL

**5** Please evaluate the student's ability and performance in the following areas: \_\_\_\_\_

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR
Ability to cooperate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manners and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional and social maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to others' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Request for Transcript

**TO THE APPLICANT:** Please complete the authorization below and deliver to your guidance counselor or principal.

### AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Student's name: \_\_\_\_\_ Current grade: \_\_\_\_\_  
LAST MIDDLE FIRST

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Educational and Privacy Act of 1974, the undersigned consent to the release of educational records to Darlington School. The applicant named above is applying for admission to Darlington School.

\_\_\_\_\_  
SIGNATURE OF STUDENT DATE

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARENT / LEGAL GUARDIAN DATE

### TO THE GUIDANCE COUNSELOR OR REGISTRAR:

The student named above is applying for admission to Darlington School. Please send us the following information as soon as possible:

- A transcript of the student's record to date, including grades for courses in progress
- A copy of the student's complete test profile
- A copy of the student's complete disciplinary, attendance, and/or athletic records
- A copy of the student's immunization record

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Has this student ever been suspended or expelled from your school?  yes  no

\_\_\_\_\_  
IF YES, PLEASE EXPLAIN.

2. Has this student's attendance at school been seriously affected by physical or emotional problems, outside activities, or other situations?  yes  no

\_\_\_\_\_  
IF YES, PLEASE EXPLAIN.

3. Is this student eligible to return to your school?  yes  no

\_\_\_\_\_  
IF NO, PLEASE EXPLAIN.

\_\_\_\_\_  
SIGNATURE OF SCHOOL REPRESENTATIVE TITLE DATE

\_\_\_\_\_  
PRINTED NAME OF SCHOOL REPRESENTATIVE SCHOOL NAME

\_\_\_\_\_  
SCHOOL ADDRESS CITY STATE ZIP PHONE

If you have questions, please contact Darlington School's Admission Office. If this student is admitted, Darlington School will request a final transcript of the student's record. Please hold a copy of this authorization form on file so that a second form will not be necessary at that time. Mail information to: Admission Office, Darlington School, 1014 Cave Spring Rd., Rome, GA 30161