



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 Part A** - Completed by custodial parent(s). Part A is the first part of the application process and provides important contact and family information. Return Part A to the Admission Office.
- 2 Application Fee** - \$50 (U.S. residents); \$100 (non-U.S. residents). To determine status of residency, please use the primary contact address during the application process.
- 3 Part B** - Completed by custodial parent(s). Part B provides important educational history and medical information about the applicant. Return Part B to the Admission Office.



4 Part C - The Parent Questionnaire is an important part of the decision-making process. The custodial parent(s) should complete the form and mail Part C to the Admission Office.

5 Part D - The Student Questionnaire should be completed in the applicant's own handwriting and mailed to the Admission Office.

6 Parts E & F - Complete applicant name portion and give to current math and English teacher. It is best to wait until mid-way through the year before asking for a recommendation; additionally, it is useful to include an envelope addressed to Darlington School for the teacher.

7 Part G - 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, final copy of the applicant's transcript from the most recent academic institution.**

8 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.

9 Educational Testing - At the Middle School level, the OLSAT (Otis Lennon School Ability Test) is required; at the Upper School, the SSAT (Secondary School Admission Test) is required. For international students, the TOEFL is required. For more information about any of these tests, please contact the Admission Office. Registration for the SSAT and the TOEFL can be done through each test's individual web site.
<http://www.ssat.org>
<http://www.toefl.com>



APPLICATION DEADLINES

Students with completed applications received by February 1 will be notified of our first-round admission decisions by March 10. After March 10, applications are reviewed on a space available basis.

Applicants to other Atlanta Area Association of Independent Schools (AAAIS) will abide by the common April notification dates.

FINANCIAL AID DEADLINES

To apply for financial assistance, applicants must submit an application through School and Student Services (SSS), a subsidiary of the National Association of Independent Schools (NAIS). Candidates must provide Darlington School's Financial Aid Office with a copy of the personal financial statement (PFS) submitted to SSS, along with copies of W-2's and tax returns from the previous calendar year. In order to make a timely assessment of a financial aid application, it is important that families recognize the February 1st priority deadline for Financial Aid applications; Financial Aid applications received after this deadline will be reviewed on a rolling basis, as funds are available. Financial Aid decisions will be made only once a student has been offered enrollment at the School. For more information, please contact the Director of Financial Aid.



Darlington School

General Application

Please Attach Photo

A

STUDENT INFORMATION

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

Applying for: LOWER MIDDLE UPPER DAY UPPER RESIDENT Grade beginning August: _____
GRADE / YEAR

Applicant's e-mail address: _____ Social Security Number: _____
(U.S. 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 (RELATIONSHIP) MOTHER STEPMOTHER GUARDIAN (RELATIONSHIP)

DR. MR. FULL NAME DR. MRS. MS. 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 ARE MARRIED

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 PHONE:

To what other schools are you applying?

Are you applying to other AAAIS schools? (Atlanta area only)

List relatives who attend(ed) Darlington School:

How did you learn about Darlington?

Key factors influencing your application to Darlington School:

faculty facilities curriculum learning center fine arts class size reputation athletics other

IF OTHER, PLEASE SPECIFY:

Have you ever attended a summer camp at Darlington?

yes no

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 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 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 your the applicant's success. Disclosing this information is confidential. If you choose not to disclose this information in the application process, appropriate support may not be available for your student.

As an independent school, Darlington School is not under any obligation to accomodate state or federal education plans.

Has the applicant ever received severe disciplinary censure 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: _____

MEDICAL INFORMATION

Can the applicant participate in organized team sports? YES NO Student's height: _____ Weight: _____

Has the applicant ever been admitted or recommended to a residential treatment facility or therapeutic program? YES NO

IF YES, PLEASE EXPLAIN AND PROVIDE DATES AND CONTACT INFORMATION

Has the applicant seen a counselor, therapist, psychologist, or psychiatrist? YES NO
If so, please describe the nature of counseling and current prognosis.

Is the applicant currently taking stimulants, or any other prescribed medications? YES NO
If yes, please list and describe the purpose of the medication(s) and indicate whether the medication successfully controls and remedies the applicant's condition.

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

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 are the applicant's greatest academic strengths?

3 What are the applicant's academic weaknesses?

4 In what activities or programs would you like to see the applicant participate at Darlington School?

5 What do you expect from Darlington School?

6 Describe the applicant's social interactions with peers and adults (please cite specific examples, if appropriate):

7 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.):

8 Describe the applicant's learning style or the environment in which he/she learns best:

9 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.

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

OTHER SPECIAL TALENT AND/OR INTEREST:

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

3 Has the applicant ever been convicted of a criminal offense or are there such criminal charges pending against him or her at this time? YES NO

IF YOU ANSWERED NO TO QUESTION 1 OR YES TO QUESTION 2 OR 3, 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



Student Questionnaire

Applicant's name: _____

IN YOUR OWN HANDWRITING, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1 Why are you considering Darlington School?

2 Describe a situation in which you had a difficult decision to make. What did you do, and how did you feel afterward?

3 In what area of school life do you see yourself having the most impact, and why?

4 What do you like to do in your free/spare time?

5 Describe the environment in which you best learn:



Math Teacher Evaluation

Applicant's name: _____

TO THE TEACHER: The student 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.

1 How long have you known this student and in what capacity? _____

2 Check subjects completed, and indicate current class level: _____

PRE-ALGEBRA ALGEBRA I (PART I, PART II, ALL) GEOMETRY ALGEBRA II

ADVANCED ALGEBRA PRE-CALCULUS CALCULUS OTHER

IF OTHER, PLEASE SPECIFY. _____

3 What is the student's current course level? _____ HONORS COLLEGE PREP REGULAR REMEDIAL

4 Describe this student's abilities in terms of problem solving and abstract concepts: _____

5 What do you consider to be this student's strengths and weaknesses, specifically as a math student? _____

6 What math course and level do you recommend this student take next year? _____

7 Please evaluate the student's ability and performance in the following areas: _____

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<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"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle multiple tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Describe this student's strengths, talents, or capabilities for leadership: _____

9 Do you know of any reason to doubt the integrity of this student?

IF YES, PLEASE EXPLAIN.

10 Would you want this student in your class again? Why or why not?

11 Expand or qualify your evaluation, if appropriate.

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

SIGNATURE OF MATH TEACHER

DATE

PRINTED NAME OF MATH TEACHER

SCHOOL NAME

SCHOOL ADDRESS

CITY

STATE

ZIP

PHONE

I am unfamiliar with Darlington School; please send me literature.

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.

Thank you for your time and evaluation.

If you have questions, please contact Darlington School's Admission Office at 1-800-368-4437, 706-235-6051, or e-mail admission@darlingtonschool.org.



English Teacher Evaluation

Applicant's name: _____

TO THE TEACHER: The student 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.

1 How long have you known this student, and in what capacity? _____

2 What texts and novels are you using this year in the student's class? _____

3 What is the student's current course level? HONORS COLLEGE PREP REGULAR REMEDIAL

4 Describe this student's abilities in terms of thought development and reading comprehension: _____

5 What do you consider to be this student's strengths and weaknesses, specifically as an English student? _____

6 What English course and level do you recommend this student take next year? _____

7 Please evaluate the student's ability and performance in the following areas: _____

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<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"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle multiple tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Describe this student's strengths, talents, or capabilities for leadership: _____

9 Do you know of any reason to doubt the integrity of this student?

IF YES, PLEASE EXPLAIN.

10 Would you want this student in your class again? Why or why not?

11 Expand or qualify your evaluation, if appropriate.

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

SIGNATURE OF ENGLISH TEACHER

DATE

PRINTED NAME OF ENGLISH TEACHER

SCHOOL NAME

SCHOOL ADDRESS

CITY

STATE

ZIP

PHONE

I am unfamiliar with Darlington School, please send me literature.

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Thank you for your time and evaluation.

If you have questions, please contact Darlington School's Admission Office at 1-800-368-4437, 706-235-6051, or e-mail admission@darlingtonschool.org.



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 serves as 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
- 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.

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.
Mail information to: Admission Office, Darlington School, 1014 Cave Spring Rd., Rome, GA 30161

