

GARVEY SCHOOL



NURTURING A SPIRIT OF EXCELLENCE

Garvey School
Office of Admission
100 Dreiser Loop
Bronx, New York 10475
thegarveyschool@gmail.com
718.320.3902
718.320.3922 fax

APPLICATION FORM

APPLYING FOR GRADE (circle one) K 1 2 3 4 5 6 7 8

ENTERING FALL 20_____

Applicant Name

FIRST

MIDDLE

LAST

NICKNAME

Home Address

STREET

CITY

STATE

ZIP CODE/COUNTRY

HOME PHONE

EMAIL

☐ MALE ☐ FEMALE

DATE OF BIRTH

PLACE OF BIRTH

CITIZENSHIP

LANGUAGE(S) SPOKEN BY APPLICANT

LANGUAGE(S) SPOKEN AT HOME

Ethnic Background (optional) ☐ African American/Black ☐ Hispanic/Latino/a ☐ Caucasian ☐
Asian/Pacific Islander ☐ Native American ☐ Middle Eastern
☐ Other

How did your family hear about Garvey School? (You may check more than one)

☐ Sibling at Garvey ☐ Open House ☐ Other Relative
☐ School Directory ☐ Consultant ☐ Advertising
☐ Friend ☐ Information from Current School

Current School Information

CURRENT SCHOOL

☐ PUBLIC

☐ INDEPENDENT ☐ PAROCHIAL

☐ OTHER

STREET

CITY

STATE

ZIP CODE/COUNTRY

PHONE

WEB ADDRESS

NAME OF DIRECTOR /PRINCIPAL

EMAIL ADDRESS

SCHOOL DISTRICT IN WHICH YOU RESIDE

Past School Information: Please list all previous schools

NAME OF SCHOOL

ADDRESS

DATES ATTENDED

NAME OF SCHOOL

ADDRESS

DATES ATTENDED

NAME OF SCHOOL

ADDRESS

DATES ATTENDED

Additional Applicant Information: To be completed: by parent/guardian

How would you describe your child?

Why are you seeking admissions to Garvey School?

Give an example of a difficult issue related to your child's educational experience you've had to deal with in the last year? How did you handle it? What was the outcome?

For applicants to Kindergarten through fourth grade only. Please list all extracurricular activities and hobbies in which the applicant has been involved in the past year.

INTERESTS AND ACHIEVEMENTS: To be completed by 5th-8th grade applicants

Visual and Performing Arts (painting, sculpture, photography, drama, dance, music, etc.)

Activity name _____ How long have you participated? ____ months ____ years

DESCRIBE INVOLVEMENT

Athletics

Sports name _____ How long have you participated? ____ months ____ years

DESCRIBE INVOLVEMENT

Leadership positions held and awards/honors won

Volunteer work and hobbies

ESSAY INSTRUCTIONS: To be completed by 5th-8th grade applicants

Please write a one page essay in your own handwriting on a separate sheet of paper. Essays can be creative and poetry is acceptable.

You may select one of the following topics:

1. Give an example of a difficult decision you've had to make in the last year. What was the outcome?
2. Discuss your most significant in or out of the school experience.
3. If you could relive a moment of your life, what would it be? Would you try to change the moment? Why or why not?
4. Describe a day in your life 15 years from now.
5. Students are assigned a faculty advisor to serve as an academic and personal resource. What should your advisor know about you (goals, personality traits)?

Parents are: ☐ married/living together ☐ separated ☐ divorced
 ☐ father deceased ☐ mother deceased ☐ single parent

Parent/Guardian 1 **RELATIONSHIP TO APPLICANT** _____

HOME PHONE	HOME FAX	CELL PHONE	HOME EMAIL
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STREET	CITY	STATE	ZIP CODE/COUNTRY
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PROFESSION		EMPLOYER	
STREET	CITY	STATE	ZIP CODE/COUNTRY
WORK PHONE	WORK FAX	WORK EMAIL	

NAME	DEGREE	DATE
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NAME

DEGREE

DATE

Parent/Guardian 2

RELATIONSHIP TO APPLICANT _____

FIRST

MIDDLE

LAST

☐ MR. ☐ MRS. ☐ MS.

HOME PHONE

HOME FAX

CELL PHONE

HOME EMAIL

Address (if different from the applicant)

STREET

CITY

STATE

ZIP CODE/COUNTRY

Business Information (attach business card, if applicable)

PROFESSION

EMPLOYER

STREET

CITY

STATE

ZIP CODE/COUNTRY

WORK PHONE

WORK FAX

WORK EMAIL

Education: Please list all undergraduate and graduate institutions attended, highest degree attained and date achieved

NAME

DEGREE

DATE

NAME

DEGREE

DATE

NAME

DEGREE

DATE

Stepparent 1

RELATIONSHIP TO APPLICANT _____

FULL NAME

☐ MR. ☐ MRS. ☐ MS.

PROFESSION

EMPLOYER

STREET

CITY

STATE

ZIP CODE/COUNTRY

WORK PHONE

WORK FAX

WORK EMAIL

Education: Please list all undergraduate and graduate institutions attended, highest degree attained and date achieved

NAME

DEGREE

DATE

NAME	DEGREE	DATE
------	--------	------

NAME	DEGREE	DATE
------	--------	------

Stepparent 2 **RELATIONSHIP TO APPLICANT** _____

FULL NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.
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PROFESSION	EMPLOYER
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STREET	CITY	STATE	ZIP CODE/COUNTRY
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WORK PHONE	WORK FAX	WORK EMAIL
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Education: Please list all undergraduate and graduate institutions attended, highest degree attained and date achieved

NAME	DEGREE	DATE
------	--------	------

NAME	DEGREE	DATE
------	--------	------

NAME	DEGREE	DATE
------	--------	------

Siblings

FIRST	MIDDLE	L AST	NICKNAME
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DATE OF BIRTH	CURRENT SCHOOL
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FIRST	MIDDLE	L AST	NICKNAME
-------	--------	-------	----------

DATE OF BIRTH	CURRENT SCHOOL
---------------	----------------

FIRST	MIDDLE	L AST	NICKNAME
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DATE OF BIRTH	CURRENT SCHOOL
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Relatives (other than those listed above) and friends who currently are attending or have attended Garvey School.

FIRST	MIDDLE	L AST	CL ASS	REL ATIONSHIP TO APPLICANT
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FIRST	MIDDLE	L AST	CL ASS	REL ATIONSHIP TO APPLICANT
-------	--------	-------	--------	----------------------------

FIRST	MIDDLE	L AST	CL ASS	REL ATIONSHIP TO APPLICANT
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FIRST	MIDDLE	LAST	CLASS	
				RELATIONSHIP TO APPLICANT

CORRESPONDENCE AND FEES: To be completed by parent or guardian

Correspondence regarding the admissions should be addressed to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Both Parents/Guardians | <input type="checkbox"/> Parent/Guardian 1 only | <input type="checkbox"/> Parent/Guardian 2 only |
| <input type="checkbox"/> Step Parent 1 | <input type="checkbox"/> Step Parent 2 | <input type="checkbox"/> Other |

FULL NAME			<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.
STREET	CITY	STATE	ZIP CODE/COUNTRY
HOME PHONE	HOME FAX	CELL PHONE	EMAIL

Correspondence regarding enrollment contracts, tuition, fees and billing should be addressed to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Both Parents/Guardians | <input type="checkbox"/> Parent/Guardian 1 only | <input type="checkbox"/> Parent/Guardian 2 only |
| <input type="checkbox"/> Step Parent 1 | <input type="checkbox"/> Step Parent 2 | <input type="checkbox"/> Other |

FULL NAME			<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.
STREET	CITY	STATE	ZIP CODE/COUNTRY
HOME PHONE	HOME FAX	CELL PHONE	EMAIL

Application Fee Enclosed (checks made payable to Garvey School)
 Kindergarten and first grade application and evaluation fees: \$50 (non-refundable)
 Second through twelfth grade application fee: \$50.00 (non-refundable)

All rights of access conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, to all information and materials of any kind received by the Garvey School Office of Admission from any source in connection with this application, are hereby voluntarily waived.

SIGNATURE OF PARENT/GUARDIAN 1

DATE

SIGNATURE OF PARENT/GUARDIAN 2

DATE

TEACHER RECOMMENDATION

APPLYING FOR GRADE (circle one) 2 3 4 5 6 7 8

Applicant Name

FIRST

MIDDLE

LAST

NICKNAME

How long have you known the applicant? _____ In what capacity? _____

In what grade did you teach the applicant? _____

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

In what, if any, subject areas (particularly language and math) does the applicant show particular strength? __

In what, if any, subject areas has the applicant needed special support or help? _____

Has the applicant displayed any notable artistic or athletic aptitude or achievement? _____

Please comment on any other notable interests or talents. _____

List specific reading and mathematics materials the applicant is working with at present. _____

Please make additional comments that would be helpful in evaluating the applicant. _____

Parents' Relationship with School

Have you received active parent cooperation in meeting educational issues? ☐ YES ☐ NO

Is there anything notable in the parents' involvement with the school? _____

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS BY CIRCLING THE APPROPRIATE COLUMN IN EACH ROW.

A) Academic Qualities

	Outstanding	Excellent	Above Average	Average	Below Average	Not Average	Observed
Study habits	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Self-motivation	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Organization of time and work	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Intellectual curiosity	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Originality	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Ability to express ideas orally	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Written expression	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Ability to follow directions	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Ability to work in a group	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Ability to work independently	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Perseverance	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Academic promise	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Academic achievement	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Reads for pleasure	⊕ Frequently		⊕ Occasionally		⊕ Seldom		

B) Personal Qualities

Sense of responsibility	⊕	⊕	⊕	⊕	⊕	⊕
Consideration of others	⊕	⊕	⊕	⊕	⊕	⊕

Peer relationship	⊕	⊕	⊕	⊕	⊕	⊕
Leadership skills	⊕	⊕	⊕	⊕	⊕	⊕
Emotional maturity	⊕	⊕	⊕	⊕	⊕	⊕
Self-confidence	⊕	⊕	⊕	⊕	⊕	⊕
Sense of humor	⊕	⊕	⊕	⊕	⊕	⊕
Self-control	⊕	⊕	⊕	⊕	⊕	⊕
Ability to adapt to new experiences	⊕	⊕	⊕	⊕	⊕	⊕
Relationship with teachers	⊕	⊕	⊕	⊕	⊕	⊕
Relationship with parents/caregivers	⊕	⊕	⊕	⊕	⊕	⊕

C) Summary

As a student	⊕	⊕	⊕	⊕	⊕	⊕
As a person	⊕	⊕	⊕	⊕	⊕	⊕
Overall	⊕	⊕	⊕	⊕	⊕	⊕
This applicant's attendance has been:	⊕	Good	⊕	Fair	⊕	Poor
This applicant's punctuality has been:	⊕	Good	⊕	Fair	⊕	Poor

Recommender Information

NAME (PRINT)	TITLE	SIGNATURE	DATE
SCHOOL NAME	STREET	CITY	STATE
ZIP CODE	COUNTRY		
SCHOOL TELEPHONE	SCHOOL EMAIL	WEB ADDRESS	

Return complete recommendations/evaluations to the address given.

RELEASE OF INFORMATION

APPLYING FOR GRADE (circle one) K 1 2 3 4 5 6 7 8

Applicant's Name

FIRST

MIDDLE

LAST

NICKNAME

Current School Name

As parent/guardian of the above applicant, I hereby authorize the release of any and all records and information about this student, including current grades, to Garvey School.

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN'S NAME (PRINT)

STREET

CITY

STATE

ZIP CODE/COUNTRY

To the faculty, staff and administration of the applicant's current school. Please submit the following to the address above:

K-1st grade applicants:

- The Enclosed Confidential Student Evaluation form

2nd-12th grade applicants:

- Complete Test Profile
- Up-to-date Transcript

NOTE: If the above applicant is admitted to Garvey School, a request for a final transcript and health forms will be made prior to the end of the school year. Please hold this authorization form on file until that time. Thank you for your cooperation.

Please complete Release of Information form and return to address above.

CONFIDENTIAL EVALUATION

APPLYING FOR GRADE (circle one) K 1

Applicant Name

FIRST MIDDLE LAST NICKNAME

ENTRANCE DATE TEACHER CLASS

DOMINANCE: ☐ RIGHT ☐ LEFT ☐ NOT ESTABLISHED

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS BY CHECKING THE APPROPRIATE COLUMN IN EACH ROW.

PHYSICAL DEVELOPMENT	AREA OF STRENGTH	AGE APPROPRIATE	PROCESSING TOWARDS GE APPROPRIATE	AREA OF CONCERN	N/A
Small motor skills					
Draws with detail					
Uses appropriate pencil grip					
Works with manipulative					
Gross motor coordination					
Sense of body and space					
Gait, fluidity, smoothness of movement					
Participates in physical group activities					

Comments:

Please describe any notable physical strengths or weaknesses; visual, auditory (including frequency of ear infections), motor; and comment on general health. What steps have been taken to address the areas of concern?

Are there any aspects of the child's physical development or stamina which might limit full participation in a school's program? If so, how does the child deal with them?

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS BY CHECKING THE APPROPRIATE COLUMN IN EACH ROW.

SOCIAL/EMOTIONAL DEVELOPMENT	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN	N/A
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with adults					
Resolves conflicts verbally					
Internalization of classroom routine					
Separation from parents/caregivers					
Ability to share					
Ability to wait for turn					
Respect for property of self					
Respect for property of others					
Accepts responsibility for actions					
Frustration tolerance—self-chosen activity					
Frustration tolerance —assigned activity					
Sense of humor					
Curiosity					
Attention span —self-chosen activity					
Attention span — assigned activity					
Cooperative attitude					
Leadership skills					
Ability to follow peers					
Makes transitions easily					
Reacts well to new experiences					
Accepts change					

Comfort with large group					
Comfort with small group					
Comfort alone					

CHILD USUALLY CHOOSES: ☐ LARGE GROUP ☐ SMALL GROUP ☐ SOLITUDE

CHILD USUALLY TAKES ROLE OF: ☐ LEADER ☐ FOLLOWER ☐ VARIES

Comments:

Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion and attitudes.

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS BY CHECKING THE APPROPRIATE COLUMN IN EACH ROW.

RECEPTIVE SKILLS	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN	N/A
Follows directions given to a group					
Follows directions given individually					
Follows multiple-step directions					
Understands stories read aloud					
Understands classroom discussion					
Memory for events and information					

EXPRESSIVE SKILLS	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN	N/A
Clarity of speech					
Fluency of expression					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					

READING READINESS	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN	N/A
Sounds-symbols correspondence					
Recognizes letters — upper case					
Recognizes letters — lower case					

MATHEMATICAL SKILLS	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN	N/A
Recognizes numerals					
Understands one-to-one					

correspondence					
Patterning					
Categorizing					
Sequencing					
Understands comparative terms (size, time)					
Recognizes shapes					

Comments:

Please describe any notable strengths or weaknesses in the child's language and speech development (e.g. lingering speech immaturities).

Please describe the child's ease of learning and ability to make meaningful connections.

FAMILY

Is there anything significant about the home-life which will help us understand this child? (E.g. new baby, move, divorce/separation)

Have all financial obligations been met? ☐ YES ☐ NO

Have you received active cooperation from the parents/guardians in meeting educational issues?
☐ YES ☐ NO

Please describe the parents'/guardians' involvement with the school.

Are there any special concerns about the child's attendance or promptness in arrival or departure?

Additional Comments:

Recommender Information

NAME (PRINT)	TITLE	SIGNATURE	DATE
SCHOOL NAME	STREET	CITY	STATE
ZIP CODE	COUNTRY		
SCHOOL TELEPHONE	SCHOOL EMAIL	WEB ADDRESS	

Return complete recommendations/evaluations to the address given.