



ADMISSIONS CHECKLIST

All families are encouraged to apply online. Please contact the admissions office with any questions.

Required for all applicants K-8th

- Application Form
- Application Fee
- Parent Questionnaire
- IQ Test Results
- Teacher Evaluation (please submit the evaluations that correspond with the grade level you are applying to)
- Transcript/Report Card

Required for applicants 3rd-8th

- Standardized Achievement Test Results (ITBS, CTBS, ISEE, etc)

Required for applicants 5th-8th

- Student Questionnaire
- Additional Teacher Evaluation (2 required total)
- Independent School Entrance Exam (ISEE)

Non-Discrimination Policy

The Open Window School does not discriminate on the basis of race, color, nationality, religion, gender, sexual orientation, disability, national or ethnic origin, or other legally protected status in admission of otherwise qualified students, or in providing access to the rights, privileges, programs, or activities generally available to all students and their families, including educational policies, financial aid, and other school administered programs. Similarly, it does not discriminate in its hiring or employment practices.



For Office Use Only
Date received: _____
Data entered: _____
Entered by: _____
Check #: _____

APPLICATION FOR ADMISSION

Apply online at www.ows.org

Open Window School nurtures and challenges students of high intellectual ability and inspires them to new levels of academic excellence, creativity, and personal accomplishment for participation in a diverse and changing world.

Applicant Information

Name _____

Preferred Name/Nickname _____

Age _____ Birthday including year _____ Gender: M F

Current School _____

School Phone _____

Current grade level _____ Teacher/Advisor _____

Has your child applied before? What grade? _____

This application is for Grade Level? (check one): K 1 2 3 4 5 6 7 8

Please include a recent photo of applicant here (optional)

Parent Information

Mr. Mrs. Dr. Ms. Miss (please circle one)

Mr. Mrs. Dr. Ms. Miss (please circle one)

Parent/Guardian Name _____

Parent/Guardian Name _____

Home Address _____

Home Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Occupation _____

Occupation _____

Name of Business _____

Name of Business _____

() _____ () _____
Home Phone Business Phone

() _____ () _____
Home Phone Business Phone

() _____
Cell Phone E-mail

() _____
Cell Phone E-mail

If parents are not at the same address, to whom should we send school correspondence? _____

If parents are not at the same address, where does applicant reside? _____

Siblings of Applicant

Name/Age/School

Name/Age/School

Name/Age/School

Name/Age/School

Financial Aid Information

Please contact our Financial Aid Office, for necessary paperwork (425-747-2911 or FAOffice@ows.org). Financial Aid applications are due in early February. Please see the Admissions Checklist or school web site for the application deadline. All submitted personal financial information held in confidence in accordance with our Financial Aid Policy.

Testing Information

Students applying to Kindergarten – 8th Grades must submit I.Q. test scores to our office by the application deadline.

Examiner's Name: _____ Phone: _____ Test Date: _____

The Open Window School
6128 168th Place SE
Bellevue, WA 98006

Phone: (425) 747-2911 FAX: (425) 562-4035
E-mail: admissions@ows.org
Website: www.ows.org

Parent/Guardian Signature

Date

Thank you for applying to the Open Window School.

Wilder Dominick, Head of School

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5. Does your child have any areas of weakness or opportunities for growth? Please make specific comments.

6. What do you feel is the best learning environment for your child?

7. What is the role of academic acceleration in your child's education? How important is it? In what areas?

8. If your child attends Open Window School/Vista Academy, what do you see as the school's responsibilities? What do you see as parent responsibilities?

9. Is there any additional information that you think would be helpful for us to know about your child?

10. What attracts you to OWS and why did you choose to apply?

11. How did you first learn about OWS? *(please check one)*

Web search Education fair Current OWS family (Please specify family or families) Friends/co-workers

Psychologist/professional referral Publication Other please specify: _____

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Student Essay Questions Applicants to 5th-8th Grade

Each essay should be between one-half and one full page in length. Please, feel free to type or handwrite your essays.

Introduce yourself to us through your writing. These questions have been designed to help us understand who you are and what you are like.

Please respond to two (2) of the following five (5) questions –

1. Why do you want to attend Vista Academy? What do you hope to get out of a Vista Academy experience? What do you expect Vista Academy to do for you?
2. Discuss a significant moment in your life when you relied on a family member. Describe the incident and how it impacted you.
3. Describe something about which you are passionate. How did you discover this passion? How does it impact your life? Does/will this passion lead you to future efforts/endeavors?
4. If you could invent something that would change the world or daily life as we know it, what would it be? How would it alter the world around us or our lives as we know them? How would you introduce it to society? What impact could this invention have on our future?
5. Think of a time in your life when you were very proud of yourself. Describe the situation. Why were you proud? How does this experience impact your life today? Do you think it will still be as important to you 20 years from now?



Activity Resume
Applicants to 5th-8th Grade

Applicant's Name: _____

*Please list your extracurricular, community, and recreational activities **in the order of interest to you**. Examples can range from playing a musical instrument and snowboarding to volunteer work and writing poetry.*

It is not necessary to complete all of the spaces below.

Activity	Years of Participation	Average Hours Spent per Week	Awards, distinctions, important notes
1.			
2.			
3.			
4.			
5.			
6.			



STUDENT RECORDS REQUEST

Applicant Name _____ Applying for Grade _____

Application Deadline _____

Message to Parents of Applicant: Please complete the information requested above, sign this form and submit to the office at your child's current school. With this authorization, records will be sent directly to Vista Academy at Open Window School.

Parent/Guardian Signature _____
Date _____

Message to Registrar:

The above named applicant is applying for admission to Open Window School/Vista Academy. Our Admissions Office requests the following information at your earliest convenience or no later than the application deadline shown above (if applicable):

- ❖ A copy of report cards from the current year
- ❖ Copies of report cards from the previous two school years
- ❖ Results of standardized test scores
- ❖ Discipline Records (if applicable)

Please send this information to:

Open Window School
Admissions Office
6128 168th Place SE
Bellevue, WA 98006

Phone: (425) 747-2911 Fax: (425) 562-4035

School Representative Signature _____
Date _____

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Seattle/Eastside Independent Schools

Common Teacher Evaluation Form for Children Applying to Kindergarten

The schools listed below have agreed to use this Common Teacher Evaluation Form which is required for children applying to Kindergarten. All of the schools are either accredited by or pursuing accreditation through the Pacific Northwest Association of Independent Schools (PNAIS). Each of the schools shares a commitment to a strong academic curriculum in a supportive atmosphere, and all seek a student body representative of the diverse populations in the Seattle/Eastside area. In addition, most schools have need-based financial aid programs.

To the Parent/Guardian:

- ◆ Please check the schools below to which you are applying for Kindergarten.
- ◆ Put your child's name on the form and hand it to your child's teacher, along with stamped envelopes addressed to the schools' admission offices.
- ◆ Please be sure to provide the teacher with enough time to complete the form prior to school deadlines.

To the Teacher:

- ◆ Thank you in advance for helping us get to know this applicant. Please complete the attached form as accurately as possible. *Please note that the information you submit will be considered confidential, will not be shared with parents, and will not become part of the child's permanent school records.*
- ◆ If you wish, you may type the open-ended questions and attach them to the form.
- ◆ Make a copy of the completed form and mail or fax it directly to the school(s) that is/are checked on the list below.
- ◆ Retain the original for your files so that if you are contacted by another school you can simply make a copy and send it along.
- ◆ Additional copies of this form may be printed out from participating schools' web sites.

Please note: Any school receiving this form may, at the family's request, send it to the admission office of another participating school.

Participating Schools

<p>— The Bear Creek School 8905 208th Ave. NE Redmond, WA 98053</p>	<p>(p) 425-898-1720 (f) 425-898-1430 www.tbcs.org</p>	<p>— The Meridian School 4649 Sunnyside Ave. N. Seattle, WA 98103</p>	<p>(p) 206-632-7154 (f) 206-633-1864 www.meridianschool.edu</p>
<p>— Bertschi School 2227 10th Ave. East Seattle, WA 98102</p>	<p>(p) 206-324-5476 (f) 206-329-4806 www.bertschi.org</p>	<p>— Open Window School 6128 168th Place SE Bellevue, WA 98006</p>	<p>(p) 425-747-2911 (f) 425-562-4035 www.ows.org</p>
<p>— The Bush School 3400 E. Harrison St. Seattle, WA 98112</p>	<p>(p) 206-326-7736 (f) 206-860-3876 www.bush.edu</p>	<p>— The Perkins School 9005 Roosevelt Way NE Seattle, WA 98115</p>	<p>(p) 206-526-8217 (f) 206-525-6239 www.perkinsschool.com</p>
<p>— Epiphany School 3710 East Howell St. Seattle, WA 98122</p>	<p>(p) 206-323-9011 (f) 206-324-2127 www.epiphanyschool.org</p>	<p>— Seattle Country Day School 2619 4th Ave. N. Seattle, WA 98109</p>	<p>(p) 206-284-6220 (f) 206-283-4251 www.seattlecountryday.org</p>
<p>— Eton School 2701 Bellevue-Redmond Rd. Bellevue, WA 98008</p>	<p>(p) 425-881-4230 (f) 425-861-8011 www.etonsschool.com</p>	<p>— Seattle Jewish Community School 12351 8th Ave. NE Seattle, WA 98125</p>	<p>(p) 206-522-5212 (f) 206-525-9023 www.sjcs.net</p>
<p>— The Evergreen School 15201 Meridian Ave. N. Seattle, WA 98133</p>	<p>(p) 206-364-2650 (f) 206-365-1827 www.evergreenschool.org</p>	<p>— Soundview School 6515 196th St. SW Lynnwood, WA 98036</p>	<p>(p) 425-778-8572 (f) 425-640-9416 www.soundview.org</p>
<p>— French Amercian School of Puget Sound 3795 E. Mercer Way Mercer Island, WA 98040</p>	<p>(p) 206-275-3533 (f) 206-812-0231 www.fasps.org</p>	<p>— Spruce Street School 914 Virginia Street Seattle, WA 98101</p>	<p>(p) 206-621-9211 (f) 206-624-2832 www.sprucestreetschool.org</p>
<p>— Giddens School 620 – 20th Ave. S. Seattle, WA 98144</p>	<p>(p) 206-324-4847 (f) 206-322-0923 www.giddensschool.org</p>	<p>— Villa Academy 5001 NE 50th St. Seattle, WA 98105</p>	<p>(p) 206-527-9388 (f) 206-523-7131 www.thevilla.org</p>
<p>— The Jewish Day School of Metropolitan Seattle 15749 NE 4th St. Bellevue, WA 98008</p>	<p>(p) 425-460-0200 (f) 425-460-0201 www.jds.org</p>	<p>— Westside School 10015 28th Ave. SW Seattle, WA 98146</p>	<p>(p) 206-932-2511 (f) 206-935-2813 www.westsideschool.org</p>
<p>— The Little School 2812 116th Ave. NE Bellevue, WA 98004</p>	<p>(p) 425-827-8708 (f) 425-827-3814 www.thelittleschool.org</p>		

Seattle/Eastside Independent Schools Common Teacher Evaluation Form for Children Applying to Kindergarten

Applicant's Name: _____
 Current School/Daycare: _____ Teacher Name: _____
 School Address: _____
 Teacher/School Telephone Number: _____ Teacher E-mail address: _____
 Applicant Attends: _____ days per week, _____ hours per day

Teachers: Our schools greatly appreciate your helping the applicant by supplying the information requested. Please return the completed form directly to the school(s) requested. Information you submit will be considered confidential, will not be shared with parents, and will not become part of the child's permanent school records.

How long have you known this child and in what capacity?

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

SOCIAL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing toward Age Appropriate	Area of Concern	Comments
Shows empathy toward peers					
Plays alone happily					
Cooperates at play					
Shares well without prompting					
Initiates play activities					
Demonstrates ability to lead					
Demonstrates ability to follow					
Is imaginative					
Uses materials purposefully					
Demonstrates self-control in class					
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					
PHYSICAL DEVELOPMENT					
Small muscle control & development					
Large muscle control & development					
Speech & articulation					

How would you characterize this child's interactions with other students? With adults?

What, if anything, frustrates this child and how does he/she respond?

SKILL DEVELOPMENT	Area of Strength	Appropriate for Age	Progressing toward Age Appropriate	Area of Concern	Comments
Is attentive					
Listens in a group					
Contributes to group discussions					
Follows directions					
Works cooperatively					
Demonstrates ability to focus on one task					
Completes tasks independently					
Respects classroom routines					
Makes transitions easily					
Responds positively to constructive criticism					
Is curious					
Is willing to try new activities					
Grasps new concepts					
Is a self-starter					
Enjoys new challenges					
Exhibits problem-solving ability					
Expresses ideas well verbally					
Exhibits self-help skills (hand washing, bathroom skills, etc.)					

Please comment on this child's strengths.

Please describe any significant areas of concern.

Please comment on this child's academic skills.

Are the parents of this applicant supportive of their child's strengths and challenges? Have their expectations and perceptions of their child and the school been in alignment with yours and your school's? Please comment.

We would appreciate any additional information which you think would help our school make an informed decision.

If we need clarification, may we contact you by phone? YES NO Phone Number: _____

Teacher Signature: _____ Date: _____

Please complete the following chart comparing this student's academics and behaviors to other students you have taught at this grade level. Add your comments to help us understand your evaluation of this student in specific areas.

	Out-standing	Above Average	Average	Below Average	Comments: Please add your comments that will help us to understand your evaluation of this student.
Social problem-solving skills					
Is respectful of peers					
Is respectful of adults					
Accepts responsibility for own behavior					
Reaction to feedback					
Adjusts to daily transitions					
Ability to work cooperatively					
Communicate ideas verbally					
Expresses ideas in written work					
Handwriting/fine motor skills					
Appropriate spelling, grammar and punctuation usage					
Reading skills					
Has accurate computation skills					
Understands new math concepts					
Develops ideas independently					
Makes insightful connections					
Displays effort in school work					
Participation in discussions					
Creativity					
Completes homework on time					
Goes beyond minimum expectations					
Uses class time well					
Follows rules and meets class behavior expectations					
Parental Attitude and cooperation					

If the school needs clarification, may we contact you by phone? Yes_ No___ Phone number: _____

Teacher's signature _____

Date _____

Thank you for taking the time to complete this questionnaire.

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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), University Prep, Villa Academy (gr. 4-8), Vista Academy at Open Window School (gr. 5-8)

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

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	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: _____

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