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APPLICATION FOR ADMISSION

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

Has your child applied before? What grade?

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

Parent Information

Preferred title

Preferred title

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?

Please include a recent photo of applicant here
(optional)

Siblings of Applicant

Name/Age/School

Name/Age/School

Name/Age/School

Name/Age/School

Financial Aid Information

Please contact our Controller, Marja Ziuzin, for necessary paperwork (425-747-2911 or marjaz@ows.org). Financial Aid applications are due in early February. Please see the Admissions Checklist or school web site for the application deadline.

Testing Information

Students applying to Kindergarten – 5th Grades must submit I.Q. test scores to our office by the application deadline.

Examiner's Name:

Phone:

Test Date:

Application Deadline and Fee Information

Please enclose a non-refundable application fee of \$60 and return by the application deadline date listed on the checklist and posted on our web site:

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

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

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.



PARENT QUESTIONNAIRE

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.

Message to Parents: To assist in our efforts to gain a more complete understanding of your child, please complete the following questionnaire and submit it by the application deadline. If you prefer, you may write or type your responses separately and attach them to this form.

Student Name _____

Date of Birth _____

Person Completing Form _____

Relation to Child _____

1. Please provide a detailed description of your child's personality including: character traits, intellectual qualities, strengths and interests. Also include important aspects of your child's life that you want us to know (family, culture, etc.)
2. Describe your child's academic experiences to date. What positives would you like to see continue? What aspects of your child's experiences would you like to see change? If your child does not attend school, then describe in detail your child's participation in any groups or classes.
3. Please choose three of the following program areas and rate them in order of importance 1-3, with 1 being the most important:
 - Curriculum differentiation (matching instructional approaches to the needs and interests of students)
 - Academic acceleration
 - Opportunities to explore topics in depth
 - Social/Emotional support and understanding of the needs of gifted students
 - Specialist classes (art, music, drama, PE, technology, library, and foreign language)
 - Parent involvement in the school community
 - Diverse student body

4. Does your child have a particular area of strong interest or skill? Any areas of weakness or concern? Please make specific comments.

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

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

7. What are your hopes, expectations and plans for your child's education in elementary school? In middle school? In high school and beyond?

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

9. How did you first learn about OWS? Feel free to list specific individuals/families under *Other*.

Web search Education fair Current OWS family Friends/co-workers
 Psychologist/professional referral Publication Other *please specify*: _____

Thank you for taking the time to complete this questionnaire.

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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: _____



STUDENT RECORDS REQUEST

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 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 the Open Window School.

Parent/Guardian Signature _____ Date _____

Message to Registrar: The above named applicant is applying for admission to Open Window School. 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

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 _____ Date _____

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