



# APPLICATION & FINANCIAL AID CHECKLIST

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## APPLICATION CHECKLIST

Doane Stuart maintains a rolling admission policy. The earliest possible completion of the process is highly recommended:

### SENT FROM YOU

- Application for Admission
- \$75 Application Fee

### SCHEDULE AND COMPLETE

- Class Visit
    - 45 minute visit for students entering Early Childhood, K, Grade 1 and Grade 2
    - Two hour visit for students entering Grades 3, 4 or 5
    - Half - day for students entering Grades 6-12
- Students applying for admission during the summer months must meet with a member of the Admission Team for an interview/evaluation.

### SENT FROM YOUR SCHOOL

- All Academic Records
- Principal / Head of School / School Counselor Recommendation Form
- English / Classroom Teacher Recommendation Form

## FINANCIAL AID CHECKLIST

For more than 150 years, it has been part of Doane Stuart's mission to offer the best college preparatory education to those who otherwise might not be able to reap the benefits of an independent school experience. Again, the earliest possible completion of the process is highly recommended:

### SEND TO "SCHOOL AND STUDENT SERVICES" (SSS)

- Parents Financial Statement (PFS)

#### To apply online (PREFERRED)

Visit [www.sss.nais.org](http://www.sss.nais.org). Click on the prompt to begin your PFS. You will be given a username and password that will allow you to return to your PFS at a later date before submitting it.

#### To apply by mail

Contact the Admission Office at (518)465-5222 to request a paper PFS form. Send the original PFS form and fee to SSS, for processing.  
Mailing address: P.O. Box 449, Randolph, MA 02368.

- Signed copies of your family's most recent federal tax return (1040), including all supporting schedules and forms, and most recent W-2s and/or 1099s (if applicable) should accompany the PFS.



# APPLICATION FOR ADMISSION

FOR GRADE \_\_\_\_\_ IN SEPTEMBER 20\_\_\_\_

## APPLICANT INFORMATION

Name \_\_\_\_\_  Male  Female  
*Last First Middle (Nickname)*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*City State Zip Code*

Optional:  
Ethnic background \_\_\_\_\_ Religion \_\_\_\_\_ Church/Temple/  
other affiliation \_\_\_\_\_

## FAMILY INFORMATION

### Parent / Guardian 1

Title:  Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*City State Zip Code*

Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Business Address \_\_\_\_\_  
*City State Zip Code*

Business Telephone \_\_\_\_\_

Secondary School(s) Attended \_\_\_\_\_

College(s) and Degree(s) \_\_\_\_\_

### Parent / Guardian 2

Title:  Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*City State Zip Code*

Telephone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Business Address \_\_\_\_\_  
*City State Zip Code*

Business Telephone \_\_\_\_\_

Secondary School(s) Attended \_\_\_\_\_

College(s) and Degree(s) \_\_\_\_\_

Parents are now:  Married  Separated  Divorced  Other \_\_\_\_\_

If divorced, who has legal custody?  Parent / Guardian 1  Parent / Guardian 2  Both

To whom should school mailings be sent?  Parent / Guardian 1  Parent / Guardian 2  Both

**Sibling(s)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 Current School \_\_\_\_\_

**Relation(s)**

Please list any family or friends who are attending or have attended Doane Stuart

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**ACADEMIC INFORMATION**

Name of Current School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Head of School \_\_\_\_\_

Public School District in which applicant resides \_\_\_\_\_

Previous Schools:

Name \_\_\_\_\_ Grades Attended \_\_\_\_\_

Name \_\_\_\_\_ Grades Attended \_\_\_\_\_

Name \_\_\_\_\_ Grades Attended \_\_\_\_\_

Has the applicant ever undergone professional educational and/or psychological evaluation(s)?  No  Yes  
 (If yes, please forward a copy of all educational and/or psychological evaluations to the Admission Office)

Has the applicant previously applied to or attended Doane Stuart?  No  Yes If yes, when? \_\_\_\_\_

How did you hear about Doane Stuart? \_\_\_\_\_

To which other schools will you apply? \_\_\_\_\_

Will you be applying for financial aid?  No  Yes If yes, please visit [www.doanestuart.org/tuition-financial-aid](http://www.doanestuart.org/tuition-financial-aid) for instructions and information.

*Please note: Financial aid requests do not influence admission decisions.*

Briefly explain parents' and applicant's expectations of a Doane Stuart education. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form with a non-refundable \$75 application fee to:  
 The Doane Stuart School Admission Office  
 199 Washington Avenue, Rensselaer, NY 12144**



# CONFIDENTIAL RECOMMENDATION FORM

ENGLISH / CLASSROOM TEACHER

**Parent / Guardian Instructions:** Please indicate the applicant's name and current grade, and give this form to the current English / Classroom Teacher. Once completed, this form must be sent directly from the applicant's current school to Doane Stuart.

**Teacher Instructions:** Teacher recommendations are weighed significantly when considering a student for admission. Your candid evaluation is greatly appreciated. Please be as complete as possible. This form is kept in strict confidence.

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

How long, and in what context, have you known this student? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What words come to mind when you think of this student? \_\_\_\_\_  
\_\_\_\_\_

Please complete the charts below by checking the appropriate boxes:

	NOT APPLICABLE	BELOW AVERAGE	AVERAGE	GOOD (ABOVE AVERAGE)	VERY GOOD (WELL ABOVE AVERAGE)	EXCELLENT (TOP 10%)
READING						
WRITING						
MATH						
ORAL EXPRESSION						

	NOT APPLICABLE	BELOW AVERAGE	AVERAGE	GOOD (ABOVE AVERAGE)	VERY GOOD (WELL ABOVE AVERAGE)	EXCELLENT (TOP 10%)
RESPONSIBILITY FOR WORK						
INTEREST IN STUDY						
CAPACITY FOR INDEPENDENT WORK						
ATTENTION SPAN						
PARTICIPATION IN CLASS						
RELATIONSHIP WITH PEERS						
RELATIONSHIP WITH ADULTS						
REACTION TO CRITICISM						
LEADERSHIP ABILITY						
HONESTY						
CONSIDERATION FOR OTHERS						
EMOTIONAL MATURITY						

Please discuss the student's overall academic performance in relation to his or her ability. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any special circumstances about which we should have knowledge? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your recommendation of the applicant as a person:

\_\_\_\_\_ Highly Recommended                      \_\_\_\_\_ Recommended With Reservation  
\_\_\_\_\_ Recommended                                      \_\_\_\_\_ Not Recommended

Please Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your recommendation of the applicant as a student:

\_\_\_\_\_ Highly Recommended                      \_\_\_\_\_ Recommended With Reservation  
\_\_\_\_\_ Recommended                                      \_\_\_\_\_ Not Recommended

Please Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish to discuss the student personally, please check here.

Name of School \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

School Address \_\_\_\_\_

City                      State                      Zip Code

Your Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Your Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your help.



# CONFIDENTIAL RECOMMENDATION FORM

PRINCIPAL / HEAD OF SCHOOL / SCHOOL COUNSELOR

**Parent / Guardian Instructions:** Please indicate the applicant's name and current grade, and give this form to the current Principal / Head of School / School Counselor. Once completed, this form must be sent directly from the applicant's current school to Doane Stuart.

**Principal / Head of School / School Counselor Instructions:** Principal / Head of School / School Counselor recommendations are weighed significantly when considering a student for admission. Your candid evaluation is greatly appreciated. Please be as complete as possible. This form is kept in strict confidence.

Name of Student \_\_\_\_\_ Current Grade \_\_\_\_\_

How long, and in what context, have you known this student? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What words come to mind when you think of this student? \_\_\_\_\_  
 \_\_\_\_\_

Please complete the charts below by checking the appropriate boxes:

	NOT APPLICABLE	BELOW AVERAGE	AVERAGE	GOOD (ABOVE AVERAGE)	VERY GOOD (WELL ABOVE AVERAGE)	EXCELLENT (TOP 10%)
READING						
WRITING						
MATH						
ORAL EXPRESSION						

	NOT APPLICABLE	BELOW AVERAGE	AVERAGE	GOOD (ABOVE AVERAGE)	VERY GOOD (WELL ABOVE AVERAGE)	EXCELLENT (TOP 10%)
RESPONSIBILITY FOR WORK						
INTEREST IN STUDY						
CAPACITY FOR INDEPENDENT WORK						
ATTENTION SPAN						
PARTICIPATION IN CLASS						
RELATIONSHIP WITH PEERS						
RELATIONSHIP WITH ADULTS						
REACTION TO CRITICISM						
LEADERSHIP ABILITY						
HONESTY						
CONSIDERATION FOR OTHERS						
EMOTIONAL MATURITY						

Please discuss the student's overall academic performance in relation to his or her ability. \_\_\_\_\_

Please describe any special circumstances about which we should have knowledge? \_\_\_\_\_

Your recommendation of the applicant as a person:

\_\_\_\_\_ Highly Recommended

\_\_\_\_\_ Recommended with Reservation

\_\_\_\_\_ Recommended

\_\_\_\_\_ Not Recommended

Please comment: \_\_\_\_\_

Your recommendation of the applicant as a student:

\_\_\_\_\_ Highly Recommended

\_\_\_\_\_ Recommended With Reservation

\_\_\_\_\_ Recommended

\_\_\_\_\_ Not recommended

Please comment: \_\_\_\_\_

- Is this student in good academic standing and eligible to advance to your school's next grade level?  
 No       Yes

- Has disciplinary action ever been taken against this student by your school?  
 No       Yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Does this student currently have, or did he/she have, an Individualized Education Plan (IEP) or a 504 Plan?  
 No       Yes

- Are there any weaknesses or limitations that would interfere with the student's achievement at Doane Stuart?  
 No       Yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- The student's parent(s) / guardian (s) are:  
 Very Cooperative       Usually Cooperative  
 Rather Detached       Not Communicative  
 Other \_\_\_\_\_

- Are financial responsibilities with your school met in a timely manner?  
 Yes       No       Not sure       Not applicable

If you wish to discuss the student personally, please check here.

Name of School \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

School Address \_\_\_\_\_

Your Name (please print) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Title \_\_\_\_\_

Your Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your help.



# RECORDS RELEASE

*Parent / Guardian Instructions:* Please enter the student's name, sign and date this form and forward it to the student's current school. The current school should then send the student's records directly to Doane Stuart.

Records requested for (name of student): \_\_\_\_\_

I hereby authorize the release of any and all records of this student to the Doane Stuart School. I authorize the release of supplemental information, over the phone or in writing, to any member of the Doane Stuart Admission Committee.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

*School Instructions:*

These records are required before Doane Stuart can consider a student for admission.

*Records should include (if applicable):*

- Academic Records
- School Reports and Evaluations
- Standardized Test Scores
- Attendance and Discipline Records
- Individualized Education Plan or a 504 Plan
- Health Records

Please mail or fax all records for the above named student to:

THE DOANE STUART SCHOOL  
ADMISSION OFFICE  
199 WASHINGTON AVENUE  
RENSSELAER, N Y 12144  
FAX: (518) 465-5230