



# 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**