

APPLICATION/ACCEPTANCE CHECKLIST

All Applicants

The following checklists are to assist you in the application and admission process at Ascension Day School. All forms required for application and acceptance may be downloaded from the website under Admissions at www.adsgators.org.

The following items are needed for application to Ascension Day School:

- Application
- Application Fee (\$100.00)
- Parent Statement (Grades Pre-K3-12)
- Copy of Current Report Card (Grades 1-12)
- Copy of Current Test Scores (Grades 1-12)
- Copy of any Professional Diagnostic Evaluation (Educational, Psychological, Neurological) (Grades K-12)

Contact the respective Division Heads to set appointments needed prior to admission:

- Student Interview (Grades 1-12)
- Admission Testing (Grades 1-12)

The following items are to be submitted after your child has been accepted to Ascension:

- Transcript Release (Grades 1-12)
- Student Statement (Grades 6-12)
- Teacher Evaluation (Grades 1-12)
- Copy of Birth Certificate
- Copy of Immunization Records
- Copy of Social Security Card
- Picture (Optional)

The Episcopal Church of the Ascension Day School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin or disability in violation of state or federal law or regulation in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

PARENT STATEMENT

All Applicants

Parents or Guardians: Your comments about your child are important to us. Please complete the following confidential questionnaire and return with the completed application.

Applicant's Name _____

Name of person(s) completing this form _____

Relationship to applicant _____

Applying to grade _____

What words or phrases do you use to describe your child?

What are your child's greatest strengths?

What are your child's activities and interests?

Has your child ever had an educational, psychological, or neurological evaluation? Yes No

If so, when and by whom?

Does your child have any health or physical conditions that might impact his/her experience at Ascension? Yes No

If yes, please explain:

Has your child ever received disciplinary censure at school or from the community? Yes No

School suspension? Yes No Asked to withdraw by school? Yes No

Expelled? Yes No Has the present school recommended a school change? Yes No

If yes to any, please explain:

Signature of Parent

Date

STUDENT STATEMENT

Grades 6-12

The applicant should complete this form in his or her own handwriting without assistance.

Name_____

What do you like to be called?_____

Birthdate_____ Current Grade_____

Academic subjects of greatest interest to you_____

Academic subjects of least interest to you_____

List any academic awards or honors received in the last two years_____

Please respond to the items below with special emphasis on your significant activities of the last two years.

Tell us about your experiences in the performing or visual arts. (Music, drama, dance, art, etc.)

Tell us about your athletic experiences.

What other activities do you participate in at school, church or in the community? (Include any positions of responsibility or leadership)

What are some of your memorable summer activities? (Camp, employment, travel, etc.)

What characteristics do you like in a teacher?

What would you like to tell us about yourself?

Signature

Date

Ascension Day School

TEACHER EVALUATION

CONFIDENTIAL

Grades 1-5

Applicant's Name _____
First Middle Last

To the Teacher:

Thank you for taking the time to complete this evaluation. The student listed above is a candidate for admission to Ascension Day School. Ascension is an independent, college preparatory school for students in grades Pre-K3-12. Your thoughtful and candid evaluation of the applicant will be of great assistance. We understand the difficulty in evaluating a student and are aware that children are constantly growing, changing and developing. The assessments that you supply will be confidential and will not become part of the student's permanent record.

Academic/Personal Traits

Please check the appropriate response.

Level of maturity	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Works independently	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Leadership qualities	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Group interaction	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Honesty and integrity	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Organizational skills	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Academic motivation	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Academic achievement	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Attention span	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Ability to follow directions	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Completion of tasks	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Listening skills	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Response to limits	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior
Ability to make transitions	<input type="checkbox"/> Developing	<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Superior

Please comment on the following:

Describe any specific or unusual characteristics, strengths, or weaknesses that may be relevant to our evaluation:

Parental expectations of both the child and the school:

Additional information helpful in assessing this applicant:

I recommend this candidate with: with great enthusiasm with confidence with some confidence
 with reservations I do not recommend

Teacher's Name _____ Title _____

School _____

School Address _____

City/State/Zip _____

Telephone _____

Signature _____

Date _____

Thank you for your assistance in providing this confidential information. Please mail or fax directly to the Ascension Admissions Office.

Please indicate in the following categories where the applicant ranks in comparison with other students you have taught.

Academic/Personal Traits

Academic creativity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Intellectual aptitude	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Study habits	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Academic initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Inquisitive initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Leadership initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Participation in class discussions	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Respect for others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Ability to organize	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Level of maturity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Self-confidence	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Reaction to constructive criticism	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Sense of humor	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Relationship with peers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Level of motivation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Rapport with adults	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Willingness to accept a challenge	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Additional comments that you would like to share concerning the student:

How long have you known the applicant? _____

I recommend this candidate with: with great enthusiasm with confidence
 with some confidence with reservations I do not recommend

Signature

Date

Thank you for your assistance in providing this confidential information. Please mail or fax directly to the Ascension Admissions Office.

Ascension Day School
1030 Johnston Street

Lafayette, LA 70501 FAX: 337 269-9768

Ascension Day School

MATH TEACHER EVALUATION

CONFIDENTIAL

Applicants for Grades 6-12

Applicant's Name _____
First Middle Last

To the Teacher:

Thank you for taking the time to complete this evaluation. The student listed above is a candidate for admission to Ascension Day School. Ascension is an independent, college preparatory school for students in grades Pre-K3-12. Your thoughtful and candid evaluation of the applicant will be of great assistance. We understand the difficulty in evaluating a student and are aware that children are constantly growing, changing and developing. The assessments that you supply will be confidential and will not become part of the student's permanent record.

Teacher's Name _____

School _____

School Address _____

City/State/Zip _____

Telephone _____

Student's Current Course Title _____

Level (Standard, Honors, AP) _____

What text(s) are you currently using?

What level of mathematics do you recommend for this student next year?

Please indicate in the following categories where the applicant ranks in comparison with other students you have taught.

Academic/Personal Traits

Academic creativity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Intellectual aptitude	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Study habits	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
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Ability to organize	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Level of maturity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Self-confidence	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Reaction to constructive criticism	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
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Relationship with peers	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Level of motivation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Rapport with adults	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Willingness to accept a challenge	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Additional comments that you would like to share concerning the student:

How long have you known the applicant? _____

I recommend this candidate with: with great enthusiasm with confidence
 with some confidence with reservations I do not recommend

Signature

Date

Thank you for your assistance in providing this confidential information. Please mail or fax directly to the Ascension Admissions Office.

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 1030 Johnston Street
 Lafayette, LA 70501 FAX: 337 269-9768

