

9th – 12th Grade Application Packet



Garden Street Academy

A Vision of Excellence

Garden Street Academy is committed to providing an education which enables and empowers a diverse group of students to develop their intellectual, spiritual, emotional, and physical gifts and to understand and respect the similarities and differences among themselves and others in their local and world communities.

Thank you for your interest in Garden Street Academy for your student. Garden Street Academy has a rigorous and engaging academic program based on a liberal arts model that emphasizes critical literacy, preparing students for a successful university experience. The high school courses are approved as pre-requisites for entrance into the University of California system; our graduates attend the nation's highest ranked colleges and universities.

Our tours offer you the opportunity to meet our staff, visit our facilities, and get acquainted with our programs. Please contact our Director of Admissions with any questions:

Annie Donlon Colbert
805-687-3717 ext. 625
admissions@GardenStreetAcademy.org

APPLICATION CHECKLIST: 9th–12th GRADES

All completed applications include:

Non-refundable Application Fee of \$50 (payable to Garden Street Academy)

Applicant Information Forms (6 pages)

Student Questionnaire (3 pages)

Student Essay

Consent for Release Form

Teacher Recommendation Form

Copy of academic transcripts

Copy of most recent standardized test scores

A recent photograph (optional)

If applying for tuition assistance, visit <https://online.factsmgmt.com>

APPLICANT INFORMATION FORM – Page 1

Applying for Grade _____ Applying for Academic Year _____

Do you plan to apply for needs-based financial assistance? Yes _____ No _____

Applicant Information

Full Legal Name (please print):

Last First Middle

Preferred Name _____

Male _____ Female _____ Date of Birth: _____

Mother/Legal Guardian

Last Name First Name

Current Street Address: _____

City: _____

State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Employer: _____

Occupation/Title: _____

APPLICANT INFORMATION FORM – Page 2

Father/Legal Guardian

Last Name First Name

Current Street Address: _____

City: _____

State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Employer: _____

Occupation/Title: _____

Student lives with: Both parents ____ Mother ____ Father ____

Other: _____

Marital status: _____

If parents are divorced, who has legal custody of the applicant?

If parents are divorced, who will assume financial responsibility for the applicant?

Brothers and Sisters of Applicant

1) _____

Name	Age	School	Present Grade
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2) _____

Name	Age	School	Present Grade
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3) _____

Name	Age	School	Present Grade
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APPLICANT INFORMATION FORM – Page 3

EDUCATIONAL HISTORY AND PARENT QUESTIONNAIRE

1) Current School: _____

Current Grade Level: _____ Dates of Attendance: _____

School Address: _____

School Phone: _____

2) Prior School: _____

Grade Levels: _____ Dates of Attendance: _____

School Address: _____

School Phone: _____

Has your child ever skipped or repeated a grade? Yes ___ No ___

If yes, which grade and why? _____

Has your child ever been subject to major disciplinary action (probation, suspension, dismissal) in any school? Yes ___ No ___

If yes, provide grade, date, and explanation on a separate sheet of paper.

Has your child ever been denied acceptance by any school? Yes ___ No ___

Has your child ever been evaluated for any of the following?

If yes, please check all that apply and explain on a separate sheet of paper.

A copy of the documentation or report is required with this application.

Learning Differences/Disabilities

Date: _____ Doctor/Evaluator: _____

Other Psychological

Date: _____ Doctor/Evaluator: _____

Vision or Hearing Problems

Date: _____ Doctor/Evaluator: _____

Speech/Language Problems

Date: _____ Doctor/Evaluator: _____

Does your child take any prescribed medication(s) or need any special medical attention? If yes, please explain and list the condition(s) and medication(s):

APPLICANT INFORMATION FORM – Page 4

What are your reasons for applying to Garden Street Academy?

How did you hear about Garden Street Academy?

What activities does your family enjoy?

Describe your child's attitude toward school (subject areas and activities enjoyed or disliked, enthusiasms, criticisms, relations with peers and adults, etc.).

Please describe your child's academic strengths and challenges.

Please describe your child's social/emotional strengths and challenges.

What are your educational and social/emotional goals for your child?

Please tell us how you have been involved in your child's school community and how you hope to be involved here.

APPLICANT INFORMATION FORM – Page 5

Are there any additional comments that you would like to share that might allow us to know your child more completely?

Please read and sign before submitting this application for review. I certify that the information provided in this application is complete and accurate. I understand that failure to disclose information about the applicant’s educational, medical, emotional, or behavioral history may affect our admission decision. The School reserves the right to reverse its decision, even after acceptance and enrollment, if such information has been withheld.

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

Applicant Signature: _____ Date: _____

Garden Street Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to and made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.



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CONSENT FOR RELEASE OF INFORMATION

I, _____ and _____
(Mother/Guardian) (Father/Guardian)

parent(s) or legal guardian(s) of _____,
(Student)

birth date _____, give permission to _____

(Name and address of current school)

to provide any additional information to Garden Street Academy that may be necessary for admission of the above student.

Mother/Guardian: _____ Date: _____

Father/Guardian: _____ Date: _____

STUDENT QUESTIONNAIRE – Page 1

DEAR STUDENT:

The admission process is designed to broaden our understanding of you academically, socially and personally. Please help us get to know you better by completing this form in complete sentences, in ink, in your own handwriting or printing, and without assistance. We look forward to learning about you.

Applying for Grade _____ Applying for Academic Year _____

Full Legal Name (please print):

Last	First	Middle	Preferred Name
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Why did you choose to apply to Garden Street Academy?

What is your favorite subject in school and why do you like it?

Please share with us any scholastic honors or awards you have received and any leadership positions you have held.

Describe a learning experience either in or outside your school that was significant to you.

What moment of personal achievement made you most proud?

List your current extracurricular, recreational, athletic, and/or community activities.

Please complete the following sentences:

I feel most comfortable when

Something surprising about me is

My greatest strength is

My greatest area for growth is

I would change

My favorite word is

My favorite website is

What annoys me most is

A book that I love

For fun I like to

The person I would most like to meet

My favorite song is

I admire

Three things I would want on a deserted island

If I could do anything over, I would

In the future I plan to

ESSAY: On a separate paper, please hand-write a 200-300 word essay on the topic below.

Describe the ideal school.

I certify that I have completed this questionnaire without assistance, in my own handwriting, and that the information provided is accurate.

Student's Signature: _____ Date: _____

CONFIDENTIAL TEACHER OBSERVATION

Crane Country Day El Montecito School Garden Street Academy Laguna Blanca Marymount Montessori Center
 Providence/SBCS Santa Barbara Middle Santa Barbara Montessori The Howard School The Waldorf School

Applicant's name _____ Candidate for _____ Grade in Fall _____

I waive my right of access and that of my child to this recommendation form. _____
Parent signature

To the teacher: This recommendation will remain confidential and will not become part of the student's permanent record. Your input is a vital part of our process. Please complete this form carefully and thoroughly. The above schools often share applicants. In order to make the recommendation process easier for you, this form will be accepted by all eight schools. Please photocopy this completed recommendation form to use in the event that the student has applied to more than one of these schools.

How long have you known the student? _____
 In what grade(s) and subject(s) have you taught him/her? _____
 If you had to indicate the outstanding attributes of this student in a few words, what would they be? _____

ACADEMIC QUALITIES	Weak	Below Average	Average	Good	Outstanding	No Basis for Judgment
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Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Homework preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Willingness to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Completes tasks in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

ENGLISH SKILLS

Reading skill and interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

MATH SKILLS

Computation accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Conceptual understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

6-8th grade applicants only Current course name/level _____ Textbook used: _____
 Recommended placement next year: _____

PERSONAL QUALITIES

	Weak	Below Average	Average	Good	Outstanding	No Basis for Judgment
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Social adjustment with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Positive response to teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

Please list any strengths/weaknesses or problems of which we should be aware. List any special or unusual circumstances (positive or negative) which may be relevant to the student's performance in school.

FAMILY INFORMATION

Parents are an important part of our relationship with a student. Please share with us any thoughts you have regarding this family.

- Communication with school: Rarely Sometimes Usually Always
- Cooperation with faculty/administration: Rarely Sometimes Usually Always
- Participation in school community: Never Seldom When given opportunity Very helpful
- Participation in child's education: Rarely involved Sometimes involved Appropriately involved Overly involved

To your knowledge, are the parents' perceptions/expectations of their child consistent with the school's understanding of the child?

Are you aware of any family circumstances that affect the student's life at home?

What kind of support might the student need from our school to reach his/her potential?

Is there any additional information that can be better conveyed in a phone conversation? Yes No

RECOMMENDATION FOR ADMISSIONS

	Not Recommended	With Reservation	Confidently	Enthusiastically
For academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEACHER INFORMATION

Name of person completing this form (please print) _____ Date _____

School name _____ Phone _____ x _____ Cell (optional) _____

Signature

Position

email

We sincerely appreciate your cooperation and candor. To ensure confidentiality, please return this form directly to the school.