



APPLICATION FOR ADMISSION

INTERNATIONAL STUDENT

UPPER SCHOOL

NINTH, TENTH, ELEVENTH, AND TWELFTH GRADES

Office of Admission
The Colorado Springs School

21 Broadmoor Avenue
Colorado Springs, CO 80906
(719) 434-3512

www.css.org
admission@css.org



APPLICATION PROCEDURE

The Colorado Springs School recognizes that many students can benefit from the experience we provide and in turn add a great deal to the school community. The admission procedure attempts to identify these individuals. Students with a variety of talents, interests, and abilities are enrolled. A student with strong personal qualifications, potential for future college study, and a supportive family to guide and encourage him or her generally is admitted.

Attached are the forms you will need to complete an application to The Colorado Springs School. Students whose applications are received and files are completed by March 1 will be given priority consideration by the Admission Committee. Applications received after March 1 will be reviewed as soon as the candidate's file is complete.

CHECKLIST FOR THE APPLICATION PROCESS

PART 1:

- 1. Applicant and Parent Information
- 2. Parent/Guardian Statement
- 3. Short Answer
- 4. Applicant Essays
- 5. \$100 non-refundable application fee

PART 2:

- 6. Transcript Request-Translated to English
- 7. SLEP Test Score Report
- 8. Math Teacher Recommendation
- 9. English Teacher Recommendation
- 10. Phone Interview with Admission Department

Your application is complete when application fee and all materials are received, and you have had an on-campus interview.

Please mail all admission materials to:

**Office of Admission
The Colorado Springs School
21 Broadmoor Avenue
Colorado Springs, CO 80906
Fax: (719) 475-9864**

If you need financial assistance to enable your child or children to attend The Colorado Springs School, please contact the Director of Admission and Financial Assistance.

STATEMENT OF POLICY

The Colorado Springs School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its educational policies, admission policies, scholarship or loan programs, and athletic and other school-administered programs.



PART 1

PARENT AND APPLICANT SIGNATURES

I (we) affirm that the information provided in this application is true and correct to the best of my (our) knowledge. Further, I (we) understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission to The Colorado Springs School.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of Applicant

Date



APPLICANT AND PARENT INFORMATION

Application for admission for the academic year beginning August, _____
year

Applying for Grade _____

Date of Application _____
month date year

Applicant's Name _____
First Middle Last Nickname

Home Address _____
Street City/State Zip

Home Telephone _____ Student E-mail _____

Male Female Birthdate: _____
month date year Age: _____

Present School _____

School Address _____
Street City State Zip

School Telephone _____ Years Attended: _____
Country Code/City Code/Phone Number

TOEFL Score: _____ SSAT Taken? _____ PSAT or SAT Taken? _____

First Parent/Guardian's Full Name _____
First Middle Last

Home Address (if different from applicant's home address) _____
Street City/State Zip

Home Telephone _____ Primary E-mail _____

Cell Telephone _____ Secondary E-mail _____

Employer _____ Business Telephone _____

Profession _____

Second Parent/Guardian's Full Name _____
First Middle Last

Home Address (if different from applicant's home address) _____
Street City/State Zip

Home Telephone _____ Primary E-mail _____

Cell Telephone _____ Secondary E-mail _____

Employer _____ Business Telephone _____

Profession _____

Name of Parent(s) or Guardian(s) _____

(To whom school communications and charges are to be sent)

Parents Marital Status: Single Married Separated Divorced Parent(s) Deceased

Applicant's Siblings:

Name	Birthdate	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relatives and/or friends who have attended or have been affiliated with The Colorado Springs School:

Name	Relationship
_____	_____
_____	_____

Describe your child's greatest assets/strengths and areas which need improvement.

Strengths:

Areas for improvement:

Describe any learning or emotional difficulties that might affect your child's full participation in The Colorado Springs School program.

How did you learn about The Colorado Springs School?

- Relative _____
- Newspaper article found in _____
- Radio Advertisement _____
- Website/Online _____
- Other _____
- Friend _____
- Faculty _____
- Student _____
- Current Parent _____

Test and Placement Information:

As a part of the admission process, we administer developmental assessment and placement tests.

I understand that results of tests conducted at CSS are the property of the school to be used for admission purposes only.

Parent/Guardian Signature: _____



Parent / Guardian Statement

A CSS education is a partnership between home and school. When teachers and parents communicate clearly about our students, student achievement rises. Mutual respect for the profession of teaching as well as for the calling of parenting underlies this important relationship. Parents, teachers, and administrators understand that it is in our students' interests that we create a safe, challenging, and supportive environment.

To best serve the needs of each student, we want to learn about the applicant through the people who have known him or her best. We ask that you, as parent or guardian, share your thoughts about your child. Attach additional sheets of paper if you would like to provide a longer response.

Why do you believe The Colorado Springs School is the right school for your child? What led you to begin the Admission process?

What are the first words that come to mind that best describe your child?

What do you consider to be his or her greatest strengths and challenges?

What qualities would you consider important in the selection of a faculty advisor for your child?

Are you interested in the Homestay program?



APPLICANT INFORMATION

To be completed by the applicant.

SHORT ANSWER: Please complete the following sentences on the lines provided.

The happiest time _____

I want to know _____

A mother _____

At school _____

What worries me _____

I need _____

My mind _____

I like _____

I secretly _____

A father _____

One book I enjoyed _____

I can't _____

At home _____

I fear _____

I am best _____

People think that I _____

What annoys me _____

I wish _____

When I was younger _____

My friend _____

ADDITIONAL INFORMATION: If there is something else that you would like the Admission Committee to know about you, please tell us about it below or on the back of this sheet.

Close personal relationships permit frequent encounters for teachers, parents, and students to know one another well. Help us learn more about you.

Applicant, please answer these questions in your own handwriting. You may attach additional sheets of paper if you would like to provide a longer response.

Please tell us about your special interests.

Describe an experience you have had that has been of particular importance or has made a difference in your life.

Describe any community activities, work, or volunteer work, in which you have been involved.

Based on your knowledge of The Colorado Springs School, what aspect(s) of the school will offer you the greatest challenges? Why?

Describe an academic experience, project, or lesson that you found particularly meaningful or interesting.

Applicant's Signature

Date



PART 2

The following forms should be delivered to your child's school and in turn should be sent **directly** to the Admission Office at The Colorado Springs School.

- **Transcripts**
- Any/All test scores
- Current and previous report cards
- **Recommendations**

As a courtesy, please provide stamped envelopes to those providing recommendations.



**PERMISSION AND REQUEST
FOR RELEASE OF STUDENT
INFORMATION**

21 Broadmoor Avenue
Colorado Springs, CO 80906
(719) 434-3512 (719) 475-9864 FAX
www.css.org

TO THE PARENTS:

Please complete this form and submit it to your student's current Principal or teacher.

PERMISSION FOR RELEASE OF INFORMATION

I hereby authorize the Chief School Officer (or his/her designee) of

Applicant's Present School

to release school records for the following student to The Colorado Springs School for purposes of admission application review.

Name of Student: _____

Student's Current Grade: _____ Current Academic Year: _____

Parent's/Guardian's Signature

Date

TO THE STUDENT'S CURRENT SCHOOL:

Please send the following information to the Director of Admission and Financial Assistance at The Colorado Springs School:

GRADES PK - GRADE 12

- Student's recent standardized test scores
- Student's official transcript for at least the previous **two years**
- Student's school records relevant to admission

GRADES PK - GRADE 5

- Recommendation form completed by teacher

GRADES 6-12:

- Counselor/Principal recommendation
- English teacher recommendation
- Math teacher recommendation

Recommendation forms provided by parent/guardian.



CURRENT MATH TEACHER RECOMMENDATION REQUEST

21 Broadmoor Avenue
 Colorado Springs, CO 80906
 (719) 475-9747 (719) 475-9864 FAX
 www.css.org

APPLICANT: Please fill out the information in this section and give this Request Form along with a stamped envelope to your current Math teacher to complete.

Name _____ applying for grade _____

NOTE TO PARENT/GUARDIAN: I acknowledge that I waive my right to read this confidential evaluation and recommendation. _____

Parent/Guardian signature

Date

To the Evaluator:

Please complete both sides of this form and send to The Colorado Springs School. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student? _____

RECOMMENDATION

ACADEMIC QUALITIES	Truly exceptional	Excellent	Good	Average	Fair	Poor	No oppty to observe
Study habits							
Attention span							
Ability to work independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and abstract thinking skills							
PERSONAL QUALITIES							
Relationship with peers							
Relationship with adults							
Creativity							
Self-confidence							
Leadership potential							
Reaction to setbacks							
Concern for others							
Conduct							
Integrity							
Ability to work cooperatively							
General level of maturity							
Sense of humor							

Student is currently enrolled in _____

Section level of course: _____

Textbook: _____

Suggested math placement for next year: _____

What words come quickly to mind when you describe this student?

Please comment on this student's emotional maturity and personal qualities.

Comments or other information you believe that might be helpful (other specific strengths and weaknesses?).

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

If yes, what hours would be best for CSS to reach you?

NAME OF EVALUATOR _____

POSITION _____ SCHOOL NAME _____

SCHOOL ADDRESS _____

TELEPHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

Thank you for taking the time to share your thoughts with us.



**CURRENT ENGLISH
TEACHER
RECOMMENDATION REQUEST**

21 Broadmoor Avenue
 Colorado Springs, CO 80906
 (719) 475-9747 (719) 475-9864 FAX
 www.css.org

APPLICANT:

Please fill out the information in this section and give this Request Form along with a stamped envelope to a current teacher to complete.

Name of Student _____ applying for grade _____

NOTE TO PARENT/GUARDIAN: I acknowledge that I waive my right to read this confidential evaluation and recommendation. _____

Parent/Guardian signature

Date

To the Evaluator:

Please complete both sides of this form and send to The Colorado Springs School. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

How long have you known this student? _____

RECOMMENDATION

Academic Qualities	Truly exceptional	Excellent	Good	Average	Fair	Poor	No oppty to observe
Study habits							
Attention span							
Ability to work independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and abstract thinking skills							
Personal Qualities							
Relationship with peers							
Relationship with adults							
Creativity							
Self-confidence							
Leadership potential							
Reaction to setbacks							
Concern for others							
Conduct							
Integrity							
Ability to work cooperatively							
General level of maturity							
Sense of humor							

Teacher Recommendation

I recommend the student	Enthusiastically	With Confidence	Mildly	With Reservation	Not at all
In academic ability and promise					
In character and personal promise					
Overall					

How accurately does the student read and comprehend what he/she reads?

What English course is the student currently enrolled? What texts are used in the course?

What words come quickly to mind when you describe this student?

Please comment on this student's emotional maturity and personal qualities.

Comments or other information you believe that might be helpful (other specific strengths and weaknesses?).

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

If yes, what hours would be best for CSS to reach you?

NAME OF EVALUATOR _____

POSITION _____ SCHOOL NAME _____

SCHOOL ADDRESS _____

TELEPHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

Thank you for taking the time to share your thoughts with us.