



315 Forty-First Street West • Bradenton, Florida 34209
941-746-2121 • 941-345-1237 (Fax) • www.SaintStephens.org

VISIT

We invite you to visit the school to see the campus and curriculum in action. Individual appointments for a visit may be made through the Admissions Office.

APPLY

The application process begins when we receive the completed application and application fee of \$100. In order to complete the application process, parents must arrange to have the applicant's official transcript of the academic record mailed directly to Saint Stephen's. They must also arrange to have the appropriate recommendation forms completed. The school recommends that students entering Pre-Kindergarten 3 be age three (3) by June 1 of entry year. Applications can be submitted online or downloaded on the Saint Stephen's website www.SaintStephens.org.

TEST

Upon receipt of the application materials and fee the school will arrange a testing date for the applicant. Testing will begin in January of the year in which fall enrollment will occur.

ENROLL

Acceptances and contracts begin February 1. Applicants accepted after mid-March will have ten days to return the signed contract and reservation fee. Note that official school records, birth certificates and health records will be required.

Admission Application

APPLICATION CHECKLIST

PRE-KINDERGARTEN 3- KINDERGARTEN

- Application
- Classroom Teacher Evaluation
- Administrative Evaluation

GRADES 1-2

- Application
- Classroom Teacher Evaluation
- Administrative Evaluation
- Records Release Form

GRADES 3-6

- Application
- Student Questionnaire
- Classroom Teacher Evaluation
- Administrative Evaluation
- Records Release Form

GRADES 7-12 AND POST GRADUATE

- Application
- Student Questionnaire
- English Teacher Evaluation
- Math Teacher Evaluation
- Administrative Evaluation
- Records Release Form

Saint Stephen's Episcopal School admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. Saint Stephen's does not discriminate on the basis of race, color, sexual preference, national or ethnic origin in the admission of its educational or admissions policies, scholarship, athletic or other school administered programs.



APPLICATION

Academic Year 20__ to 20__

Applying for grade _____ Date of Birth _____

Applicant's Full Name _____ Sex _____
Last First Middle

Name by which Applicant is called _____

Home Address _____
Street

_____ City State Zip Country

Home Telephone () _____ Email _____

Place of Birth _____ Country of Citizenship _____
City State Country

Present School _____ Present Grade ____ Number of Years at School ____ Rising to Grade ____

School Address _____
Street

_____ City State Zip Country

Teacher/Counselor _____

School Telephone () _____ School Fax () _____

Father's Full Name _____
Last First Middle

Home Address _____
If different from above Street

_____ City State Zip Country

Home Telephone () _____ Cell Telephone () _____

Nature of Work/Position _____

Employer _____

Employer's Address _____

Employer's Telephone () _____ E-mail _____

Mother's Full Name _____
Last First Middle

Home Address _____
If different from above Street

_____ City State Zip Country

Home Telephone () _____ Cell Telephone () _____

Nature of Work/Position _____

Employer _____

Employer's Address _____

Employer's Telephone () _____ E-mail _____

continued...



APPLICATION, continued

Student Lives With (Check Any That Apply)

Father Mother Stepmother Stepfather Other

Please Check Any That Apply

Father Deceased Mother Deceased Parents Divorced Parents Separated

Who Has Legal Custody

Father Mother Stepmother Stepfather Other

Financial Responsibility Will Be Assumed By

Father Mother Stepmother Stepfather Other

All Information Regarding Grades, Transportation, and Correspondence Should Be Sent To:

Father Mother Stepmother Stepfather Other

Names and Ages of Siblings _____

Relatives Who Are Attending or Have Attended Saint Stephen's _____

Will you be applying for financial assistance? Yes No

Has the applicant applied for admission in previous years? Yes No

Has the applicant ever been enrolled at Saint Stephen's? Yes No

While at Saint Stephen's will student be living with parents? Yes No

If no, please give the following residential information:

Name _____

Home Address _____
Last First Middle

Street _____

City State Zip Country _____

Other Information

1. Has the applicant ever been evaluated for concerns regarding his or her learning or development? (Such as an educational evaluation, IEP, speech and language evaluation, occupational or physical therapy evaluation, etc.) Yes No

If yes, please explain and provide supporting documentation : _____

2. Has the applicant ever attended therapy (in or out of school), a class, a program, or a school for students who have special academic or other needs? (Such as pertaining to Speech and Language Therapy, Occupational or Physical Therapy, Dyslexia, Autism, Special Education, etc.) Yes No

If yes, please explain and provide supporting documentation : _____

3. Does the student have a physical or emotional health problem of which the school should be aware? (This may include allergies, special diets, prescriptions, counseling, or limitations on normal activities.) Yes No

If yes, please specify : _____

Is the applicant taking any medication on a regular basis? If yes, please specify: _____

Has the applicant ever been suspended, expelled, or withdrawn from any school for any reason? Yes No

(If yes, please attach full details including name of school, year, and a contact person for further details.)

How did you become interested in Saint Stephen's Episcopal School? _____

Please mail the completed application with a non-refundable application fee of \$100 to
Director of Admissions, Saint Stephen's Episcopal School
315 Forty-First Street West, Bradenton, FL 34209 • Telephone 941-746-2121

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If a student is accepted and enrolled, parents or guardians agree to abide by all financial, academic and disciplinary policies of the school.

Date _____ Signature of Parent _____

A photograph of the applicant is requested but not required.



CLASSROOM TEACHER EVALUATION

APPLICANTS FOR GRADES FLEDGLING THROUGH KINDERGARTEN

(Four-page form to be completed by the current or past classroom teacher.)

Name of Candidate _____ Application for Grade _____

I have known this candidate for _____^{Last} years _____^{First} months.^{Middle}

My relationship has been that of _____

What are the first words that come to mind in order to describe this candidate? _____

For the following items, please check the response which may pertain to each and write a brief comment.

Sense of Responsibility (ie., dress themselves, carry bag)

responsible usually responsible sometimes responsible rarely responsible

Comments _____

Consideration of Others

usually thoughtful usually considerate inconsiderate unkind

Comments _____

Social Relationship with Peers

excellent above average average poor

Comments _____

Leadership Ability

excellent very good average poor

Comments _____

Emotional Maturity

very mature average somewhat immature very immature

Comments _____

Self-Confidence

healthy self-image needs some support seems overly confident poor self-image

Comments _____

Sense of Humor

excellent very good average poor

Comments _____

Handles Transitions

appropriately occasionally needs assistance poorly

Comments _____

continued...

CLASSROOM TEACHER EVALUATION, continued

Exhibits Age Appropriate Self-Help Skills (ie., feeding, toileting)

- independent occasional help needed physical help needed

Comments _____

Respect for Authority

- consistently needs occasional reminders needs frequent reminders

Comments _____

Self-Control

- good usually good occasional misconduct frequent disruption

Comments _____

Relationship with Adults

- is comfortable is uneasy is dependent avoids contact

Comments _____

Academic Potential

- outstanding very good average difficulty in areas

Comments _____

Ability to Work Independently

- always works well needs help occasionally needs help frequently needs much supervision

Comments _____

Follows Directions

- quickly and effectively needs a little explanation needs some explanation needs a lot of explanation

Comments _____

Attention Span

- exceptional concentration usually good occasionally distracted easily distracted

Comments _____

Creativity and Originality

- highly original generates ideas independently occasional spark tends to follow

Comments _____

Integrity and Honesty

- highly developed usually trustworthy questionable cannot be trusted

Comments _____

Cooperation of Parents/Guardian

- outstanding good fair poor

Comments _____

Separates from Parents/Guardian

- easily occasional difficulty consistently difficult

Comments _____

continued...

CLASSROOM TEACHER EVALUATION, continued

Please comment on level of progress and achievement in the following areas. (N/A if not applicable)
Please include a copy of this year's and last year's grades.

Language _____

Speech _____

Fine Motor _____

Gross Motor _____

Social Skills _____

Reading Readiness _____

Math Readiness _____

Writing Readiness _____

Work Habits _____

Is there ability grouping? If so, please indicate which group (high, middle, low)

PRE-READING: High Middle Low

PRE-MATH: High Middle Low

Achievement Tests: Please include a copy of the most recent achievement test scores that are available.

Other test results name _____

Date given _____ Results _____

continued...

CLASSROOM TEACHER EVALUATION, continued

We would appreciate any additional comments and observations concerning the strengths, weaknesses, health, or any special needs or concerns of this student and family. We welcome any other information you think would be helpful. You may use this section for further comments in any category.

Additional Comments _____

Again, thank you for your time and reflection in completing this recommendation. Your comments are an important part of the candidate's application.

Name _____
Last First Middle

School _____

School Address _____
Street

_____ City State Zip Country

School Telephone () _____ School Fax () _____

Signature _____ Date _____

please return to:
Saint Stephen's Episcopal School
315 Forty-First Street West
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ADMINISTRATIVE EVALUATION

Name of Student _____
Last First Middle

The above student has applied for admission to Saint Stephen's Episcopal School. The Admissions Committee would appreciate receiving your confidential assessment of this student's strengths and needs. Thank you in advance for your help.

	POOR	FAIR	GOOD	EXCELLENT
Potential as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer group relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the applicant ever been suspended or otherwise punished for violation of a major school rule? Yes No

If yes, please explain. _____

Please note any special situations that you feel deserve further elaboration. Again, thank you for your thoughtful attention to this matter.

Name _____

School _____

School Address _____
Street

City State Zip Country

School Telephone () _____ Title _____

Signature _____ Date _____

Please check if you would like to talk with an Admissions Officer

please return to:

Saint Stephen's Episcopal School
315 Forty-First Street West
Bradenton, Florida 34209
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TO THE PARENTS

Please fill in your child's name and submit this form to his/her current school's Headmaster, Principal, Guidance Counselor or the person responsible for forwarding copies of the school records.

TO THE PRINCIPAL/HEADMASTER

I hereby authorize and request that you send copies of the following information directly to Saint Stephen's Episcopal School Admissions, 315 41st Street West, Bradenton, FL 34209. Fax (941) 345-1237.

1. Official transcript of grades
2. Grades for the most recent quarter(s)
3. Standardized test records
4. Results of any individual testing on record
5. Description of any Special Services administered to the student

Name of Applicant _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date of Application _____

This paragraph for schools outside the United States only: Transcripts in a foreign language must be translated into English and certified by a United States Consul. In addition to the mark received for each subject, foreign transcripts must show the number of classroom hours per week for each subject. If a science course was taken, please indicate whether the course included laboratory work. If a mathematics course was taken, please indicate course content if the title is not self-explanatory. With this information, we can properly place the student.

International students wishing to participate in interscholastic sports must also meet Florida High School Athletic Association requirements and documentation.