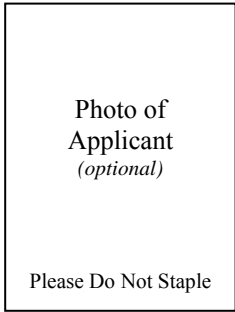


# Sandy Spring Friends School

*“Let Your Lives Speak”*



## Application for Admission

Date of Application \_\_\_\_\_

**I. Applicant Information** *(Please print in black ink.)*

Applicant's Name \_\_\_\_\_  

First Name
Middle Name
Last Name
Preferred Name

Current Grade \_\_\_\_ Grade Applying To \_\_\_\_ for September of 20\_\_  Day (PK-12)  Boarding (9-12)  5-Day  7-Day

Address \_\_\_\_\_  

Street Name
Apt. No.
City

State/Region \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Ethnic Background\* \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_ Will the applicant require ESL courses?  Yes  No

Will the applicant require an I-20 Immigration Form?  Yes  No

If the applicant is currently studying in the U.S. on a valid student visa, what kind of visa does the student have?  J-1  F-1

When will the visa expire? \_\_\_\_\_ (Please submit a copy of the student's passport information page.)

Name of Present School \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

School Address \_\_\_\_\_

Since what date has the student been attending his/her present school \_\_\_\_\_

Previous Schools Attended (please list most recent first):	Grade(s) or Dates Attended:
	from _____ to _____
	from _____ to _____
	from _____ to _____

Has the applicant applied to Sandy Spring Friends School in the past?  Yes  No If yes, to which grade(s) \_\_\_\_\_

Has the applicant skipped a grade?  Yes  No If yes, which grade? \_\_\_\_\_

Has the applicant repeated a grade?  Yes  No If yes, which grade? \_\_\_\_\_

**II. Family Information**

Religious affiliation: of Applicant\* \_\_\_\_\_ and of Parent(s) \_\_\_\_\_ / \_\_\_\_\_

If Quaker: (check one)  Member  Attender of \_\_\_\_\_ Monthly Meeting \_\_\_\_\_

Please list brothers and sisters of the applicant: Check if this sibling is also applying to SSFS

Name	Date of Birth	School	Grade	<input type="checkbox"/>
Name	Date of Birth	School	Grade	<input type="checkbox"/>
Name	Date of Birth	School	Grade	<input type="checkbox"/>

\* This information is optional and will be used for statistical purposes only.

**II. Family Information (cont.)**

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Home Address – Line 1

\_\_\_\_\_  
Home Address – Line 1

\_\_\_\_\_  
Home Address – Line 2 (if needed)

\_\_\_\_\_  
Home Address – Line 2 (if needed)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Country

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone E-mail

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone E-mail

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Employer/Location

\_\_\_\_\_  
Employer/Location

\_\_\_\_\_  
Name of Stepparent (if applicable)

\_\_\_\_\_  
Name of Stepparent (if applicable)

Parent(s)/Guardian(s):  Married  Domestic Partners  Single  Separated  Divorced  Widowed

With whom does the applicant live? \_\_\_\_\_

To whom should correspondence be sent? \_\_\_\_\_

Please list the name(s) of relatives who graduated from Sandy Spring Friends School:

\_\_\_\_\_  
Name Class Year Relationship to the Applicant

\_\_\_\_\_  
Name Class Year Relationship to the Applicant

Who will be the Local Guardian? (Required only for boarding applicants whose parents live more than 90 miles/144 kilometers from Sandy Spring Friends School. The Local Guardian must live within 90 mi./144 km. of the School.)

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State Zip Code (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

**III. Parent/Guardian Questionnaire (If you need additional space, feel free to attach a separate piece of paper.)**

1. Please tell us the reasons you have chosen to apply to SSFS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Parent/Guardian Questionnaire (cont.)**

2. What are the first words that immediately come to mind that describe your child's personality?

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

3. Please describe your child in each of the following areas:

Intellectually - \_\_\_\_\_

\_\_\_\_\_

Socially - \_\_\_\_\_

\_\_\_\_\_

Physically - \_\_\_\_\_

\_\_\_\_\_

Artistically - \_\_\_\_\_

\_\_\_\_\_

Emotionally - \_\_\_\_\_

\_\_\_\_\_

Spiritually - \_\_\_\_\_

\_\_\_\_\_

4. Please describe any special talents, hobbies or interests the applicant has: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is there additional information you would like us to know about the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How did you learn about Sandy Spring Friends School? Please be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Parent/Guardian Questionnaire (cont.)**

7. Please list any questions you have about Quaker education in general or at Sandy Spring Friends School in particular:

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8. Does the applicant or member of the family have a disability that would require accommodation(s) by the School when you visit?

If yes, please indicate the accommodation(s) needed: \_\_\_\_\_

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**IV. Testing (grades 6-11 only)**

Applicants for admission to Grades 6-11 are expected to take either the Secondary School Admissions Test (SSAT – School code: 7090) or Independent School Entrance Exam (ISEE – School code: 210937) and have the results sent to Sandy Spring Friends School (School code: 7090). **Registration is available online for the SSAT at [www.ssat.org](http://www.ssat.org) and the ISEE at [www.iscetest.org](http://www.iscetest.org).**

Which test will the applicant be taking?  SSAT  ISEE

On which date will the applicant take the test? \_\_\_\_\_

*Applicants to the International Student Program (ISP) are not required to take the SSAT or ISEE.*

**Financial Aid**

Sandy Spring Friends School awards financial aid to students on the basis of the demonstrated financial need of the family. Please note that the financial aid process is separate from the admission process and is administered by the Business Office. (For more information, please refer to the *Tuition, Fees, and Financial Aid Information* pamphlet enclosed in the application packet.)

Would you like to receive a financial aid application?  No  Yes (If yes, the Business Office will send you a packet.)

Sandy Spring Friends School reserves the right to withdraw acceptance or dismiss the applicant from the School in the event incomplete or incorrect information is provided. **The preceding information is confidential and is intended for the School’s purposes only.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Due Date:**

- The deadline for submitting an application for first consideration is **January 15<sup>th</sup>**.

**Fees:**

- The non-refundable application fee for applicants to the International Student Program (ISP) is **\$100**.
- For all other applicants the non-refundable application fee is **\$75**.
- Please make checks payable to **Sandy Spring Friends School**.

**Mail completed application(s) to: Admissions Office**

**Sandy Spring Friends School  
16923 Norwood Road  
Sandy Spring, MD 20860**

Sandy Spring Friends School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, sexual orientation, or a person’s status as a qualified candidate with a disability in the administration of its educational program, admission policies, financial aid program, staff hiring and other school-administered programs. However, special consideration is given to qualified applicants who are members of the Religious Society of Friends.