



# Independent School of Winchester

*APPLICATION FOR ADMISSION 2017-18*

**Applicant:**

Student's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Preferred Email \_\_\_\_\_

**Family Information:**

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

Address (if different from above)

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Work Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

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

Address (if different from above)

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Work Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Other children in family:

Name \_\_\_\_\_ Age \_\_\_\_ Schools Attended \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Schools Attended \_\_\_\_\_

**Schools attended by applicant:**

School Name \_\_\_\_\_

Address \_\_\_\_\_

Dates \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

Dates \_\_\_\_\_

**Questions**

What educational goals do you have for your student?

How would you describe your student's personality and learning style?

What are your student's greatest strengths?

What areas does your student need to work on?

What areas do you want ISW to help your student develop?

Has your student ever been involved in a disciplinary incident? If so, please explain.

What after-school activities does your student enjoy?

What is your experience with progressive (student-centered, experiential, independent learning) education?

What draws your family to ISW?

At ISW, our team consists of professional teachers and parent-teacher volunteers working under the supervision of professionals. Our approach requires everyone—students and parents—to work collaboratively, to exhibit flexibility, and to accept compromises. Is your family willing and able to commit to working within this framework?

I hereby apply for admission of \_\_\_\_\_ to the  
Independent School of Winchester, Inc.

We are interested in the:

\_\_\_ full-time program.

\_\_\_ afternoon program only.

Signature of parent or guardian \_\_\_\_\_

Dated \_\_\_\_\_

Please send this application and a \$150 application fee (for full-time program) or \$50 (for part-time program) to

The Independent School of Winchester

130 Carriebrooke

Stephens City, VA 22625

**ISW admits students of any race, color, national origin, ethnic origin, religion, or sexual orientation to all the rights, privileges, programs, and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, national origin, ethnic origin, religion, or sexual orientation in its administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.**