ENROLLMENT APPLICATION for admission to



Applicant's Name

Harbor School & Carpe Diem Primary Enrollment App	olication					
Applicant's Name						
Last Name First Name		Middle	Nicl	Nickname		
Address	State	Zio		Phone		
		Zip				
Date of Birth/ Applying for Gra	ade 🗆 K 🔲 1		4 🗆 5 🗆 6	□7 □8	Fall 20)
Applicant's School History (Please list all sch	nools previous	ly attended.)				
Current School		Years	Attended			
Address		Schoo	l Phone			
Teacher/Counselor who best knows the applic	cant					
Other School		Years	Attended			
Other School		Years	Attended			
Parent/Guardian Information						
 Parent/Guardian Name		Parent/Guard	ian Name			
		·				
Address City State	Zip	Address	City	,	State	Zip
Phone (Home) (Work)		Phone (Home) (Work			Vork)	
Email		 Email				
Occupation		Occupation				
Employer		Employer				
Address City State	 Zip	Address	City	, (State	 Zip
	ΔIP	Address	City			
Relationship to Applicant		Relationship t	to Applicant			
If parents are not at the same address, to whom should correspondence be mailed?						
Please list all siblings and other persons living at applicant's residence:						
Name Age		School		F	Relation	ship
Name Age						ship

Supplementary Enrollment Application Questions

Please assist us by briefly answering the following questions:
What prompts you to seek admission?
How did you hear about us?
In what situations does your child find the greatest success?
Describe what you feel is the optimal learning environment for your child.
Please tell us about your child's special interests, hobbies, extra-curricular activities, or areas of strength.
In a few words, please describe your child's personality (ie. social interactions, motivators, general attitude, habits).
Other Comments (Optional):
In addition, please include any information that will be useful in evaluating the applicant for admission, such as the student's academic abilities, motivations, social development, and achievements.
In a few words, please describe your child's personality (ie. social interactions, motivators, general attitude, habits). Other Comments (Optional): In addition, please include any information that will be useful in evaluating the applicant for admission, such as the

Harbor School & Carpe Diem Primary Enrollment Application				
How did you hear about us? (Please check all that apply	y.)			
☐ Current Harbor School Family	☐ Open House Events			
☐ Current Carpe Diem Family	□ Alumni (Name)			
☐ Internet Search	☐ School Fair			
☐ Child's Current Teacher (Name) □ Chamber of Commerce			
☐ Vashon-Maury Beachcomber	☐ Strawberry Festival			
☐ Vashon Loop	☐ Facebook / Social Media			
☐ West Seattle Blog	☐ Vashon Theater Slide			
□ Poster / Flyer	☐ In the mail			
☐ Received email news/e-blast	☐ Other			
A 11 11 B				
Application Procedures				
Upon receipt of your enrollment application, your child All enrollment materials must be completed and submit enrollment process. Enrollment materials include:				
☐ Enrollment Application ☐ Request for Reco	ords Form			
APPLICATION FEE				
Please send a non-refundable application fee of \$50 with	th your completed Enrollment Application to:			
Harbor School Attn: Admissions PO Box 1912 Vashon, WA 98070	Or drop off completed applications to our offices Monday thru Friday, 8 AM - 3 PM): 15920 Vashon Hwy SW* Vashon, WA 98070 *NOTE: This is our physical location, not our mailing address.			
FINANCIAL AID				
Will be applying for need-based Financial Aid? (Please	check one) ☐ Yes ☐ No			
If YES, please complete the Financial Aid Application				
If you have any questions about this application or the admissions process, please contact:				
Niamh Prince, Admissions Director (206) 567-5955 admissions@harborschool.org				
NON-DISCRIMINATION POLICY				
Harbor School cherishes and promotes the idea of a diverse, ir admissions and in our employment practices, we do not discridisability, ethnic heritage, national origin, religious choice, sexulty local, state, or federal law when evaluating an otherwise quamembers to come to a place of respect and understanding with	riminate against any person on the basis of age, gender, ual orientation, gender identity, nor any other trait protected ualified candidate. As a school, we encourage our community			



SCHOOLS

Request for Records or Transcript

Puget Sound Independent Schools member schools are either accredited by or pursuing accreditation through the Northwest Association of Independent Schools (NWAIS). Each of us shares a commitment to a strong academic curriculum in a supportive atmosphere, and we all seek a student body representative of the diverse populations in the Seattle and Tacoma areas. In addition, we all have need-based financial aid programs. With this in mind, we share a common evaluation form in order to assess candidates for admission to our respective institutions. Any school receiving this form may, at the family's request, send it to the admissions office of another participating school.

Student's Name:
Date of Birth:
In compliance with the "Family Education Rights and Privacy Act of 1974," I
respectfully request that you send all confidential and cumulative records to the
schools marked below. Further, I hereby give permission for you to release the
school records listed to the schools I have applied to through Ravenna-hub, and
to Ravenna Solutions as provider of these school's application processing service.
Schools receiving these records use them for the purpose of evaluating applicants
admission to their school.
Parent/Guardian Signature:
Printed Name:

for

Parents/Guardians:

- Fill in your child's name, date of birth, and sign this form to authorize your current school to release records.
- Give your current school a list of schools you wish to deliver transcripts to.

Registrar:

Thank you in advance for helping us get to know this applicant.

• Please complete the Registrar's information below:

Name of School:

Printed Name of Registrar:

Contact Information:
phone:
e-mail:

- Submit the following to each school requested by the parents:
 - 1. Progress Reports or Report Cards from the current academic year.
 - 2. Progress Reports or Report Cards from the previous two academic years, if applicable.
 - 3. Attendance records.
 - 4. Results of Standardized testing.

Has this student had any disciplinary issues at your school? ○ Yes ○ No

Please return the requested transcripts & records to Harbor School at the address listed below:

Harbor School Attn: Admissions PO Box 1912 Vashon WA 98070





Teacher Evaluation Form for Applicants to Middle and Upper Schools

Recognizing that completing this

Applicant's Name:		form is not part of your official duties,
Current School:	Current Grade:	our schools greatly appreciate yourhelping the applicant by supplying the
Person(s) Completing this Form:		information requested. Please note
		that the information you submit will
Subject:	Grade Level:	be confidential, will not be shared with the student and family, and
School:		
Mailing Address:		permanent school records. In order
City: State: _	Zip:	to establish and honor confidentiality,please send this form directly to the
Phone:		
e-mail:		_
How long have you known this stude	nt and in what capacity?	
What are the first few words that com	ne to mind to describe this stu	udent?

consistent	ly usually	sometime	es rarely	never	
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Additional Information	
Please comment upon the applicant's academic and personal strengths:	
Please comment upon the applicant's academic and personal weaknesses:	
Are the parents of this applicant supportive of their child's strengths and conservations of their child and your program been in alignment with your	
perceptions of their child and your program been in alignment with yours	and your schools:
Please mention any additional information which you think might help ou	ır school make an informed decision.
If the school needs clarification, may we contact you by phone and/or ema	iil? ⊃Yes ⊃ No
Signature:	Date:

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS