

OFFICE of ADMISSION
 38588 Mentor Avenue
 Willoughby, Ohio 44094
 www.AndrewsOsborne.org



440-942-3606
 800-753-4683
 fax: 440-954-5020
 admissions@AndrewsOsborne.org

APPLICATION PROCEDURE PRESCHOOL – LOWER SCHOOL

1. **Application for Admission:** Complete and return the application in one of the enclosed postage-paid envelopes along with the \$40 application fee and a copy of the applicant’s birth certificate (required by the State).
2. **Candidate Questionnaire:** The applicant must complete this form without assistance (Grades 3-4).
3. **Parent/Guardian Questionnaire:** Comments and insights from parent(s)/guardian(s) are welcome and necessary.
4. **Academic Recommendation:** We request that you give the enclosed forms to an educator of choice. In addition to the form, please provide the teacher with one of the postage-paid envelopes included with this application packet.
5. **Transcript Release:** Parent or guardian must sign this form and **submit it to the applicant’s current school.** The school will release the information directly to Andrews Osborne Academy.
6. **Admission Testing:** Please contact the Office of Admission to schedule an assessment.

Grade	Minimum Assessment Requirements	Assessment Dates
Enrichment Center <i>(applicant must be 3 years old by Sept. 30th)</i>	Option A: Applicant will spend 2 hours in the classroom when classes are in session.	Option A: Scheduled weekdays 9:00-11:00 a.m. beginning in January according to faculty and family availability.
Pre-Kindergarten <i>(applicant must be 4 years old by Sept. 30th)</i>	Option B: Applicant will spend 1 hour in the classroom during the weekend assessment.	Option B: Saturday Assessment – Please contact the Office of Admission for dates.
Kindergarten	Applicant will spend a morning with the Pre-Kindergarten class and complete the kindergarten assessment one-on-one with both Kindergarten teachers.	Assessments are scheduled mornings during the school day beginning in January according to faculty and family availability.
Grades 1 – 4	Applicant will spend one day in the applicant’s current grade level classroom then complete assessments with the teachers at the next grade level (math, reading, writing).	Assessments are scheduled during the school day beginning in January according to faculty and family availability.

7. **Campus Tour:** It is important for applicants and parents or guardians to visit the campus. Please call the Office of Admission to arrange a visit.
8. **Financial Assistance:** If your family plans to apply for financial assistance, please indicate so by marking the appropriate place on your application. We will send you a Parent Financial Statement (PFS). **Financial Assistance is only available to U.S. citizens in grades 1-12.**

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APPLICATION FOR ADMISSION FAMILY INFORMATION

Parent/Guardian's marital status: Married Divorced _____ / _____
month year
 Separated _____ / _____ Never Married
month year

Applicant's family: Parent/Guardian 1: living Parent/Guardian 2: living
 deceased deceased
Step-Parent 1: living Step-Parent 2: living
 deceased deceased

Parent/Guardian 1: custodial non-custodial

Parent/Guardian 2: custodial non-custodial

_____ title full name

_____ title full name

Home Address _____
if different from applicant's address

Home Address _____
if different from applicant's address

_____ city/state/ zip code

_____ city/ state/ zip code

Telephone: *daytime* _____ - _____ - _____
evening _____ - _____ - _____

Telephone: *daytime* _____ - _____ - _____
evening _____ - _____ - _____

email: _____

email _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Step-Parent 1: custodial non-custodial

Step-Parent 2: custodial non-custodial

_____ title full name

_____ title full name

Telephone: *daytime* _____ - _____ - _____
evening _____ - _____ - _____

Telephone: *daytime* _____ - _____ - _____
evening _____ - _____ - _____

email: _____

email _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

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APPLICATION FOR ADMISSION FAMILY INFORMATION (CONTINUED)

Sibling: _____
name age school attending grade

Sibling: _____
name age school attending grade

Sibling: _____
name age school attending grade

Please list any relatives who have attended Andrews Osborne Academy (or, previously, The Andrews School or The Phillips-Osborne School):

Please list any Andrews Osborne Academy families with which you are acquainted:

How did your family first hear about Andrews Osborne Academy?

Parent/Guardian Statement

In making this application, it is my belief that pertinent information which will assist in the successful development of my child at Andrews Osborne Academy has been included in or with this application. Andrews Osborne Academy may contact any individual listed in the application for additional information.

Parent/Guardian: _____ / ____ / ____
please print full name signature month day year

Parent/Guardian: _____ / ____ / ____
please print full name signature month day year



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APPLICATION FOR ADMISSION CANDIDATE QUESTIONNAIRE (GRADES 3-4)

Please view this as an opportunity to tell us about yourself. You may attach a photo of yourself if you would like. Responses should reflect your personal thoughts and ideas and be completed without assistance.

1) Why do you wish to attend Andrews Osborne Academy?

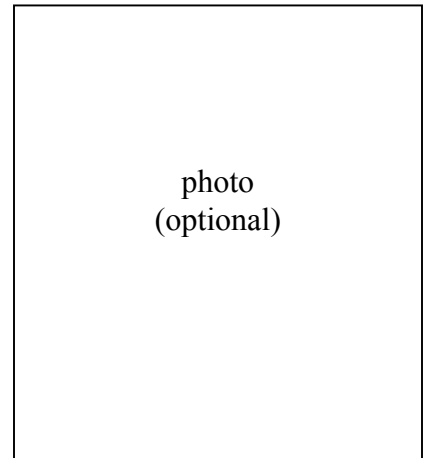
2) Please describe the activities both in and outside of school in which you have been involved. Include any leadership positions held or honors received:

3) Which other schools are you considering, if any?

Applicant Name: _____
Applicant's name- please print

applicant signature

_____/_____/_____
month day year





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APPLICATION FOR ADMISSION PARENT/GUARDIAN QUESTIONNAIRE

Please help Andrews Osborne Academy's Admission Committee learn more about your student by sharing your knowledge of him or her with us.

1) What do you feel your child will contribute to the Andrews Osborne community?

2) What are your expectations of Andrews Osborne Academy?

3) Is there anything AOA Admissions should know about the sequence of your child's schooling?

Parent/Guardian: _____ / _____ / _____
please print full name signature month day year

Andrews Osborne Academy welcomes students of talent and motivation and does not discriminate on the basis of race, gender, religion, color, national and ethnic origin, or sexual orientation in the administration of its education policies, admission policies, financial aid programs, and athletic or other school-administrated programs.

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APPLICATION FOR ADMISSION CONFIDENTIAL RECOMMENDATION

STUDENT: _____ TEACHER: _____
applicant's name teacher's name

The above named student has selected you as a reference for Andrews Osborne Academy. The purpose of this recommendation is to assist Andrews Osborne Academy with our admission decision. It will also aid the school with course placement for the student. Whatever insight and information you can provide is greatly appreciated. If you are interested in reviewing a profile of Andrews Osborne Academy, please visit our website at www.AndrewsOsborne.org or contact the Office of Admission for more information.

1) How long have you known the applicant? _____
years months

2) In which classes have you taught him/her? _____
subject grade received subject grade received

3) Would s/he benefit from honors/accelerated classes in any subject area? Please explain:

4) If s/he needs any additional assistance, please explain:

5) If his/her progress has been irregular for any reason (a long illness, repeating a grade, etc.), please explain:

6) In relation to other students of the same age, please appraise the applicant in the following areas:

	Excellent	Average	Poor	Does not apply
Responsibility/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength of character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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TRANSCRIPT RELEASE PERMISSION TO RELEASE STUDENT TRANSCRIPT

Student: _____ has applied for admission to Andrews Osborne Academy. We wish to have his/her transcript and any standardized testing information forwarded to the Andrews Osborne Academy Office of Admission.

Please include courses of study and grades for the school year in progress as well as year-end grades for at least the past two years.

Parent/Guardian: _____ / _____ / _____
please print full name signature month day year