

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 Grades 5-12

1. Application for Admission: Complete and return the application in one of the enclosed postage-paid envelopes along with the \$40.00 application fee. The application fee for international students is \$50.
2. Student Questionnaire: You must complete this form without assistance.
3. Parent/Guardian Questionnaire: Comments and insights from your parent(s)/guardian(s) are welcome and necessary.
4. Confidential Recommendations: We request that you give the enclosed forms to the appropriate teachers. In addition to the form, you should provide your teachers 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 your current school**. Your school will release the information directly to Andrews Osborne Academy.
6. Admission Testing: Please register to take one of the following tests in order to complete the application process. You may take either the Independent School Entrance Exam (www.iseetest.org) or the Secondary School Admission Test (www.ssat.org). International students whose first language is *not* English must submit the results of the Secondary Level English Proficiency test (SLEP) or the Test of English as a Foreign Language (TOEFL).
7. Interview and Campus Tour: It is important for you and your parents or guardians to visit us for an interview and tour of the campus. Please call the Office of Admission as soon as possible to arrange this visit. **All domestic students applying for grades 5-12 must complete an on-campus Admission Interview prior to being admitted to the school. International students must arrange a telephone interview if they are unable to arrange an on-campus visit.**
8. Financial Assistance: If your parent(s)/guardian(s) plan 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.**

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Family Information

Guardians are: Married Divorced ___ / ___ Separated ___ / ___ Never Married
mo yr mo yr

Student's family: Parent/Guardian 1: living deceased
Parent/Guardian 2: living deceased

Step-Parent 1: living deceased
Step-Parent 2: living 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* _____ - _____ - _____

Telephone: *daytime* _____ - _____ - _____

evening _____ - _____ - _____

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

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

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 signature date

Parent/Guardian: _____ / ____ / ____
please print signature date

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APPLICATION for ADMISSION STUDENT QUESTIONNAIRE

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?

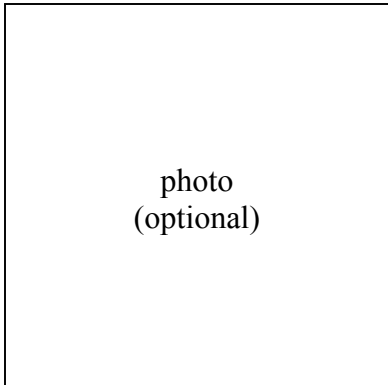
2) Please describe the activities both in and outside of school in which you have been involved. Include any leadership positions held or honors received:

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

Student: _____
student's name- please print

student's signature

_____/_____/_____
date



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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 student will contribute to the Andrews Osborne community?

2) What are your expectations of Andrews Osborne Academy?

3) Is there anything else the Admission Committee should know about the sequence of the student's schooling?

Parent/Guardian Signature: _____ /_____/_____
name signature date

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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TRANSCRIPT RELEASE PERMISSION TO RELEASE STUDENT RECORDS

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. In addition, copies of any educational testing the student has done should be included with transcripts.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

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APPLICATION for ADMISSION Confidential Recommendation MATH or SCIENCE TEACHER

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 what classes have you taught him/her? _____

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

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

5) If his/her progress 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"/>
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPLICATION for ADMISSION Confidential Recommendation ENGLISH or HISTORY TEACHER

International Students *must* have an English Teacher complete this form.

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 what classes have you taught him/her? _____

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

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

5) If his/her progress 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"/>
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPLICATION for ADMISSION Confidential Recommendation PRINCIPAL or COUNSELOR

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? _____
months years

2) In what classes have you taught him/her? _____

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

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

5) If his/her progress 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"/>
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

