



# The Stony Brook School

## APPLICATION FOR ADMISSION

Name \_\_\_\_\_  
first middle last  
*(Please print legal name exactly as it should appear on permanent records., such as a passport)*

Preferred Name \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_  
street apt. # city state zip country

Phone (H) \_\_\_\_\_ Fax (H) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth (MM/DD/Year) \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Year \_\_\_\_ - \_\_\_\_  
 Day  Boarder  5-day Boarder (7<sup>th</sup> & 8<sup>th</sup> grades only) Financial Aid  Yes  
Information?  No

**Father or Male Guardian**  
Name (Dr./Mr./Rev.) \_\_\_\_\_

**Mother or Female Guardian**  
Name (Dr./Mrs./Ms./Rev.) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone (H) \_\_\_\_\_

Phone (H) \_\_\_\_\_

Fax (H) \_\_\_\_\_

Fax (H) \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Profession/Position \_\_\_\_\_

Profession/Position \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

Phone (W) \_\_\_\_\_ Fax (W) \_\_\_\_\_

*Check any that apply:*

Student lives with?	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced
	<input type="checkbox"/> Father & Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Other _____
Receive Mail?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____
Legal Custody?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____
Financial Responsibility?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____

Present School \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Public  Parochial  Private Day  Private Boarding Has applicant repeated any grade?  No  Yes, grade(s) \_\_\_\_\_

Has applicant ever been expelled, denied re-enrollment at a school, counseled not to return to a school, or been the subject of any major school disciplinary action?  Yes  No *If yes, please explain.*

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

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities?

Yes  No *If yes, please explain.*

Are there any special factors or conditions, including any special medications or allergies, affecting your child about which the school needs to be informed?

Yes  No *If yes, please explain.*

How did you hear about The Stony Brook School? *Please give names where possible.*

- Alumnus \_\_\_\_\_  Minister \_\_\_\_\_  Guidance Counselor or Teacher \_\_\_\_\_  
 Current Student \_\_\_\_\_  Admissions Representative \_\_\_\_\_  Catalog on Private Schools \_\_\_\_\_  
 Faculty Member \_\_\_\_\_  Educational Consultant \_\_\_\_\_  Other \_\_\_\_\_

Do you have any relatives that currently attend the school?  Yes  No *If yes, please list names and years in attendance.*

Do you have any relatives that previously attended the school?  Yes  No *If yes, please list names and years in attendance.*

Do you have any siblings?  Yes  No *If yes, please complete the following:*

name	birthday	grade	school

Is The Stony Brook School your first choice?  Yes  No *Please list other college preparatory schools to which you intend to apply.*

Place of Worship \_\_\_\_\_ Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

**Please list all the athletic teams that you participated in for your school in the last 12 months.**

Which sports are you intending to play at The Stony Brook School?

Please check the activities at The Stony Brook School that are of particular interest to the applicant:

- Art  Band / Orchestra \_\_\_\_\_  Chess  Choral  Community Service  Drama  Robotics  
 List Other Activities you are interested in: \_\_\_\_\_

*In order to better serve your child, we need to know if there have been any experiences that will influence the community life at The Stony Brook School. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. **Please note on a separate sheet** any situations that could influence your child's experience at The Stony Brook School. Failure to notify us could result in your child's separation from The Stony Brook School.*

Parent or Guardian Signature _____	Student Signature _____	Date _____	<b>attach photo here</b>
Please Include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-refundable \$50 application fee</li> <li><input type="checkbox"/> Copy of applicant's report card for the last 2 years to date</li> <li><input type="checkbox"/> Photograph of the applicant</li> </ul>			

**Return To:**  
The Stony Brook School  
Admissions Office  
1 Chapman Parkway  
Stony Brook, NY 11790

# The Stony Brook School

## APPLICANT CHECKLIST

rev 03/04/2009

Please consult the following checklist to be sure that all steps of your application have been completed. This checklist is for your convenience. If you have any questions, feel free to call the Admissions Office.

**Date Completed**

**Application**

Must be sent with a \$50 application fee to initiate formal application.

**Recommendation Forms**

Return the recommendation forms in the large envelope provided; please be sure to use adequate postage.

English Teacher Recommendation Form

Mathematics Teacher Recommendation Form

**Report Cards and Standardized Test Scores**

Please send grades from last year, the current year, and standardized test results to The Stony Brook School Admissions Office.

**Admissions Test**

**Register for the Secondary School Admissions Test (SSAT) at [www.ssat.org](http://www.ssat.org).**

Please contact the Admissions Office if you do not have access to the internet.

Have your scores sent to The Stony Brook School (Recipient Code #7510).

PSAT or SAT scores may be substituted for SSAT scores.

**Interview**

After you have submitted the application, recommendation forms, grades, and registered for the SSAT, please contact the Admissions Office to schedule an interview.

**Applying for Financial Aid**

If you intend to apply for financial aid, be sure to check the box on the application.

All financial aid forms will be mailed after January 1 with complete instructions.

**In order to be considered for financial aid, the applicant must be an accepted student and the financial aid forms must be completed and received by March 1.**



*The Stony Brook School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other administered programs, and in compliance with and to the extent required by Title IX of the Educational Amendments Act of 1972 does not discriminate on the basis of sex.*



# The Stony Brook School

## MATHEMATICS TEACHER RECOMMENDATION

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

The above mentioned student is an applicant for admission to The Stony Brook School. Founded in 1922, The Stony Brook School is an independent, college preparatory, boarding and day school for young men and women in grades 7 through 12. Rigorous academics are combined with training in the arts and athletics. Character development is fostered within a Christian framework.

We value your assessment of the student as an integral component of the admissions process. Please complete this **confidential** recommendation form and return it to the applicant in the signed and sealed envelope provided. *Thank you for your time and effort.*

MATHEMATICS TEACHER RECOMMENDATION

1. What are the first words that come to mind in describing this student?

\_\_\_\_\_

2. Please list the courses in which you have taught this student.

Dates	Courses	Regular	Accelerated	Honors

3. Please evaluate the applicant in the following areas:

	Below Grade Level	On Grade Level	Above Grade Level
Addition			
Subtraction			
Multiplication			
Division			
Decimals			
Integers			
Positive/Negative Numbers			
Fractions			

4. List the book title and author used this year as well as topics covered.

\_\_\_\_\_

Please specify:    Algebra I    Algebra II    Plane Geometry

5. Describe the student's ability in problem solving and in dealing with abstract concepts.

\_\_\_\_\_

6. Please discuss the student's overall performance in relation to his or her ability.

\_\_\_\_\_

7. Which course level would you recommend for this student?    Regular    Advanced   (*over*)

8. Please complete the following:

rev 12/10/2008

**ACADEMIC EVALUATION**

Academic Potential	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Intellectual Curiosity	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In one area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Creativity	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In one area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Effort and Perseverance	<input type="checkbox"/> Very Little	<input type="checkbox"/> Occasional	<input type="checkbox"/> In one area	<input type="checkbox"/> Varied	<input type="checkbox"/> Strong
Follows Directions	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Ability to Work Independently	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Classroom Conduct	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Attention Span	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Study Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Use of Time	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding

**CHARACTER EVALUATION**

Honesty and Integrity	<input type="checkbox"/> Never	<input type="checkbox"/> Questionable	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Consideration of Others	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Social Skills	<input type="checkbox"/> Troublemaker	<input type="checkbox"/> Loner	<input type="checkbox"/> Shy/Reserved	<input type="checkbox"/> Friendly	<input type="checkbox"/> Leader
Working Relationship with Students	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Disagreeable	<input type="checkbox"/> Domineering	<input type="checkbox"/> Agreeable	<input type="checkbox"/> Respectful
Working Relationship with Adults	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Disagreeable	<input type="checkbox"/> Domineering	<input type="checkbox"/> Agreeable	<input type="checkbox"/> Respectful
Emotional Stability	<input type="checkbox"/> Unstable	<input type="checkbox"/> Weak	<input type="checkbox"/> Stable	<input type="checkbox"/> Balanced	<input type="checkbox"/> Very Stable
Self-Confidence	<input type="checkbox"/> Insecure	<input type="checkbox"/> Poor	<input type="checkbox"/> Healthy	<input type="checkbox"/> Very Healthy	<input type="checkbox"/> Secure
Responsibility	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Cooperation of Parents/Guardians	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> No Contact	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

9. Please describe the student's specific strengths.

10. Please describe the student's specific weaknesses.

Please feel free to include any additional comments about this student on a separate sheet of paper.

School \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive information about The Stony Brook School?  Yes  No  Already Have



# The Stony Brook School

## ENGLISH TEACHER RECOMMENDATION

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

The above mentioned student is an applicant for admission to The Stony Brook School. Founded in 1922, The Stony Brook School is an independent, college preparatory, boarding and day school for young men and women in grades 7 through 12. Rigorous academics are combined with training in the arts and athletics. Character development is fostered within a Christian framework.

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ENGLISH TEACHER RECOMMENDATION

1. What are the first words that come to mind in describing this student?

\_\_\_\_\_

2. Please list the courses in which you have taught this student.

Dates	Courses	Regular	Accelerated	Honors

3. Please evaluate the applicant in the following areas:

		Below Grade Level	On Grade Level	Above Grade Level
<b>Vocabulary</b>	Oral			
	Written			
<b>Reading</b>	Speed			
	Accuracy			
	Capacity for drawing appropriate inferences			
	Transition from literal to figurative interpretation			
<b>Writing</b>	Sentence structure			
	Clarity of Style			
	Ability to organize ideas in a logical sequence			
	Punctuation			

4. Please discuss the student's overall performance in relation to his or her ability.

\_\_\_\_\_

\_\_\_\_\_

5. Which course level would you recommend for this student?  Regular  Advanced (*over*)

6. Please complete the following:

rev 12/10/2008

**ACADEMIC EVALUATION**

Academic Potential	<input type="checkbox"/> Limited	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
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Study Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding
Use of Time	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Outstanding

**CHARACTER EVALUATION**

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Social Skills	<input type="checkbox"/> Troublemaker	<input type="checkbox"/> Loner	<input type="checkbox"/> Shy/Reserved	<input type="checkbox"/> Friendly	<input type="checkbox"/> Leader
Working Relationship with Students	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Disagreeable	<input type="checkbox"/> Domineering	<input type="checkbox"/> Agreeable	<input type="checkbox"/> Respectful
Working Relationship with Adults	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Disagreeable	<input type="checkbox"/> Domineering	<input type="checkbox"/> Agreeable	<input type="checkbox"/> Respectful
Emotional Stability	<input type="checkbox"/> Unstable	<input type="checkbox"/> Weak	<input type="checkbox"/> Stable	<input type="checkbox"/> Balanced	<input type="checkbox"/> Very Stable
Self-Confidence	<input type="checkbox"/> Insecure	<input type="checkbox"/> Poor	<input type="checkbox"/> Healthy	<input type="checkbox"/> Very Healthy	<input type="checkbox"/> Secure
Responsibility	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Cooperation of Parents/Guardians	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> No Contact	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

7. Please describe the student's specific strengths.

8. Please describe the student's specific weaknesses.

Please feel free to include any additional comments about this student on a separate sheet of paper.

School \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive information about The Stony Brook School?  Yes  No  Already Have