



The Stony Brook School

INTERNATIONAL APPLICATION FOR ADMISSION

Name _____
first middle last

(Please print legal name exactly as it appears on passport. This name is used if student needs an I-20 to obtain F-1 student VISA.)

Preferred Name _____ Male Female

Home Address _____
street apt. # city 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 Number of years English studied? _____

Primary Language (s) Spoken _____ Does the student need ESL? Yes No

Father or Male Guardian

Name (Dr./Mr./Rev.) _____

Address _____

City _____ Zip _____ Country _____

Phone (H) _____

Fax (H) _____

Parent E-mail _____

Profession _____

Employer _____

Address _____

City _____ Zip _____ Country _____

Phone (W) _____ Fax (W) _____

Mother or Female Guardian

Name (Dr./Mrs./Ms./Rev.) _____

Address _____

City _____ Zip _____ Country _____

Phone (H) _____

Fax (H) _____

Parent E-mail _____

Profession _____

Employer _____

Address _____

City _____ Zip _____ Country _____

Phone (W) _____ Fax (W) _____

<i>Check any that apply:</i>	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced
Student lives with?	<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 _____

Name of Guardian/Contact Person Living in the United States (Dr./Mr./Mrs./Ms./Rev.) _____

Address _____
street apt. # city state zip

Phone (H) _____ Phone (W) _____ Fax _____ E-mail _____

Present School _____ Years Attended _____

Address _____
street city state zip country

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

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 _____	attach photo here
Please Include: <input type="checkbox"/> Non-refundable \$100 application fee <input type="checkbox"/> Copy of applicant's report card for the last 2 years to date <input type="checkbox"/> Photograph of the applicant			

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

The Stony Brook School

INTERNATIONAL APPLICANT CHECKLIST

rev 02/24/2010

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 \$100 (US Funds) 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

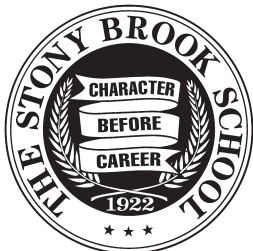
Register for the Secondary School Admissions Test (SSAT) at www.ssat.org. Please contact the Admissions Office if you do not have access to the internet. Have your scores sent to The Stony Brook School, (Recipient Code #7510). May be substituted with PSAT or SAT scores. _____

Grades 7-10: Register for the Secondary Level English Proficiency (SLEP) Test at www.ets.org. Send scores to The Stony Brook School. _____

Grades 11-12: Register for the Test of English as a Foreign Language (TOEFL) at www.ets.org. Send scores to The Stony Brook School, (DI Code: 8083). _____

Interview

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



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 03/04/2009

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 _____

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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
Vocabulary	Oral			
	Written			
Reading	Speed			
	Accuracy			
	Capacity for drawing appropriate inferences			
	Transition from literal to figurative interpretation			
Writing	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 03/04/2009

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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
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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.

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