

Application Form



George Walton Academy

- Admission** New students are admitted to all grades, space permitting. K4, K5, 6th, and 8th grades are considered the primary entry points. Only students moving to the Atlanta area are admitted to Grade 12.
- Application** The application should be submitted with the non-refundable application fee of \$150.00.
- Testing** All applicants for kindergarten, as well as all first grade applicants who did not attend George Walton Academy, are required to take an admissions test. For students applying for grades 2-12, the results of a nationally standardized test taken within the last 12 months will be considered. If no such testing records are available or if additional testing is necessary, a testing date will be scheduled.
- Transcript** The transcript release form must be signed by the parent and mailed to the last school attended. No consideration of acceptance will be made until George Walton Academy has received transcripts, standardized test scores, and teacher recommendations.
- Teacher Evaluation** Two forms must be completed with the request that they are returned directly to George Walton Academy.
- Student Questionnaire** The student questionnaire must be completed by students in grades 6-12 and returned with the application.
- Admission Committee** All candidates are considered by the Admission Committee with care. The committee attempts to make a fair decision in every case considering not only what our school can offer each candidate but also what contributions that candidate can make to George Walton Academy.
- In making application to George Walton Academy, parents should understand that the decision of the Admission Committee is made with the best interest of each candidate as a primary concern. George Walton Academy admits qualified students without regard to race, color, national, or ethnic origin.

(PLEASE TYPE OR PRINT)

APPLICATION FOR THE ADMISSION OF:

Applicant's Name _____

_____ Last Name First Middle Name Used

Social Security Number _____

Birthplace _____

Birthday _____ Sex _____

Present School _____ Present Grade _____

School Address _____ Telephone _____

_____ City State Zip

Applying for admission to grade _____ for the academic year beginning August 20 _____

Correspondence regarding application should be address to: _____

_____ Relation to applicant _____

Home Telephone _____

Name (s) (Please indicate Mr. and Mrs., Dr. and Mrs., Mr. only, Mrs. only, etc...)

Address _____

_____ City State County Zip

Student lives with (check any that applies):

Father Stepfather Father deceased Parents divorced
 Mother Stepmother Mother deceased Parents separated
 Other _____

(relationship)

Who has legal custody? _____

Financial responsibility for applicant will be assumed by:

_____ Father's full name: _____ Mother's full name: (underline maiden name)

_____ Nature of work: Position _____ Nature of work: Position

Employer _____ Employer _____

Address _____ Address _____

Business Telephone _____ Business Telephone _____

Names of grandparents, parents, or siblings who attend or have attended George Walton Academy. Indicate graduation date with an asterisk (*).

Name: _____ Relationship _____ Current grade or year attended _____

How did you become interested in George Walton Academy? _____

List all previous schools attended and dates of attendance:

School	Dates	Grade	School	Dates	Grade
_____			_____		
_____			_____		
_____			_____		

Has the applicant ever tested for or attended a school or program for students who have academic or other needs? (Such as, programs for the gifted, special learning, etc.) If so, please describe.

Is a sibling also making application for admission? _____ If so, please give a name and grade for which application is being made.

Has a previous application to George Walton Academy been submitted? _____ If so, for what grade(s) and year(s)? _____

Has your son/daughter ever been referred for or received professional, psychological, or personal counseling? _____
(If yes, please describe.)

Has the applicant ever been suspended, expelled, or withdrawn from any school for any reason? _____ If yes, please attach full details, including name of school, year, and contact person for further details.

Is applicant taking any medication on a regular basis? _____ If yes, please specify.

Does student have a physical health problem of which the school should be aware? (This may include special diets, prescriptions, or limitations on normal activities.)

Yes _____ No _____ If yes, please specify.

George Walton Academy

Referral Form

For Applicants: Kindergarten-Grade 1

To the Teacher:
 After completing this form, mail it directly to:
 Admissions/George Walton Academy
 #1 Bulldog Drive
 Monroe, GA 30655
 770-267-7578

All information provided on the Referral Form will be held in the strictest of confidence and no information provided by you will be shared, directly or indirectly, with the student, parents or guardians.

Name of child _____ Current school _____
 Present grade level _____ with _____ other students in the class, _____
 days a week, _____ hours a day. Attendance is **regular/irregular**. (Please circle one.)
 I have known this student for _____ years, _____ months.

Academic Readiness Skills for Reading, Writing, and Computation

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of concern</i>	Comments
Ability to listen in a group					
Contributions to discussions					
Ability to follow directions					
Ability to work cooperatively					
Respect for classroom routines					
Ability to complete tasks					
Ability to focus on one task					
Ability to transition between tasks					
Response to correction					
Willingness to try new activities					
Ability to initiate activities					
Ability to solve problems					
Ability to express thoughts and ideas					

Please comment on this child's intellectual development (e.g., receptive language development, visual and auditory discrimination).

Social/Emotional Development

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of concern</i>	Comments
Comfort with peers					
Comfort with adults					
Ability to work independently					
Cooperation in classroom activities					
Cooperation in play					
Initiation of play activities					
Sharing					
Use of imagination					
Sharing					
Use of imagination					
Capacity to lead					
Capacity to follow					
Purposeful use of materials					

Please comment on this child's social development (e.g., degree of aggression or passivity, peer relationships, adult support needed, level of play).

Please comment on this child's emotional development (e.g., self-image, ability to deal with conflict and frustration).

Physical Development

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of concern</i>	Comments
Small muscle control & coordination					
Large muscle control & coordination					
Articulation					

Please circle the words that describe this child:

- | | | | | |
|------------|-------------------|-------------------|------------------|-------------------|
| aggressive | anxious | articulate | cheerful | disobedient |
| assertive | honest | influential | irritable | manipulative |
| follower | passive-resistant | perfectionist | responsible | self-centered |
| well-liked | positive leader | easily distracted | conscientious | shy |
| social | rambunctious | energetic | negative leader | easily encouraged |
| restless | organized | confident | self-disciplined | over-protected |
| passive | vivacious | distracting | motivated | other_____ |

1. *Please comment on the child-parent relationship.*_____

2. *Please describe the parent's relationship with the school.*_____

3. *In your view, what are the child's particular strengths?*_____

4. *In your view, what are the child's particular weaknesses?*_____

Please note any special attributes of this child that would help us understand him/her better (e.g., English as a second language, special talents in the arts or athletics, etc...).

Would you be willing to discuss this child by telephone if we have further questions? ___yes___no

Is there information about this child that would be better communicated by telephone?___yes___no

Teacher's Name (printed)_____Telephone Number_____

Signature_____Date_____

School_____Position_____

Address_____Zip_____

George Walton Academy

Referral Form

For Applicants: Kindergarten-Grade 1

To the Teacher:
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 Admissions/George Walton Academy
 #1 Bulldog Drive
 Monroe, GA 30655
 770-267-7578

All information provided on the Referral Form will be held in the strictest of confidence and no information provided by you will be shared, directly or indirectly, with the student, parents or guardians.

Name of child _____ Current school _____
 Present grade level _____ with _____ other students in the class, _____
 days a week, _____ hours a day. Attendance is **regular/irregular**. (Please circle one.)
 I have known this student for _____ years, _____ months.

Academic Readiness Skills for Reading, Writing, and Computation

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of concern</i>	Comments
Ability to listen in a group					
Contributions to discussions					
Ability to follow directions					
Ability to work cooperatively					
Respect for classroom routines					
Ability to complete tasks					
Ability to focus on one task					
Ability to transition between tasks					
Response to correction					
Willingness to try new activities					
Ability to initiate activities					
Ability to solve problems					
Ability to express thoughts and ideas					

Please comment on this child's intellectual development (e.g., receptive language development, visual and auditory discrimination).

Social/Emotional Development

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of concern</i>	Comments
Comfort with peers					
Comfort with adults					
Ability to work independently					
Cooperation in classroom activities					
Cooperation in play					
Initiation of play activities					
Sharing					
Use of imagination					
Sharing					
Use of imagination					
Capacity to lead					
Capacity to follow					
Purposeful use of materials					

Please comment on this child's social development (e.g., degree of aggression or passivity, peer relationships, adult support needed, level of play).

Please comment on this child's emotional development (e.g., self-image, ability to deal with conflict and frustration).

Physical Development

	<i>Notably Advanced</i>	<i>Age Appropriate</i>	<i>Progressing Towards Age Appropriate</i>	<i>Possible Area of concern</i>	Comments
Small muscle control & coordination					
Large muscle control & coordination					
Articulation					

Please circle the words that describe this child:

- | | | | | |
|------------|-------------------|-------------------|------------------|-------------------|
| aggressive | anxious | articulate | cheerful | disobedient |
| assertive | honest | influential | irritable | manipulative |
| follower | passive-resistant | perfectionist | responsible | self-centered |
| well-liked | positive leader | easily distracted | conscientious | shy |
| social | rambunctious | energetic | negative leader | easily encouraged |
| restless | organized | confident | self-disciplined | over-protected |
| passive | vivacious | distracting | motivated | other _____ |

1. *Please comment on the child-parent relationship.* _____

2. *Please describe the parent's relationship with the school.* _____

3. *In your view, what are the child's particular strengths?* _____

4. *In your view, what are the child's particular weaknesses?* _____

Please note any special attributes of this child that would help us understand him/her better (e.g., English as a second language, special talents in the arts or athletics, etc...).

Would you be willing to discuss this child by telephone if we have further questions? ____yes____no

Is there information about this child that would be better communicated by telephone? ____yes____no

Teacher's Name (printed) _____ Telephone Number _____

Signature _____ Date _____

School _____ Position _____

Address _____ Zip _____

George Walton Academy

Referral Form

For Applicants to Grades 2 - 12

To the Teacher:
 After completing this form, mail it directly to:
 Admissions/George Walton Academy
 #1 Bulldog Drive
 Monroe, GA 30655
 770-267-7578

All information provided on the Referral Form will be held in the strictest of confidence and no information provided by you will be shared, directly or indirectly, with the student, parents or guardians.

Name of child _____
 Current school _____ Present grade level _____
 My position at the school is _____ (If a teacher, please
 note your subject area.)
 I have known this student for _____ years, _____ months.
 Attendance is **regular/irregular**. (Please circle one.) The first words that come to mind when I
 think of this student are _____.

Academic Ability

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Verbal ability				
Mathematical ability				
Creative ability				
Intellectual curiosity				
Ability to grasp new concepts				

Please comment on this child's academic strengths and weaknesses.

Classroom Performance

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Classroom achievement				
Participation in discussions				
Writing mechanics				
Quality of written ideas				
Oral expression				
Work habits				
Ability to follow directions				
Preparation for class				

Please comment on this child's learning style. Please note any special needs and any observed discrepancies between academic ability and classroom performance.

Social Behavior

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions and corrections				
Willingness to seek needed help				
Attention span				
Interaction with peers				
Respect for others				
Conduct				

Personal Abilities

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Maturity for grade.....				
Maturity for age.....				
Perseverance.....				
Self-confidence.....				

Please comment on this students' social and emotional development. _____

Please circle the words that describe this child:

- | | | | |
|-----------------|-------------------|--------------------|-------------------|
| aggressive | passive-resistant | responsible | organized |
| assertive | passive | irresponsible | self-disciplined |
| follower | social | popular | easily distracted |
| positive leader | articulate | disobedient | confident |
| negative leader | perfectionist | manipulative | motivated |
| humorous | vivacious | restless | conscientious |
| anxious | cheerful | self-centered | compassionate |
| honest | irritable | easily discouraged | other _____ |
| dishonest | impulsive | easily frustrated | |

Please note any special attributes of this student that would help us better understand him/her (eg., English as a second language, special talent in arts or athletics, etc...).

Please comment on the student-parent relationship.

Would you be willing to discuss this child by telephone if we have further questions? ___Yes ___No
Is there information about this child that would be better communicated by telephone? ___Yes ___No

Evaluator's Name (*printed*) _____ Telephone Number _____

Signature _____ Date _____

Name of School _____ Address _____ Zip _____

George Walton Academy

Referral Form

For Applicants to Grades 2 - 12

To the Teacher:
After completing this form, mail it directly to:
 Admissions/George Walton Academy
 #1 Bulldog Drive
 Monroe, GA 30655
 770-267-7578

All information provided on the Referral Form will be held in the strictest of confidence and no information provided by you will be shared, directly or indirectly, with the student, parents or guardians.

Name of child _____
 Current school _____ Present grade level _____
 My position at the school is _____ (If a teacher, please
 note your subject area.)
 I have known this student for _____ years, _____ months.
 Attendance is **regular/irregular**. (Please circle one.) The first words that come to mind when I
 think of this student are _____.

Academic Ability

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Verbal ability				
Mathematical ability				
Creative ability				
Intellectual curiosity				
Ability to grasp new concepts				

Please comment on this child's academic strengths and weaknesses.

Classroom Performance

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Classroom achievement				
Participation in discussions				
Writing mechanics				
Quality of written ideas				
Oral expression				
Work habits				
Ability to follow directions				
Preparation for class				

Please comment on this child's learning style. Please note any special needs and any observed discrepancies between academic ability and classroom performance.

Social Behavior

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Motivation				
Ability to work in a group				
Ability to work independently				
Response to suggestions and corrections				
Willingness to seek needed help				
Attention span				
Interaction with peers				
Respect for others				
Conduct				

Personal Abilities

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Maturity for grade.....				
Maturity for age.....				
Perseverance.....				
Self-confidence.....				

Please comment on this students' social and emotional development. _____

Please circle the words that describe this child:

- | | | | |
|-----------------|-------------------|--------------------|-------------------|
| aggressive | passive-resistant | responsible | organized |
| assertive | passive | irresponsible | self-disciplined |
| follower | social | popular | easily distracted |
| positive leader | articulate | disobedient | confident |
| negative leader | perfectionist | manipulative | motivated |
| humorous | vivacious | restless | conscientious |
| anxious | cheerful | self-centered | compassionate |
| honest | irritable | easily discouraged | other _____ |
| dishonest | impulsive | easily frustrated | |

Please note any special attributes of this student that would help us better understand him/her (eg., English as a second language, special talent in arts or athletics, etc...).

Please comment on the student-parent relationship.

Would you be willing to discuss this child by telephone if we have further questions? ___Yes ___No
 Is there information about this child that would be better communicated by telephone? ___Yes ___No

Evaluator's Name (*printed*) _____ Telephone Number _____

Signature _____ Date _____

Name of School _____ Address _____ Zip _____

STUDENT QUESTIONNAIRE (For Grades 6-12)

Applying for Grade _____

Print Full Name _____
(First) (Middle) (Last) (Name Used)

Date _____

To help George Walton Academy learn more about you, your interests, and your abilities, we ask that you answer the following questions in a single paragraph using your own handwriting. Please write all responses on this form and use an additional piece of paper if you need more space.

1. What extracurricular activities, such as art, music, and sports, in or out of school, are the most important to you? _____

2. If you have received any special recognition or awards for performance or service in any area (art, music, all studies, sports, camp, scouting, church, job, etc.), please describe. Include any offices or positions of ability you may have held.

3. Which academic subject interests you the most? _____

Which academic subject interest you the least? _____

4. How many hours a week on an average do you spend on homework? _____

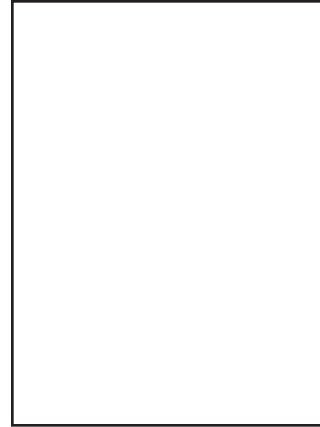
5. How much time a month on an average do you spend reading for your own pleasure? _____

6. If you had unlimited opportunity and time, what would you like to do most?

Please attach current picture here

Please return to:

Admissions
George Walton Academy
#1 Bulldog Drive
Monroe, GA 30655



Conditions and Terms of Agreement

I understand and agree to the following conditions of admission:

1. This formal application for admission will not be considered complete until (a) the non-refundable application fee of one-hundred dollars (\$150.00) is remitted; (b) the school receives previous school records (applicable to grades 1 through 12); (c) the admission test scores are received; (d) teacher recommendations are received; and (e) student questionnaire (for grades 6-12) is received.
2. Applications are accepted for the entire year. Students will not be enrolled until tuition and fees are paid.
3. Students are admitted for one year at a time, and the school reserves the right of suspension or dismissal at any time during the school year. Any pupil who persistently neglects work, who fails to meet academic standards, who exercises proper citizenship, or who fails to cooperate, may be asked to withdraw from school.
4. Following admission, applicants will complete their registration by payment of an enrollment fee, completion of the enrollment contract, and payment schedule.
5. GWA reserves the right to determine the placement of the applicant in the grade level or subjects judged most appropriate for his or her school experience.

Date _____ Signed _____

Parent or Guardian

Date _____ Signed _____

Parent or Guardian

NOTICE OF NONDISCRIMINATORY POLICY

George Walton Academy admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs and activities generally accorded to 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, admission policies, athletic and other school-administrated programs.

George Walton Academy

#1 BULLDOG DRIVE • MONROE, GA, 30655
(770) 267-7578 • FAX (770) 267-4023



To Applicant:

Please print or type the authorization below and deliver this form to your guidance counselor or principal:

Authorization of Release of Educational Records

Student's Name _____ Grade _____
Last First Middle (Current)

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to George Walton Academy of all educational records about the above named individual who is applying to George Walton Academy, including evaluations and such other information as may be requested.

Date _____ _____
Parent Signature

Date _____ _____
Student Signature

Authorization of Release of Educational Records

To Principal or Guidance Counselor:

The student named above has made application for admission to George Walton Academy. We would appreciate you promptly sending the following:

1. A *transcript* of the students record to date, including grades for courses in progress.
2. A copy of the students complete *test profile*.
3. Your own *personal evaluations (see Recommendation form)* of the student as to academic potential, personality, and character.
4. Disciplinary records.

If this student is admitted to George Walton Academy, a request for a final transcript will be made at the termination of this school year. **Please hold this authorization form on file so that a second form will not be necessary.**

Please mail to:

Director of Admissions • George Walton Academy
1 Bulldog Drive • Monroe, Georgia 30655 • 770-267-7578 • Fax 770-267-4023