

Name _____



MIDDLE SCHOOL STUDENT APPLICATION

APPLICANT INFORMATION

Name of Applicant _____
first middle last nickname/preferred name

Check one: Male Female Age: _____ Date of Birth _____
Month/day/year

Address _____
Street address apartment city state zip

Home Telephone (____) _____ Mobile Telephone (____) _____ Social Security # _____

Are you a U.S. citizen? _____ If not, what is your country of citizenship? _____

If not, do you have an applicant visa? _____ If yes, what is your visa # ? _____

How did you hear about The Watershed School? _____

The following items are optional:

One of The Watershed School's goals is to maintain a learning community that is rich in diversity. The following information on your ethnic background is appreciated:

Place of birth _____
City/Town State Country

First language, if other than English _____ Language spoken at home _____

If you wish to be identified with a particular group, please check the following:

- African American
- Asian American (country of family's origin _____)
- Mexican American or Chicano
- Puerto Rican
- Other Latino or Hispanic (country of family's origin _____)
- Native American (Tribal Affiliation _____)
- White or Caucasian
- Other (please specify) _____

REFERENCE INFORMATION

(please provide information about the people who will complete the questionnaires)

Parent/Sponsor _____
Name phone number(s)/ email relationship to applicant

Parent/Sponsor _____
Name phone number(s)/ email relationship to applicant

School Representative #1 _____
Name phone number(s)/ email relationship to applicant

School Representative #2 _____
Name phone number(s)/ email relationship to applicant

Name _____



MIDDLE SCHOOL STUDENT APPLICATION

FAMILY INFORMATION

The applicant's parents (check one): married divorced separated civil union single

The applicant lives with (check those that apply):

both parents father mother guardian (relationship to applicant _____)

Father's Name _____ **Date of Birth** _____
first middle last month/day/year

Address _____
street address apartment city state zip

Home Telephone (____) _____ Work Telephone (____) _____

Mobile Telephone _____ Email _____

Employer _____ Occupation/Title _____

Mother's Name _____ **Date of Birth** _____
first middle last month/day/year

Address _____
street address apartment city state zip

Home Telephone (____) _____ Work Telephone (____) _____

Mobile Telephone _____ Email _____

Employer _____ Occupation/Title _____

Guardian's Name _____ **Date of Birth** _____
(if applicable) first middle last month/day/year

Address _____
street address apartment city state zip

Home Telephone (____) _____ Work Telephone (____) _____

Mobile Telephone _____ Email _____

Employer _____ Occupation/Title _____

Applicant's Siblings

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____


Watershed
SCHOOL
MIDDLE SCHOOL STUDENT APPLICATION

SCHOOL INFORMATION

Present School _____ Current grade _____

Address _____
street address city state zip

Telephone (____) _____ Fax (____) _____

Name of Principal/Headmaster or Guidance Counselor _____

HOBBIES AND INTERESTS

List below your activities in school and out of school (music, art, drama, sports, after school programs, summer camps, independent projects, etc.) in order of importance to you. Let us know in what grades you participated in the activity, approximately how many hours per week you spent participating, and any major accomplishments or awards.

Activity	Grade level(s)	Hours per week	Comments

Use the space below to tell us more about your favorite activity listed above.

Name _____


MIDDLE SCHOOL STUDENT APPLICATION

APPLICANT QUESTIONNAIRE PART I

Name of Applicant _____

To the Applicant: Please answer the following questions so that we can learn about you and why you want to be a student at The Watershed School. Remember, there are no right or wrong answers -- we want you to answer these questions honestly so we can get to know you before your interview. Please use a separate sheet of paper to answer the questions (typed or handwritten) and sign the bottom of the document verifying that your answers are true. Each answer should be 1-2 paragraphs in length.

1. Write about two things you feel confident about and two things that are challenging for you at school.
2. What most excites you about The Watershed School? What would you like to learn more about in middle school?
3. Describe one of your most memorable learning experiences.

We would like to know your impression of your abilities in the following areas. Please put a check in the box that most accurately completes the assessment. Remember, there are no wrong answers. We want to know what you think, not what others think about you.

I would like to improve this.		Excellent	Good	Average	Poor	Very Poor
	My academic achievement is					
	My creativity is					
	My motivation is					
	My self-discipline and work habits are					
	My communication skills are					
	My independence and initiative are					
	My self-confidence is					
	My maturity level is					
	My concern for others is					
	My leadership skills are					
	My personal qualities and character are					
	My overall evaluation is					

Name _____


Watershed
SCHOOL
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APPLICANT QUESTIONNAIRE PART II

Read the following directions carefully. Please choose (2) of the following (4) topics and write 1-2 paragraphs in response. Use the space provided below and on the back of this sheet. Please write in your own handwriting.

Topic 1: Write about the hardest thing you have ever done.

Topic 2: What are you like as a friend?

Topic 3: What is your ideal way to spend a Saturday?

Topic 4: If you were an animal, what would you be and why?

The Watershed School is dedicated to the highest ethical and academic standards. We expect honesty, respect for persons and property, and honorable behavior. Our requirements are necessary to maintain a community filled with trust and affection, where people are supported and feel cared for, a community from which we can draw both strength and pride. Your signature below is considered verification of your intention to uphold, support, and enforce The Watershed School's expectations of achievement and conduct. In addition, it attests to the fact that the answers in this application are uncompromisingly true.

Your signature: _____ Date: _____

Name _____



MIDDLE SCHOOL STUDENT APPLICATION

PARENT/SPONSOR QUESTIONNAIRE

Name of Applicant _____

To the Parent/Sponsor: The Watershed School believes that parents/sponsors should be as involved as possible in the student's experience at the school. Please answer the following questions to assist us in the admissions process. Type or neatly print your answers on separate sheets of paper. Please keep each answer between one to three paragraphs in length.

Name _____ Relationship to Applicant _____

1. Tell us about the applicant's strengths, interests, and goals.
2. Tell us about the applicant's challenges and needs. Please include any information about academic support services received.
3. What academic experiences has your child had that have made a significant impact on their success at school (individualized attention, structures to support homework habits, regular check-ins with a teacher)?
4. Would you like him or her to attend The Watershed School? What do you think he or she will gain from the experience?
5. Physical activities and outdoor experiences are essential to the Watershed curriculum. Is there anything in the applicant's medical history that our staff should know in order to more effectively help the candidate participate in the school's curriculum?
6. If the applicant has ever seen a school counselor or psychiatrist, please share information about the nature of this counseling to help us better understand his or her needs.
7. As a parent, you will play an important part in The Watershed School community. What special skills or interests do you have that you can share with the school? (teaching a class, fundraising, community connections, etc...)

We would like to know your assessment of the applicant's abilities in the following areas. Check the box that most appropriately represents the applicant. We will use this information to learn more about the applicant so we can better serve his/her needs.

	Excellent	Good	Average	Poor	Very Poor
His/her academic achievement is					
His/her creativity is					
His/her motivation is					
His/her self-discipline and work habits are					
His/her communication skills are					
His/her independence and initiative are					
His/her self-confidence is					
His/her maturity level is					
His/her concern for others is					
His/her leadership skills are					
His/her personal qualities and character are					

Signature _____ Date _____

Name _____



MIDDLE SCHOOL STUDENT APPLICATION

SCHOOL REPRESENTATIVE QUESTIONNAIRE #1

Name of Applicant _____

To the Applicant: Please give this questionnaire to a representative at your school (e.g., teacher, guidance counselor) who knows you well enough to assess your potential to succeed at The Watershed School. Be sure to provide a stamped envelope addressed to:

Admissions, The Watershed School, 205 Canyon Boulevard, Boulder, CO 80302.

Name of School Representative _____ Phone _____

Email _____ School _____ Title _____

To the School Representative: This student is applying to The Watershed School, an innovative, expedition-based middle and high school. Please answer the following questions to assist us in the admissions process. When you are finished, please mail the questionnaire directly to The Watershed School in the envelope provided by the applicant. **Type or neatly print your answers on separate sheets of paper.**

1. How long have you known the applicant and in what capacity?
2. Is the applicant's record with your school a true indicator of his or her ability, or have other circumstances interfered with his or her achievement? If so, what has interfered?
3. What are the applicant's academic strengths and challenges? What are the applicant's personal strengths and challenges?
4. How does the applicant interact with peers? teachers? adults/persons of authority?
5. To the best of your knowledge, does the applicant have a history of violent behavior and/or inappropriate behavior? If so, please explain. Has the applicant been suspended or expelled from school?
6. To the best of your knowledge, does the applicant require academic support services?
7. What suggestions can you give us to help this applicant be successful at The Watershed School?

We would like to know your assessment of the applicant's abilities in the following areas. Check the box that most appropriately represents the applicant.

	Excellent	Good	Average	Poor	Very Poor
His/her academic achievement is					
His/her creativity is					
His/her motivation is					
His/her self-discipline and work habits are					
His/her communication skills are					
His/her independence and initiative are					
His/her self-confidence is					
His/her maturity level is					
His/her concern for others is					
His/her leadership skills are					
His/her personal qualities and character are					

Signature of Evaluator _____ Date _____

Name _____



MIDDLE SCHOOL STUDENT APPLICATION

SCHOOL REPRESENTATIVE QUESTIONNAIRE #2

Name of Applicant _____

To the Applicant: Please give this questionnaire to a representative at your school (e.g., teacher, guidance counselor) who knows you well enough to assess your potential to succeed at The Watershed School. Be sure to provide a stamped envelope addressed to:

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Name of School Representative _____ Phone _____

Email _____ School _____ Title _____

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His/her communication skills are					
His/her independence and initiative are					
His/her self-confidence is					
His/her maturity level is					
His/her concern for others is					
His/her leadership skills are					
His/her personal qualities and character are					

Signature of Evaluator _____ Date _____

Name _____


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Name of Applicant _____

CONFIRMATION OF DISCLOSURE

By signing this, I/we agree that I/we have disclosed all documentation and record of the applicant's educational and academic records or any special educational services received (including but not limited to: Individual/Learning Plans, 504 Plan, and speech or occupational therapy records) as well as any discipline concerns or actions taken in a school setting. I also agree that I have disclosed all record of emotional and/or therapeutic services received which could in any way be pertinent to their experience in a school setting.

Printed name of parent or guardian

signature

date

Printed name of parent or guardian

signature

date