

# APPLICATION FOR ADMISSIONS



#### THE VISION

The Washington School for Girls (WSG), seeks to create a safe and caring environment - a space within the community where young girls (3<sup>rd</sup> – 8<sup>th</sup> grades) can discover the sacredness of their lives and begin to plan their life long goals. The year-round school promotes academic excellence, social responsibility, and Christian commitment. WSG is dedicated to serving students who would otherwise not be able to afford a private school.

#### ABOUT OUR FOUNDERS

The Washington School for Girls was born of the concerns of women in the Washington area. Their hope was to provide an educational environment for young girls that would engage their gifts and help them develop to their full potential. The school is nurtured and sustained by the spirits of courageous women whose legacies live on in three organizations: The National Council of Negro Women and two orders of Catholic Sisters: The Society of the Holy Child Jesus and the Religious of Jesus and Mary.

The Washington School for Girls does not discriminate on the basis of race, color, creed, or national origin in the administration of its educational policies and scholarships, athletic, and other school administered programs.

#### THE PROGRAM

In the small, personal setting, the school will:

- Provide year-round (12 months) instruction in core curriculum areas: mathematics, language arts, science, social studies, religion, physical education, music, spanish, and art.
- Involve parents and family in every aspect of the educational responsibility process.
- Work with our partners in THEARC (Washington Ballet, Levine Music, ArtReach, Boys & Girls Club, Children's Health Center, Phillips Collection, Bishop Walker School for Boys, David Lynch Foundation) so that all students can participate in arts and recreation activities.
- Free transportation to THEARC Campus and The VIEW is available through our contracted bus service.
- Provide a full day of classes in a small class setting (8:00 a.m. 5:30 p.m. at THEARC; 8:00 a.m. - 3:30 p.m. at The VIEW) which will include opportunities for recreation, arts education, and individualized study.

#### **LOCATIONS**

 $3^{rd}$  –  $5^{th}$  Grades – The VIEW Campus 1604 Morris Rd., SE Washington, DC 20020. 202-678-1714

6<sup>th</sup> - 8<sup>th</sup> Grades - THEARC Campus, 1901 Mississippi Ave., SE Washington, DC 20020. 202-678-1113

#### **OUR GRADUATES**

WSG Graduates will be assisted in the process of gaining admission to leading area schools. WSG will be a "home base" for its graduates, offering spiritual, academic, and social guidance throughout high school.

#### **TUITION**

All students who are accepted to WSG will receive a <u>scholarship</u>. The amount is based on financial need. In all cases, parents are expected to pay an activities fee of \$25 per month and provide the complete school uniform. Uniforms can be purchased through Risse Brothers (Lanham, MD). During the school year, families will be asked to contribute toward the cost of some extracurricular activities such as field trips and supplies.

### REQUIREMENTS

Students must be committed to the entire education program. Hard work and cooperation are essential. Students are expected to uphold high standards of academic achievement, respect for others, honor, good attendance, punctuality, and personal appearance. Parents are expected to work closely with school personnel and to attend regular parent meetings in order to support their child's academic and social progress. Parents must provide for student transportation to and from school each day.

Students with <u>identified learning disabilities</u> may be judged inappropriate for the WSG academic program. The Washington School for Girls does not have a Special Education program.

### APPLICATION AND ADMISSION

Application forms are available online or at the school. Each applicant must complete an application form and submit all of the supplemental documents. The admission process includes testing, interviews of child and parent/guardian, submission of recent test scores

and report cards for gra Form.



### APPLICATION FOR ADMISSION

Please print legibly ALL information. Incomplete applications will not be accepted.

Child #1		Grade in July 2018		
Student's Full Name	e:			
Last		Middle		First
Date of Birth				Current School
 Current Grade				Parent's Email
Home Address				
City	State	Zip	(County, MD)	Home Phone
Academic Informati	tion:			
Schools Attended		Grades	Years Attended	

Student is currently enrolled in the Opportunity Scholarship Program (vouchers). YES or NO

How did you find	out about the V	Washingtor	School fo	or Girls?	
Referred by Current WSG Parent					
Referred by	Referred by Former WSG Parent				
GreatSchool	_				
Archdiocese	of Washington	l			
Heard about	_	chool for C	Birls at Co	mmunity Event	
Internet Sea					
Other:					<del></del>
Has the student ev	ver been evaluat	ed for or re	eceived ser	vices under Title	One in any grade?
Yes.	No.	Which g	grades?		
Are there any con with the child's st extracurricular act	udies, participat	tion in WS	G lunch p	rogram, physical	education or
Are there any aller	_	_		hat should be kn	own to the school?
Has your child ev If yes, which grade				No	
Is your child curr she attends? Yes N	ently enrolled i		of special	education progr	am at the school
				_	
Does your daught If yes, please reque 504 Plan to review	est a copy before v before moving	e submittin g forward in	g applicati the admis	on. We will need ssions process.	
Student Size for T	-Snirts (please c	ircle): S	(7-8)	M (10-12)	L (14-16)

For our ongoing work and comm member of our community. For s background and religious affiliati	tatistical purposes we ask you	,
African American	Asian	Caucasian
Latin American	Caribbean	Other
Please indicate your religion (for	statistical purposes only)	Parish/Church

### PARENT/GUARDIAN INFORMATION

Father/Guardian 1		
Full Name:		
Street Address:		
City:	State:	Zip:
Father/Guardian's Cell Phone:		
Father/Guardian's Preferred Email:		
Employer:		
Title/Position:		
Business Street Address:		
Work Phone:		
Business Email:		
Mother/Guardian 2		
Full Name:		
Street Address:		
City:	State:	Zip:
Father/Guardian's Cell Phone:		

www.washingtonschoolforgirls.org

Father/Guardian's Preferred Email:
Employer:
Title/Position:
Business Street Address:
Work Phone:
Business Email:
Special Circumstances
Parents/Guardians are:
DivorcedSeparatedMother DeceasedParents Together
Father DeceasedMother RemarriedFather Remarried
Legal Guardians
Stepfather's Name:
Stepmother's Name:
If parents are divorced or separated, to whom should school correspondence be sent? Mother Father Both
Student Lives with:
Relation:
How Long?

### Brothers and Sisters

Name	Date of Birth	School	Grad Yr
 Name	Date of Birth	School	Grad Yr
Tuille	Duce of Birth	School	Crad II
Name	Date of Birth	School	Grad Yr
Are any of these s	siblings' current students of WSC	G? Yes	No
Are any of these s	siblings currently applying to WS	G? Yes	_ No
If yes which one(s	s)		
Other Persons li	ving in the household:		
Name	Age	Relationship	

### EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

1. Name:	
Relationship to Child:	
City:	State:
Home Phone:	
Cell Phone:	
2. Name:	
Relationship to Child:	
City:	State:
Home Phone:	
Cell Phone:	

Listed below is important information we need for school records. Please fill out each section if applicable to your family. Please print all information. Thank you!

Father/Guardian 1 Education
High School/GED:
Degree/Year:
Undergraduate College/University:
Degree/Year:
Graduate College/University:
Degree/Year:

Mother/Guardian I Education
High School/GED:
Degree/Year:
Undergraduate College/University:
Degree/Year:
Graduate College/University:
Degree/Year:

### ACADEMIC INFORMATION

WSG is continually seeking opportunities to enhance its educational program. In doing so
we are aided by parents/guardians who have special interests and/or experience with
volunteer organizations, community involvement, and board affiliations. Please feel free to
list this information below.

Student Statement of Intent (Required)				
(Must be written in student's own handwriting)				
Why do you wish to attend the Wash	nington School for Girls?			
	_			
Student's Signature:	Date:			

Parent Statement of Intent (Required)
(Parent Statement of Intent can be typed or handwritten)
Why do you want your child to attend The Washington School for Girls?
It is my understanding that The Washington School for Girls is committed to academic excellence and is open to spiritual and social development. Each student will be encouraged to work to her potential and to adhere to Christian code of conduct. Families will be required to participate actively in the life of the school (including attendance at faculty/parent meetings, field trips, etc.) in order to meet the requirements of the program Parent's/Guardian Signature:
Date:

### Policy of Non-Discrimination

The Washington School for Girls admits students of any race, color, creed, or national origin to all rights, privileges, program, and activities generally accorded or made available at the school. The Washington School for Girls does not discriminate on the basis of race, color, creed, or national origin in the administration of its educational policies and scholarship, athletic, and other school-administered programs.

## CONFIDENTIAL FAMILY INCOME VERIFICATION FORM

First		Middle		Last
Grade Ap	plying for			
If applical	ole, please check one	e of the following:		
This	student is a foster o	child (Foster Child's I	Personal Income:	per year)
Food Stan TANF Ca	np Case Number se Number	in your household.		of paycheck stubs,
<u>~ ~~~~~</u>		rs, eligibility notices,	etc. as proof of incom	<mark>e.</mark>
Last Name		Monthly Earnings from all work before deductions	Monthly Payments from retirement, disability, Social	Monthly Payments for
	benefit letter	Monthly Earnings from all work before	Monthly Payments from retirement,	Monthly Payments fr welfare, child suppo
	benefit letter	Monthly Earnings from all work before	Monthly Payments from retirement, disability, Social	Monthly Payments fr welfare, child suppo
	benefit letter	Monthly Earnings from all work before	Monthly Payments from retirement, disability, Social	Monthly Payments fr welfare, child suppo
	benefit letter	Monthly Earnings from all work before	Monthly Payments from retirement, disability, Social	Monthly Payments fr welfare, child suppo
	benefit letter	Monthly Earnings from all work before	Monthly Payments from retirement, disability, Social	Monthly Payments fr welfare, child suppo



### RELEASE OF TRANSCRIPTS

### Instructions to Parent or Guardian:

Please fill in your student's name and the name of her current school. <u>Sign and date this form</u> and deliver it to the Main Office or Guidance Department of her current school. Please be sure to include the proper return envelope.

### Instructions to School:

Please forward a copy of the transcript (mail preferred!), including <u>standardized test scores</u>, **IEP and 504 Plan (if applicable)** for the below mentioned student directly to:

Admissions Office Washington School for Girls – THEARC Campus 1901 Mississippi Avenue, SE, 2<sup>nd</sup> Floor, Washington, DC 20020 FAX 202.678.1114 OR EMAIL <u>admissions@wsgdc.org</u>

This is <u>NOT</u> an attempt to withdraw student from current school. This transcript request is to only be considered for admission – student has not been accepted yet.

We appreciate your prompt response to this request.

The student named below has applied request that a copy of her transcript of	_	•
504 Plan (if applicable) be forwarded	to the school.	
I hereby authorize		to release a
copy of all school	(Name of school)	
records of		to the Washington
School for Girls.	(Name of student)	_
Daront / Quardian Signature		
Parent/ Guardian Signature		
Date	_	



### CONFIDENTIAL RECOMMENDATION FORM

(To be completed by teacher, counselor, or school official)
The form is a <u>requirement</u> for admission consideration at Washington School for Girls

Name of Student:	Age:	Current Grade:
Parent/Guardian Instructions: Complete read, sign, and date the waiver in the box b current teacher, counselor, or school official DELIVERED IN SEALED ENVELOPE di	pelow. Please give this al. The completed for	form to your child's m should be <u>MAILED OR</u>
I understand and agree that the information container and will be used only in the selection of candidates at also agree that this is completed form will not be made Admissions Committee, and I waive my right to read report for the student listed above.	nd will not become pa le available to candid	art of the candidate's permanent file. I ates, parents, or anyone outside of the
Signature of Parent/Guardian		Date

The student named above has applied for admission to the Washington School for Girls. We would appreciate if you would complete the following recommendation and return it as soon as possible. Please be as frank as possible.

<u>Teacher/Counselor/School Official Instructions</u>: This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed the form, please send it to Washington School for Girls. Be sure the parent/guardian has the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your time and effort.

Please rate this applicant on the following characteristics, if applicable.

S=Superior AA=Above Average A=Average B=Below Average N=No Basis for Judgment

	S	AA	A	BA	N
Ability to work with others					
Respects others' rights and property					
Enters new activities enthusiastically					
Accepts responsibility for own actions and mistakes					
Is Dependable					

Listens attentively			
Follows directions			
Accepts and follows through on suggestions for improvement			
Classroom participation			
Able to work independently			
Demonstrates self-confidence/positive self-image			
Exhibits self-control in the classroom			
Follows the rules			
Respects and gets along with adults			
Respects and gets along with peers			
Uses time wisely			
Completes class work in reasonable amount of time			
Completes homework assignments			
Is enthusiastic about learning			
Shows organization and planning skills			
Understands concepts/materials			
Uses classroom materials responsibility			

What are the first the	nree words that come to mind t	to describe this student?	
1	2	3	
What are the studer	nt's areas of strength?		
	his student need to improve?		
•	r does she qualify for any speci tutorial services? Please explair	• •	urce Room,

What frustrates this student? Please explain	n. 		
How well do you know the family of this cl	hild? Somewhat		Not at all
Describe briefly the family atmosphere in v	which child lives:		
Describe briefly the parental cooperation a	nd involvement	with the school:	
Please add any explanation or clarification think might be helpful in assessing this stu School for Girls.	•	•	•
		<del></del>	
Name of Person Completing this Form: _			
Signature:			
Relationship to Student (Please Circle):		School Official	Teacher
Grade/Subjects Taught:			
Your School:			
Address:			
School Phone Number:			
Email Address:			

### Thank you for your time, honesty, and insight!

### Policy of Non-Discrimination:

The Washington School for Girls admits students of any race, color, creed or national origin to all rights, privileges, programs, and activities generally accorded or made available at the school. The Washington School for girls does not discriminate on basis of race, color, creed, or national origin in the administrative of its educational policies and scholarships, athletic, and other school administered programs.

### Please return applications and supplemental documents to:

Washington School for Girls

ATTN: Admissions

1901 Mississippi Avenue, Southeast, Suite 203

Washington, DC 20020

OR

Email: admissions@wsgdc.org

### APPLICATION SUBMISSION DEADLINE MAY 17th, 2018.

Parent/Guardian Signature:	Date:
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