

# APPLICATION & INFORMATION

*Want to apply online? Visit [www.kent-school.edu/admissions](http://www.kent-school.edu/admissions)*

# LEADERSHIP & GOVERNANCE

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Brandon W. Sweitzer '60 *President*  
David C. Clapp '56 *Vice President*  
Henrik N. Vanderlip '70 *Treasurer*  
Richardson W. Schell '69 *Secretary*  
Thomas B. Sides *Assistant Treasurer*  
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Cathleen P. Black  
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Thomas M. Boyd '58  
Owsley Brown III '89  
William G. Carey, III '52  
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Henrik N. Vanderlip '70 *Treasurer*  
Magalen Crane Webert '69  
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## TRUSTEES EMERITI

Theodore F. Brophy '41  
Lawrence B. Lewis '41  
Judith B. Wentz

## HONORARY TRUSTEES

Katharine Merck  
H. Alexander Salm '37  
Mrs. Richard A. Springs '36

## ALUMNI COUNCIL

Kathleen E. Alexander '03  
Alice A. Bishop '78  
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Foster Devereux '56 *Vice President*  
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Erica P. Lumiere '87  
Mark McWhinney '75  
Thomas L. Melly '76  
Elizabeth O'Connell Burn '83  
Peter Patch '67  
Morgan B. Proescher '01  
Elijah D. Schachter '87 *Secretary*  
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## HEADMASTER'S OFFICE:

Richardson W. Schell '69 *Headmaster*  
Elaine M. Griffin *Secretary to the Headmaster*

## ADMISSIONS OFFICE:

Kathryn F. Sullivan, '94 *Director of Admissions*  
Ann Fitzgerald-Dunn *Associate Director of Admissions*  
Matt Herr *Assistant Director of Admissions*  
Amy L. Ober *Associate Director of Admissions*  
Megan K. Sokolnicki *Associate Director of Admissions, Director of Community Service*  
Meredith E. Timone *Associate Director of Admissions*  
Margaret G. Traub *Associate Director of Admissions*  
Nick C. Wilbur *Associate Director of Admissions*





# APPLICATION FOR ADMISSION

DUE JANUARY 15, 2012

Kent Admissions Office  
P.O. Box 2006  
Kent, Connecticut 06757

Telephone: 860.927.6111  
Admissions: 800.538.KENT (5368)  
Fax: 860.927.6109

E-mail: admissions@kent-school.edu  
www.kent-school.edu

## PARENT FORM

### STUDENT INFORMATION (PRINT OR TYPE)

Name of Applicant \_\_\_\_\_  
FIRST NAME MIDDLE NAME FAMILY NAME PREFERRED NAME OR NICKNAME

Mailing Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE

Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_  
MONTH/DAY/YEAR

Social Security Number \_\_\_\_\_ Home Tel. \_\_\_\_\_  
REQUIRED FOR U.S. CITIZENS (INCLUDE COUNTRY, CITY, AREA CODE)

Applicant's E-mail Address \_\_\_\_\_

Proposed Entrance \_\_\_\_\_ Current grade \_\_\_\_\_ Applying for grade \_\_\_\_\_  Boarding  Day  
MONTH YEAR

Optional information:  Native American or Alaskan Native  Asian or Pacific Islander  White, Anglo, Caucasian  
 Hispanic (including Puerto Rican, Latino)  African American, Black  Other

### FATHER/GUARDIAN

Name \_\_\_\_\_ Company \_\_\_\_\_ Position \_\_\_\_\_

Education \_\_\_\_\_  
SCHOOL COLLEGE GRADUATE SCHOOL

Mailing Address \_\_\_\_\_  
 CHECK IF SAME AS APPLICANT STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE (INCLUDE COUNTRY, CITY, AREA CODE)  Home Tel.\* \_\_\_\_\_

Business Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE Business Tel. (INCLUDE COUNTRY, CITY, AREA CODE)

E-mail Address\* \_\_\_\_\_  Cell Phone\* \_\_\_\_\_  
(INCLUDE COUNTRY, CITY, AREA CODE)

### MOTHER/GUARDIAN

Name \_\_\_\_\_ Company \_\_\_\_\_ Position \_\_\_\_\_

Education \_\_\_\_\_  
SCHOOL COLLEGE GRADUATE SCHOOL

Mailing Address \_\_\_\_\_  
 CHECK IF SAME AS APPLICANT STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE (INCLUDE COUNTRY, CITY, AREA CODE)  Home Tel.\* \_\_\_\_\_

Business Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE  
\_\_\_\_\_  
COUNTRY ZIP/POSTAL CODE Business Tel. (INCLUDE COUNTRY, CITY, AREA CODE)

E-mail Address\* \_\_\_\_\_  Cell Phone\* \_\_\_\_\_  
(INCLUDE COUNTRY, CITY, AREA CODE)

\*Check which you prefer as primary contact(s)

Applicant lives with:  Father  Mother  Both  Other \_\_\_\_\_

Where should admissions materials be sent?  Father  Mother  Both  Other (if other, list address below)

Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE

Where should bills be sent?  Father  Mother  Both  Other (if other, list address below)

Address \_\_\_\_\_  
STREET CITY STATE/PROVINCE

Check all that apply:  Father is deceased  Parents Divorced  Father Remarried  Living Outside U.S.  
 Mother is deceased  Parents Separated  Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? \_\_\_\_\_

Are you applying for financial aid?  Yes  No If yes, self-employed?  Mother  Father

Will take SSAT on \_\_\_\_\_ Took SSAT on \_\_\_\_\_  
DATE DATE

List other tests applicant has taken (include test dates) \_\_\_\_\_

First language, other than English \_\_\_\_\_ Language spoken in the home \_\_\_\_\_

Information about brothers and sisters (Use additional sheets if necessary.)

NAME	AGE	SCHOOL
NAME	AGE	SCHOOL
NAME	AGE	SCHOOL

Names/class years of relatives or friends who attended Kent School: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

How did you learn about Kent School?  
\_\_\_\_\_

## EDUCATION

Current School Name \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  Independent  Parochial  Public

Address \_\_\_\_\_  
STREET/CITY STATE/PROVINCE ZIP/POSTAL CODE

Head Counselor \_\_\_\_\_ Tel. \_\_\_\_\_ Business Fax \_\_\_\_\_

Other schools attended in the past three years:

School \_\_\_\_\_  
NAME CITY STATE/PROVINCE DATES OF ATTENDANCE

School \_\_\_\_\_  
NAME CITY STATE/PROVINCE DATES OF ATTENDANCE

Should we be aware of any medical, psychological or learning style needs that might interfere with or impact your child's performance at Kent?  Yes  No

Has your child missed school at any point in his or her academic career for an extended period of time?  Yes  No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

Application fee of \$65 enclosed (\$120 USD for international students), payable to "Kent School Admissions."

Please return this form to: Kent Admissions Office, P.O. Box 2006, Kent, CT 06757

(For shipments requiring a street address, please use: One Macedonia Road, Kent, CT 06757)

Kent School adheres to a longstanding policy of admitting students of any race, color, creed, religion, 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 gender, race, color, creed, religion, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

# ADMISSION TO KENT

Our admissions counselors meet many outstanding young people, and careful attention is given to each candidate as we assess academic potential and records, individual strengths and personalities. To fulfill our commitment, we ask that the candidate be responsible for completing the application requirements listed here.

## VISIT AND INTERVIEW

The interview is one of the most important aspects of the admission process, enabling the candidate and Kent to get to know each other. A convenient date and time should be arranged for a tour and interview by calling the Admissions Office. We conduct interviews between 8:00 a.m. and 2:00 p.m. on all days except Sunday, and Wednesday and Saturday afternoons. We strongly recommend that you visit Kent while school is in session so you can meet some of the people who make up the Kent community. Let us know if there is a current Kent student you would like to see during your visit so we can make the necessary arrangements. Plan on being at Kent for about two and a half hours.

## APPLICATION

All forms necessary for the application are included within this booklet. To begin the process please complete the Parent Form and send it to us with the non-refundable \$65 application fee

(\$120 for all International students). Then take the Recommendation Forms to your teachers and counselor, along with stamped envelopes addressed to Kent School Admissions and ask your teachers to complete the forms and send them directly to us at Kent. You may initiate the application process at any point in the year—but we ask that the Teacher Recommendation Forms and the Student Form be sent to us after the school year is well under way. The earliest date we will accept these forms and recommendations is November 1.

## TESTING

Kent requires all applicants to take a standardized test. Applicants for the third and fourth forms should take the Secondary School Admissions Test which is administered by the Educational Testing Service. For more information on the SSAT, contact the Secondary School Admissions Test Board at [www.ssat.org](http://www.ssat.org) or CN 5339, Princeton, NJ 08543, (609) 683-4440, or call the Kent Admissions

Office. Applications for the fifth form may submit SSAT or PSAT scores. Applicants for the Sixth form should submit SAT scores. International students must take the TOEFL in addition to the SSAT or SAT.

## APPLICATION TIMETABLE

We announce our decisions on March 10, the common date agreed upon by many independent preparatory schools. Families expecting a March 10 decision are asked to submit all required application materials by January 15.\* Candidates who are offered admission or waiting list status on March 10 must notify the school of their decision by April 10. After this time, final waiting list candidates are notified as places become available.

\* In order to meet the February I financial aid application deadline, it is strongly suggested that those interested in applying for aid submit the Parent Form well before January 15.

## APPLYING FOR FINANCIAL AID

Kent School is committed to attracting a diverse and talented student body. The mission of our financial aid program is to make attendance possible for deserving students whose families do not have the financial resources to fully meet the cost of a Kent education. We believe the primary responsibility for financing a child's education rests with the family and as such we look to them first to finance their child's education to the extent their resources will allow.

To help families manage expenses, we offer a number of payment plans and loan options, but for many families payment plans and loans will not be sufficient to enable their child to attend Kent. In these cases families can apply for additional need-based assistance, keeping in mind that each year more families qualify for aid than we are able to fund.

Parents should notify Kent of their desire to apply for financial aid on the Parent Form, submitted ideally well in advance of the January 15 Admissions deadline. Once notified, Kent will send (by email when possible) all of the necessary forms, links, and instructions with which to apply for assistance. All of this same filing information can also be found in the Admissions/Financial Aid section of our website at: [www.kent-school.edu](http://www.kent-school.edu).

## 2011-2012 TUITION AND FEES

	DAY	BOARDING	MISCELLANEOUS	
Tuition	\$37,500	\$47,400	International Student Annual Fee	\$250
Activity Fee	\$300	\$360	English as a Second Language Fee	\$1200/term
Infirmary Fee	\$255	\$400	Health Insurance for Uninsured Students	\$1640
Registration Fee	\$100	\$100	Application Fee (U.S. Students)	\$65 (non-refundable)
Technology fee	\$310	\$580	Application Fee (International Students)	\$120 (non-refundable)













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DUE JANUARY 15, 2012

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Admissions: 800.538.KENT (5368)  
Fax: 860.927.6109

E-mail: admissions@kent-school.edu  
www.kent-school.edu

## PRINCIPAL, HEAD OR COUNSELOR RECOMMENDATION

Student: Please type or print your name in the space below and then give this form to your current Principal, Head or Counselor with a stamped addressed envelope.

Name of Student \_\_\_\_\_ Applicant for grade \_\_\_\_\_

SIGNATURE OF STUDENT

DATE

Parent/Guardian: I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. *(Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to Kent School.)*

Name of Parent/Guardian \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

DATE

Principal, Head or Counselor: This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Kent School in the (stamped) envelope provided by the student. Be sure the parent/guardian has signed the form in the space above. *Thank you for your cooperation and candor.*

Your Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are the first three words that come to mind to describe this student?  
\_\_\_\_\_

Number of students in applicant's entire grade \_\_\_\_\_ Exact rank in class (from top) \_\_\_\_\_

Estimated rank (by decile) if exact rank not available \_\_\_\_\_

Has the student been dismissed, suspended, placed on probation, or received other serious disciplinary sanction?  Yes  No

Has he or she withdrawn from school voluntarily for an extended period of time?  Yes  No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

**ACADEMIC AND PERSONAL QUALITIES**

How would you rank the student in the following areas compared with students of the same age? *Please evaluate the candidate by placing a check in the appropriate column.*

	TRULY OUTSTANDING (TOP 5%)	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
CHARACTER						
INTELLECTUAL CURIOSITY						
POTENTIAL FOR GROWTH						
SUMMARY EVALUATION						

What are the student's strengths?

As a student: \_\_\_\_\_

As a person: \_\_\_\_\_

In which areas does this student need improvement?

As a student: \_\_\_\_\_

As a person: \_\_\_\_\_

Does the student attend class regularly?  Yes  No      Is there a problem with tardiness?  Yes  No

*If tardiness is a problem, please explain.* \_\_\_\_\_

How well does the student accept advice or criticism? \_\_\_\_\_

Please provide any additional information that will give us a more complete picture of the student.

If we have additional questions, may we contact you?  Yes  No

If yes, phone number \_\_\_\_\_ E-mail address \_\_\_\_\_  
(INCLUDE AREA CODE)

PRINCIPAL, HEAD OR COUNSELOR SIGNATURE

DATE

*Again, thank you for your time and the helpful information you have provided.*

Please enclose copies of:

- Grades/reports upon completion of the first term or semester of the current academic year
- Grades/reports for the previous two years (for post-graduate applicants, please include records from grades 9–12)
- Recent teacher reports or comments, if any
- Attendance record
- Standardized test scores

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www.kent-school.edu

## ENGLISH TEACHER RECOMMENDATION

Student: Please type or print your name in the space below and then give this form to your current English teacher with a stamped addressed envelope.

Name of Student \_\_\_\_\_ Applicant for grade \_\_\_\_\_

SIGNATURE OF STUDENT

DATE

Parent/Guardian: I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. *(Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to Kent School.)*

Name of Parent/Guardian \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

DATE

Teacher: This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Kent School in the (stamped) envelope provided by the student. Be sure the parent/guardian has signed the form in the space above. *Thank you for your cooperation and candor.*

Name of Teacher \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are the first three words that come to mind to describe this student?

\_\_\_\_\_

### COURSE DESCRIPTION

Title \_\_\_\_\_ How often does the class meet? \_\_\_\_\_

Is this course sectioned according to ability?  Yes  No

*If yes, please briefly explain how this course is sectioned and the student's placement* \_\_\_\_\_

What text(s) is (are) used?

Please estimate the percentage of time spent in the following areas:

Reading/literature \_\_\_\_\_% Vocabulary development/spelling \_\_\_\_\_% Grammar \_\_\_\_\_% Writing skills \_\_\_\_\_%

**ACADEMIC AND PERSONAL QUALITIES**

How would you rank the student in the following areas compared with students of the same age?  
 Please evaluate the candidate by placing a check in the appropriate column.

	TRULY OUTSTANDING (TOP 5%)	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
CHARACTER						
INTELLECTUAL CURIOSITY						
POTENTIAL FOR GROWTH						
SUMMARY EVALUATION						

What are the student's strengths?

As a student: \_\_\_\_\_

As a person: \_\_\_\_\_

In which areas does this student need improvement?

As a student: \_\_\_\_\_

As a person: \_\_\_\_\_

Does the student attend class regularly?  Yes  No      Is there a problem with tardiness?  Yes  No

If tardiness is a problem, please explain. \_\_\_\_\_

How well does the student accept advice or criticism? \_\_\_\_\_

Please provide any additional information that will give us a more complete picture of the student.

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

If we have additional questions, may we contact you?  Yes  No

If yes, phone number \_\_\_\_\_ E-mail address \_\_\_\_\_  
(INCLUDE AREA CODE)

TEACHER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Again, thank you for your time and the helpful information you have provided.*

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www.kent-school.edu

## MATHEMATICS TEACHER RECOMMENDATION

Student: Please type or print your name in the space below and then give this form to your current Math teacher with a stamped addressed envelope.

Name of Student \_\_\_\_\_ Applicant for grade \_\_\_\_\_

SIGNATURE OF STUDENT

DATE

Parent/Guardian: I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. *(Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to Kent School.)*

Name of Parent/Guardian \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

DATE

Teacher: This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to Kent School in the (stamped) envelope provided by the student. Be sure the parent/guardian has signed the form in the space above. *Thank you for your cooperation and candor.*

Name of Teacher \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are the first three words that come to mind to describe this student?

\_\_\_\_\_

### COURSE DESCRIPTION

Title \_\_\_\_\_ How often does the class meet? \_\_\_\_\_

Is the student's section remedial, honors, or otherwise selective? *If so, please explain.* \_\_\_\_\_

\_\_\_\_\_

What text(s) is (are) used? \_\_\_\_\_

By June we will have completed \_\_\_\_\_ of \_\_\_\_\_ chapters.

Has this student participated in extra-curricular math or math-related activities? *Please describe:*

\_\_\_\_\_

To the best of your knowledge, has the student had the equivalent of a full course (*check all that apply*)

- Algebra I    Comment: \_\_\_\_\_     Precalculus    Comment: \_\_\_\_\_  
 Geometry    Comment: \_\_\_\_\_     Calculus    Comment: \_\_\_\_\_  
 Algebra II    Comment: \_\_\_\_\_     Other    Comment: \_\_\_\_\_

What would be the next course recommended for this student? \_\_\_\_\_

For each line, please select the word that most accurately describes the student.

1. Math comes easily                       Always               Usually               Sometimes               Never  
2. Must work hard for success               Always               Usually               Sometimes               Never  
3. Needs out-of-class help to succeed               Always               Usually               Sometimes               Never  
4. Completes homework               Always               Usually               Sometimes               Never  
5. Overall math ability               Elite               Above average               Average               Below average               Weak

Please circle all characteristics that could be especially important to this student's ideal math learning environment or style.

- |             |            |             |             |              |             |
|-------------|------------|-------------|-------------|--------------|-------------|
| Challenging | Basic      | Independent | Reiterating | Stimulating  | Gentle      |
| Simplified  | Complex    | Structured  | Advanced    | Personalized | Competitive |
| Slow-paced  | Fast-paced | Demanding   | Forgiving   | Abstract     | Rote        |

Other: \_\_\_\_\_

Please circle all characteristics that describe this student with regards to classroom attitude.

- |             |             |            |               |               |             |
|-------------|-------------|------------|---------------|---------------|-------------|
| Independent | Indifferent | Eager      | Resigned      | Interested    | Impatient   |
| Resistant   | Resourceful | Frustrated | Conscientious | Uncooperative | Confident   |
| Hardworking | Erratic     | Ambitious  | Superficial   | Consistent    | Inquisitive |

Other: \_\_\_\_\_

Please provide any additional information that will give us a more complete picture of the student.

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

If we have additional questions, may we contact you?  Yes  No

If yes, phone number \_\_\_\_\_ E-mail address \_\_\_\_\_  
(INCLUDE AREA CODE)

TEACHER SIGNATURE

DATE

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