

APPLICATION FOR ADMISSION

2012 - 2013

INSTRUCTIONS

This application should be printed legibly in blue or black ink or typed. Please submit the completed and signed application forms with your application fee. Give recommendation forms and stamped envelopes addressed to our school to your child's teachers and a Jewish professional. If you have any questions regarding the admission process or our programs and curriculum, please contact the Office of Admission at 410-585-1400.

DEADLINES

The application deadline is January 13, 2012. ALL materials should be received by that date in order to be considered in the first round of admission decisions.

INDEPENDENT SCHOOL ENTRANCE EXAM (ISEE)

The Shoshana S. Cardin School uses the Independent School Entrance Exam (ISEE) as one of the criteria for admission. Students wishing to apply to our school typically take the exam during the fall or winter of their eighth grade year. Students may take the test at any school they wish.

Please visit the ISEE website, www.iseetest.org, where you will find more details about the exam and sample test questions. A list of schools that are open test sites, with their dates of testing, location, and code numbers can also be found on the website.

APPLICATION CHECKLIST

- Completed application
- Non-refundable application fee of \$75.00 payable to: The Shoshana S. Cardin School
- Complete academic transcript
- Completed Common Referral Form from student's English teacher
- Completed Common Referral Form from student's math teacher
- Completed Jewish Professional Recommendation Form
- Independent School Entrance Examination (ISEE) testing results; you may request that these scores be reported directly to us by indicating our school number (211209) on your application
- Any additional student educational or psychological testing or evaluations, including IEPs or 504 plans
- Photograph of student

Additional copies of these forms may be downloaded from the Admission section of our website: www.shoshanascardin.org.

SEND ALL APPLICATION MATERIALS TO:

The Shoshana S. Cardin School
Baltimore's Independent Jewish High School
7310 Park Heights Avenue
Baltimore, Maryland 21208

APPLICATION FOR ADMISSION

2012 - 2013

Student Information

STUDENT'S LAST NAME FIRST MIDDLE

Applicant for: 9th Grade 10th Grade 11th Grade 12th Grade

NAME/NICKNAME STUDENT PREFERS (IF DIFFERENT THAN ABOVE)

HEBREW NAME (PLEASE PROVIDE IN HEBREW OR TRANSLITERATION.)

Gender: Male Female

DATE OF BIRTH

HOME ADDRESS

HOME PHONE

STUDENT'S EMAIL ADDRESS(ES)

SYNAGOGUE/RELIGIOUS AFFILIATION (IF ANY)

YOUTH GROUP (IF ANY)

CAMPS ATTENDED (IF ANY)

Student's School History

CURRENT SCHOOL NAME

SCHOOL ADDRESS

CONTACT PERSON

TELEPHONE FAX

Please list all schools attended over past five years

YEARS ATTENDED SCHOOL

YEARS ATTENDED SCHOOL

YEARS ATTENDED SCHOOL

Has the applicant taken the Independent School Entrance Examination (ISEE)? _____

If so, when? _____ If not, date exam is scheduled _____

FAMILY INFORMATION

Parent/Guardian 1

FULL NAME _____

HOME ADDRESS _____

HOME PHONE _____ **HOME EMAIL** _____

OCCUPATION/TITLE _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ **CELL PHONE** _____

Parent/Guardian 2

FULL NAME _____

HOME ADDRESS _____

HOME PHONE _____ **HOME EMAIL** _____

OCCUPATION/TITLE _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ **CELL PHONE** _____

Student lives with (circle one) Parent/Guardian 1 Parent/Guardian 2 Both Other

If student does not live with both parents, please explain custody arrangements:

REQUEST FOR RECORDS

2012 - 2013

REQUEST FOR TRANSCRIPTS/SCHOOL RECORDS
(to be submitted to student's current school)

I request that the school records of _____
be forwarded to:

The Shoshana S. Cardin School
Baltimore's Independent Jewish High School
7310 Park Heights Avenue
Baltimore, MD 21208

For the purpose of admission review and academic placement, please include the following information:

1. Transcript of academic record, including courses taken and grades received.
2. Results of standardized achievement and/or aptitude tests.
3. If applicable, copies of educational evaluations, psychological reports, IEPs, or 504 plans.

I also authorize teachers to release information about my child that would identify apparent learning strengths or weaknesses and patterns of behavior.

PARENT OR GUARDIAN SIGNATURE

PLEASE PRINT NAME

RELATIONSHIP TO STUDENT

DATE

Questions: Please call The Shoshana S. Cardin School at 410-585-1400.

COMMON REFERRAL FORM

2012 - 2013

Please do not complete this form before December 1. Please return the form by January 13, 2012 to:

Director of Admission
 The Shoshana S. Cardin School
 7310 Park Heights Avenue
 Baltimore, MD 21208

The AIMS member schools abide by the policy that all information provided on the Common Referral Forms will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents or guardians.

NAME OF STUDENT CURRENT SCHOOL GRADE LEVEL

MY CURRENT POSITION AT THE SCHOOL (IF TEACHER, PLEASE NOTE YOUR SUBJECT AREA)

I HAVE KNOWN THIS STUDENT FOR _____ YEARS, _____ MONTHS

THIS CHILD'S ATTENDANCE IS REGULAR NOT REGULAR

THE FIRST WORDS THAT COME TO MIND WHEN I THINK OF THIS STUDENT ARE

ACADEMIC ABILITY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Verbal ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

CLASSROOM PERFORMANCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Classroom achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SCHOOL BEHAVIOR	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responses to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek needed help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In relation to other students, how much of your personal time and attention does this applicant require in order to succeed? **SIGNIFICANTLY MORE** **MORE** **SAME** **LESS** **SIGNIFICANTLY LESS**

PERSONAL ABILITIES	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Maturity for grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this Student's social and emotional development.

PLEASE CHECK THE WORDS THAT DESCRIBE THIS STUDENT:

- | | | | | | |
|--|---|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> aggressive | <input type="checkbox"/> passive resistant | <input type="checkbox"/> responsible | <input type="checkbox"/> organized | <input type="checkbox"/> assertive | <input type="checkbox"/> passive |
| <input type="checkbox"/> irresponsible | <input type="checkbox"/> self-disciplined | <input type="checkbox"/> follower | <input type="checkbox"/> social | <input type="checkbox"/> popular | <input type="checkbox"/> distractible |
| <input type="checkbox"/> overprotected | <input type="checkbox"/> positive leader | <input type="checkbox"/> loner | <input type="checkbox"/> energetic | <input type="checkbox"/> distracting | <input type="checkbox"/> articulate |
| <input type="checkbox"/> disobedient | <input type="checkbox"/> negative leader | <input type="checkbox"/> confident | <input type="checkbox"/> perfectionist | <input type="checkbox"/> manipulative | <input type="checkbox"/> motivated |
| <input type="checkbox"/> humorous | <input type="checkbox"/> self-centered | <input type="checkbox"/> compassionate | <input type="checkbox"/> honest | <input type="checkbox"/> irritable | <input type="checkbox"/> dishonest |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> easily discouraged | <input type="checkbox"/> other _____ | | | |

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

Please comment on the student-parent relationship.

Please describe the parents' relationship with teachers and the school.

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** _____

FOR SCHOOL ADMINISTRATOR

HAS THE FAMILY SATISFIED ALL FINANCIAL OBLIGATIONS TO YOUR SCHOOL? **YES** **NO** **INITIALS** _____

(Many AIMS schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)

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Mathematical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to grasp new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Quality of written ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responses to suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek needed help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In relation to other students, how much of your personal time and attention does this applicant require in order to succeed? **SIGNIFICANTLY MORE** **MORE** **SAME** **LESS** **SIGNIFICANTLY LESS**

PERSONAL ABILITIES	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Maturity for grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- | | | | | | |
|--|---|--|--|---------------------------------------|---------------------------------------|
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| <input type="checkbox"/> irresponsible | <input type="checkbox"/> self-disciplined | <input type="checkbox"/> follower | <input type="checkbox"/> social | <input type="checkbox"/> popular | <input type="checkbox"/> distractible |
| <input type="checkbox"/> overprotected | <input type="checkbox"/> positive leader | <input type="checkbox"/> loner | <input type="checkbox"/> energetic | <input type="checkbox"/> distracting | <input type="checkbox"/> articulate |
| <input type="checkbox"/> disobedient | <input type="checkbox"/> negative leader | <input type="checkbox"/> confident | <input type="checkbox"/> perfectionist | <input type="checkbox"/> manipulative | <input type="checkbox"/> motivated |
| <input type="checkbox"/> humorous | <input type="checkbox"/> self-centered | <input type="checkbox"/> compassionate | <input type="checkbox"/> honest | <input type="checkbox"/> irritable | <input type="checkbox"/> dishonest |
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IS THERE INFORMATION ABOUT THIS CHILD THAT WOULD BE BETTER COMMUNICATED BY TELEPHONE? **YES** **NO**

EVALUATOR'S NAME (PRINTED) _____ **TELEPHONE NUMBER** _____

SIGNATURE _____ **DATE** _____

FOR SCHOOL ADMINISTRATOR

HAS THE FAMILY SATISFIED ALL FINANCIAL OBLIGATIONS TO YOUR SCHOOL? **YES** **NO** **INITIALS** _____

(Many AIMS schools will not enroll a student until the family has met all financial obligations to the school previously attended by the student.)

JEWISH PROFESSIONAL RECOMMENDATION FORM

2012 - 2013

Parents: Please fill in the applicant's name and the grade for which he/she is applying. Submit this form and a stamped envelope to an adult with whom your child has interacted within the Jewish community (rabbi, Jewish studies teacher, youth group advisor, etc). He/she should return this directly to the Office of Admission at The Shoshana S. Cardin School.

APPLICANT'S NAME

APPLYING FOR GRADE

TELEPHONE #

To the Jewish Community Professional: The student above is a candidate for admission to The Shoshana S. Cardin School. We ask that you complete this form to help us in our admission process. Your candid response will enable us to evaluate the applicant for admission to our dual-curriculum program.

Please complete all of the questions in the space provided or on additional sheets of paper. We are looking for insight to help us to evaluate this student's abilities and level of maturity. Please return your recommendation by January 13, 2012 directly to:

Director of Admission
The Shoshana S. Cardin School
7310 Park Heights Avenue
Baltimore, MD 21208

How long have you known the applicant? _____

Describe the activities and context in which you work with the student. Include a description of the setting, your role, the student's role, and the length of time you have worked with him/her in this activity.

Please comment on the character and personal qualities that make this young person special.

How does the student manifest his/her Jewish identity?

Are there any Jewish subjects in which the applicant, to your knowledge, takes a special interest?

What is the student's attitude towards participating in a dual-curriculum program? Is he/she open to exploring the formal and informal Jewish educational opportunities provided by The Shoshana S. Cardin School?

Do you know of any reasons that would prevent this applicant from being successful at The Shoshana S. Cardin School?

Letters of recommendation, including the comments and information provided by the student's teachers, principal, and acquaintances, are held in confidence by The Shoshana S. Cardin School and will not be disclosed to any third parties, including the student and the student's family. They are used only for admission purposes and will not become part of the student's permanent file.

Thank you for taking the time to complete this recommendation.

- Please contact me to further discuss this student.
- I would like to learn more about your program! Please contact me to schedule a visit to The Shoshana S. Cardin School.

NAME (PRINT) _____ POSITION _____

SCHOOL / SYNAGOGUE _____ TELEPHONE _____

EMAIL ADDRESS(ES) _____

ADDRESS _____ CITY / STATE / ZIP _____

SIGNATURE _____ DATE _____

To whom should all correspondence and notices be sent? Please check all that apply.

Parent/Guardian 1 _____ Home Business

Parent/Guardian 2 _____ Home Business

Other Children in Family:

Name	School	Birthdate	Grade

Who is responsible for financial obligations?

Will you be applying for financial assistance? (circle one) yes no

The Shoshana S. Cardin School understands that many teenagers require educational and emotional support in high school. The following questions are designed to help us tailor our interview process to address the specific needs of each applicant.

Is the applicant currently engaged in any educational support services, tutoring, or enrichment programs? If yes, please specify.

Has the applicant ever received any educational and/or psychological testing? If yes, provide copy of evaluation report.

Disciplinary Issues

Has the applicant ever been suspended or expelled from school, or required other significant disciplinary action? If yes, please explain.

STATEMENT FROM PARENT(S) OR GUARDIAN(S)

Please respond on a separate sheet of paper.

1. What strengths does your child have that might make him or her a strong candidate for The Shoshana S. Cardin School?
2. What are your child's interests, passions, and concerns?

STUDENT STATEMENT

Please respond on a separate sheet of paper.

1. Describe how you learn best in class and at home.
2. Who has had a great influence on your life? How and why? This person may be real or fictional.
3. What role does Judaism play in your life?
4. What are your hobbies, extra-curricular activities, and interests? In which extra-curricular activities would you like to participate while you are in high school?
5. In your own words, please tell us why you would like to attend The Shoshana S. Cardin School. What new experiences might you like to have while you are here?
6. Is there anything else you would like to share about yourself?

How did you hear about The Shoshana S. Cardin School? (Friends, Relatives, Advertisements, etc.)

To which other independent school(s) or magnet school(s) have you applied?

I certify that all information contained in this application packet is complete and correct, and give The Shoshana S. Cardin School permission to contact schools my child has previously attended.

