

Dunn School

Application for Admission
2010-2011

Application Procedures

1. Complete and submit the following forms by the February 1 deadline.

Application
\$50 non-refundable application fee
Parent Statement
Student Profile
Writing Sample
English Teacher Evaluation
Math Teacher Evaluation
Personal Evaluation
Transcript of Grades

2. Visit the Dunn School campus for a personal tour and interview by the February 1 deadline to complete your application. Tours and interviews are conducted by appointment only every Monday – Friday, except Wednesdays. Please schedule your visit in advance to ensure an appointment before the deadline. **Learning Strategies applicants must submit recent testing, including a written psycho-educational evaluation containing a specific diagnosis of a learning disability or attention deficit disorder prior to their visit to verify their eligibility.**

3. Register for the SSAT and/or TOEFL

Dunn strongly recommends that the applicant registers for test dates in November, December, or January to ensure the scores are received before February 1.

Dunn's school code for the SSAT is 2914

Dunn's school code for the TOEFL is 8147

Priority is given to applicants who submit a completed application
by February 1, 2010.

Application

Required \$50 non-refundable application fee included? Yes No

Student Name _____
First Middle Last Preferred Name, if any

Applying for grade: 9 10 11 12 As a: Boarding Student Gender: Female

Month and year of desired admittance _____ Day Student Male

Social Security Number _____ Date of Birth _____ Place of Birth _____

Student Email _____ Country of Citizenship _____

How did you hear about Dunn? _____

Family Information

Student lives with Both parents Single Parent _____ Guardian/Other _____
Relationship If guardian/other, please give relationship

Name(s) and age(s) of siblings _____

Name and relationship of relatives who have attended Dunn _____

Parent 1 Information

Deceased _____ Full Name Email

Home Street Address _____ City State Zip

Home Telephone _____ Cell Phone Home Fax

Business Name/Employer _____ Position Occupation

Business Address _____ City State Zip

Business Telephone _____ Business Fax Number College Attended

Parent 2 Information

Deceased _____ Full Name Email

Home Street Address _____ City State Zip

Home Telephone _____ Cell Phone Home Fax

Business Name/Employer _____ Position Occupation

Business Address _____ City State Zip

Business Telephone _____ Business Fax Number College Attended

Financial Information

Who accepts financial responsibility for this student? Both parents Parent 1 Parent 2 Guardian/Other

Please provide the name and address of where financial statements should be sent, if different than above.

_____ Name Address City, State, Zip

Applying for Financial Aid? Yes No (All appropriate forms must be received by February 1)

Application

Education

Current School _____ Private Public

School Address _____ Dates Attended _____

Has the applicant ever been involved in any disciplinary incident resulting in a response from any school (ex. probation, suspension, withdrawal, or dismissal)? Yes No

If yes, please explain _____

Has the applicant taken or registered for the SSAT? Yes No Date of Test _____

Learning Strategies Applicants

Dunn School accepts a select group of students with minimal diagnosed learning difficulties each year into the Learning Strategies Center at an additional cost. The Learning Strategies Center seeks to provide preparation, support, and accommodations for our rigorous college preparatory curriculum.

Has the applicant ever been diagnosed with a learning difficulty? Yes No

If yes, please provide a brief summary of the results. _____

What kind of learning accommodations would the applicant need? _____

Recent testing, including a written psycho-educational evaluation containing a specific diagnosis of a learning difficulty or attention deficit disorder, is required for consideration into this program. Has the applicant taken the following?

Intelligence Assessment (Required: WISC or WAIS) Date of Test _____

Achievement Battery (Required: Woodcock Johnson, WIAT, or WRAT) Date of Test _____

International Applicants

What language is spoken in the home? _____ Will you require an I-20 Visa? Yes No

Name as it should appear on the I-20 _____

Has the candidate taken the TOEFL? Yes No Date of Test _____

Overall Score _____ Listening _____ Structure/Writing _____ Reading _____

If the applicant lives overseas, a guardian in the U.S. is required. Please provide us with the guardian's information below.

Name _____ Email _____

Address _____ Telephone Number _____

Misrepresentation or failure to disclose any pertinent information about the applicant will render this application null and void. I/We certify that all information provided in this application is accurate and comprehensive.

Signature of Parent(s) or Guardian(s) _____ Date _____

_____ Date _____

Signature of Applicant _____ Date _____

Parent Statement

Dunn School • P.O. Box 98, Los Olivos, CA 93441 • (805) 688-6471 • Fax (805) 686-2078 • Email: admissions@dunnschool.org

Applicant's name _____ Applying for grade _____

Name of parent(s) completing this form _____

At Dunn School, we believe that parent involvement and input are important factors that help to ensure greater success for our students. Our goal is to create the best possible match between the student, the family, and the school. We ask for your assistance as you and your child begin the application process. Please help us learn more about your child by completing this form. We thank you for your assistance and we look forward to helping you and your child throughout the remainder of the application process.

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

What do you see as the advantage of a boarding school for your child's high school career?

Parent Statement

What are your expectations about your child's education?

Your input regarding your child's extracurricular interests is important to us. Please add to his/her profile by commenting on strengths, level of involvement, and passions.

How do you view your child's ability to have healthy peer and adult relationships?

Please comment on any personal setbacks, difficulties, and/or medical issues your child has experienced of which we should be made aware.

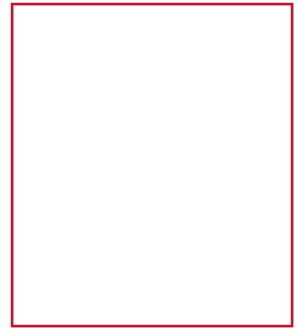
Student Profile

Dunn School • P.O. Box 98, Los Olivos, CA 93441 • (805) 688-6471 • Fax (805) 686-2078 • Email: admissions@dunnschool.org

To be completed by the applicant

Name _____

Current Photo



Applying for grade _____

We are interested in learning more about you, your interests, and your personal and academic goals. We ask that you please answer the following questions and tell us about yourself. This is not a test and there are no right answers. This is an opportunity to express, in your own words, who you are and what is important to you.

Please respond to the following

Write three words that best describe you.

Which academic subjects interest you the most? Why?

What do you believe are your academic weaknesses?

What is your favorite book? Why?

Student Profile

Please describe the extracurricular activities you have been involved in over the last three (3) years. Activities may include athletics (team or individual), arts, community service, school clubs, and any other after-school commitment.

Activity	Number of Years Involved	Positions Held, Awards Received	Desire to Continue at Dunn
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
			<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low

Please mark the outdoor activities that you have experienced.

- Camping Hiking Kayaking Rock Climbing White Water Rafting Backpacking

Please describe the rewards and challenges of your experiences with these activities.

Please rate yourself in the following areas compared to other students in your grade.

	Outstanding	Good	Average	Below Average
Leadership	<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"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English Teacher Evaluation

Dunn School

P.O. Box 98, Los Olivos, CA 93441
(805) 688-6471 Fax: (805) 686-2078
Email: admissions@dunnschool.org

Instructions to the applicant

Please give this form to your current English teacher along with a stamped envelope addressed to Dunn School.

Dunn School is a college preparatory boarding school with a focus on empowering our students to explore their strengths and achieve their goals. It is important for us to have a complete and accurate assessment of each student who is applying. Your candid response to all of the following questions will help determine if the match between this candidate and Dunn is appropriate. We appreciate your cooperation and we assure your confidentiality.

To be completed by the applicant's current English teacher

Applicant Name _____

How long have you known the applicant? _____

What course(s) have you taught the applicant? _____

School year and grade in which you taught the applicant _____

Please rate the applicant in the following areas

	Excellent	Good	Average	Below Average	Poor
Interest in subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Spells and punctuates correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and abstract thinking skills	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English Teacher Evaluation

Please comment on the applicant's level of engagement in your class. _____

Please comment on the applicant's ability to be self-directed and responsible. _____

Please comment on the applicant's character in terms of maturity, integrity, and concern for others.

What adjectives or phrases first come to mind when describing this applicant? _____

	Excellent	Good	Fair	Poor
Overall academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall personal performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall asset to school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name _____ Date _____

Signature _____

School _____

Address _____

Email _____

Please return to:

Dunn School

Office of Admission

P.O. Box 98

Los Olivos, CA 93441

(805) 688-6471 • (800) 287-9197

Fax: (805) 686-2078

Math Teacher Evaluation

Dunn School

P.O. Box 98, Los Olivos, CA 93441
(805) 688-6471 Fax: (805) 686-2078
Email: admissions@dunnschool.org

Instructions to the applicant

Please give this form to your current Math teacher along with a stamped envelope addressed to Dunn School.

Dunn School is a college preparatory boarding school with a focus on empowering our students to explore their strengths and achieve their goals. It is important for us to have a complete and accurate assessment of each student who is applying. Your candid response to all of the following questions will help determine if the match between this candidate and Dunn is appropriate. We appreciate your cooperation and we assure your confidentiality.

To be completed by the applicant's current Math teacher

Applicant Name _____

How long have you known the applicant? _____

What course(s) have you taught the applicant? _____

School year and grade in which you taught the applicant _____

Please rate the applicant in the following areas

	Excellent	Good	Average	Below Average	Poor
Interest in subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic mathematical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in use of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving algebraic equations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis and solution of complex problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math Teacher Evaluation

What would you recommend as the next mathematics course for this student? _____

What are his/her prospects for success in this course? _____

Please comment on the applicant's analytical ability and capacity to master new concepts. _____

Please comment on the applicant's character in terms of maturity, integrity, responsibility, and concern for others?

What adjectives or phrases first come to mind when describing this applicant? _____

	Excellent	Good	Fair	Poor
Overall academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall personal performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall asset to school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name _____ Date _____

Signature _____

School _____

Address _____

Email _____

Please return to:

Dunn School

Office of Admission

P.O. Box 98

Los Olivos, CA 93441

(805) 688-6471 • (800) 287-9197

Fax: (805) 686-2078

Personal Evaluation

Dunn School

P.O. Box 98, Los Olivos, CA 93441
(805) 688-6471 Fax: (805) 686-2078
Email: admissions@dunnschool.org

Instructions to the applicant

Please give this form along with a stamped envelope addressed to Dunn School to anyone at your current school who has worked with you at any time during the past 12 months (suggestions: principal, counselor, coach).

Dunn School is a college preparatory boarding school with a focus on empowering our students to explore their strengths and achieve their goals. It is important for us to have a complete and accurate assessment of each student who is applying. Your candid response to all of the following questions will help determine if the match between this candidate and Dunn is appropriate. We appreciate your cooperation and we assure your confidentiality.

Applicant Name _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please rate the applicant in the following areas

	Excellent	Good	Average	Below Average	Poor
Strength of character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Evaluation

Please comment on the applicant's character in terms of maturity, integrity, and concern for others.

How does the applicant handle advice or criticism? _____

Please comment on how the applicant supports the values of your school. _____

What adjectives or phrases first come to mind when describing this applicant? _____

Please use the space below to provide any additional information you believe will help us evaluate this applicant.

Your Name _____

Date _____

Signature _____

School _____

Address _____

Email _____

Please return to:

Dunn School

Office of Admission

P.O. Box 98

Los Olivos, CA 93441

(805) 688-6471 • (800) 287-9197

Fax: (805) 686-2078